Public Health Wales Public Accountability Meeting

Performance and Assurance – Summary Report

26 February 2026

Contents

1. Introduction

1.1 Key functions

We provide a range of core public health functions and clinical services to the public and our partners, including NHS Wales. These include:

- **delivering national screening programmes** to assist with the early detection, prevention and treatment of disease
- **delivering our accredited clinical microbiology laboratory network** to support clinical diagnostics, surveillance and outbreak management
- **providing health protection and clinical services** that enable specialist proactive and reactive response
- **delivering health improvement actions** to promote health, prevent disease and reduce inequalities
- **policy and international health work** to shape policy and practice to improve and protect health and wellbeing and reduce health inequalities
- **utilising research, data, digital, evidence and evaluation** to drive understanding and support improvements in public health

1.2 Statutory functions

Public Health Wales has four statutory functions.

i. To provide and manage a range of public health services relating to health protection, healthcare improvement, health advice, child protection, microbiological laboratories, surveillance, prevention and control of communicable diseases.

ii. To develop and maintain arrangements for making information available to the public in Wales on matters related to the protection and improvement of health in Wales; to undertake and commission research into such matters and to contribute to the provision and development of relevant training.

iii. To undertake the systematic collection, analysis and dissemination of information about the health of the people of Wales in particular including cancer incidence, mortality and survival; and prevalence of congenital anomalies

iv. To provide, manage, monitor, evaluate and conduct research into screening of health conditions and screening of health-related matters.

1.3 Supporting the system

We work with a range of partners to support the delivery of our clinical services and broader public health functions. In support of this, we have established a range of cross-sector networks, collaborations and partnerships to support the delivery of key public health priorities, including:

- **Building a Healthier Wales** – a multi-agency collaboration to shift to prevention

- **Screening Engagement** - working in partnership with health boards, primary care, community and third sector partners to work together to improve uptake and reduce inequities in uptake of our services
- **Hapus Strategic Partnership** - engages with a range of organisations to support the goal of widening access to and participation in mental well-being promoting activities
- **Public Health Network Cymru** – connects a broad network of partners, focused on sharing and learning across the breadth of public health
- **Adverse Childhood Experiences (ACEs) Support Hub** – works across all sectors to embed ACEs and trauma-informed approaches across Wales
- **First 1000 Days Programme** – brings together partners in Wales to build and disseminate the best available evidence for improving outcomes and reducing inequalities in the first 1000 days

We also have Memorandums of Understanding in place with key strategic partners, including the policing and criminal justice system in Wales. A summary of these partnerships is provided in Annex A.

1.4 Cabinet Secretary enabling actions

We are committed to delivering the Cabinet Secretary's enabling actions, where applicable. A summary of progress against the enabling actions is provided below:

Cabinet Secretary Enabling Action	Progress to date
Fully implement the actions outlined in the Variable Pay and Agency Control Framework Welsh Health Circular	**GREEN:** Since January 2024, the organisation has been taking action to implement the requirements of WHC/2024/031 and WHC/2023/046 to support agency workforce reduction and broader workforce transformation.
Deliver a further continued and sustained reduction in agency expenditure, with a target 30% reduction in 2025/26 from 2024/25 outturn and ensuring no off-contract expenditure.	**GREEN:** Planning for agency reduction is embedded in internal performance reporting, with agency spend currently at 1% of the total pay bill at month 9, with a target of delivering the 30% reduction in 2025/26 from 2024/25.
Ensure a reduction in agency spend on Healthcare Support Worker, Admin and Clerical, and Estates and Ancillary staff to zero by 30th September 2025.	**AMBER:** Admin and Clerical agency spend has reduced from £105K in month 1 to £40K in month 9. However, the agency costs in M1-M9 2025/26 pose a risk to meeting the updated targets for agency expenditure, specifically in relation to Admin and Clerical agency spend. On track to deliver required reduction in HCSW and Estates agency expenditure.
Ensure effective implementation of job planning policy, to include ensuring that > 90% of all Consultants have an agreed job plan in place at all times by 30 September 2025.	**AMBER:** As at January 2026, 55% of Medical and Dental Consultants have a completed job plan (completed within the previous 12-month period) either on the Allocate e-job planning system or as a paper version.

Ensure a reduction in sickness absence in 2025/26 in comparison to 2024/25, through maximising adherence to the requirements of agreed attendance at work policies and adhering to the all-Wales Occupational Health minimum service levels.	**RED:** The organisational rolling 12-month sickness absence FTE % has fluctuated around 4% over the past three years. For December 2025, the rolling 12-month absence FTE % was 4.58% (1.51% short-term and 3.07% long-term absence). For the equivalent period in 2024, it was 4.26%, and the split was 1.51% short-term and 2.75% long-term absence.
Estate - ensure ongoing actions to strengthen estate utilisation including the appropriate repurposing and disposal of under-utilised estate.	**GREEN:** All Public Health Wales actions are on track
Ensure progress with the implementation of Value and Sustainability Board High Value High Impact pathway – Diabetes	**GREEN:** All Public Health Wales actions are on track. However, there are a range of actions not in the gift of Public Health Wales, which need further action and accountability.
Eradicate unsupported systems and devices, and ensure a clear cyber response plan for the organisation.	**GREEN:** All Public Health Wales actions are on track.

2. Delivery of Services

2.1 Screening

2.1.1 Background

Screening aims to detect the early stages of disease or prevent disease occurring. Screening programmes in Wales are offered in line with Welsh Government policy and the UK National Screening Committee recommendations. Public Health Wales delivers seven national screening programmes: Breast Test Wales, Bowel Screening Wales, Cervical Screening Wales, Newborn Bloodspot Screening Wales, Newborn Hearing Screening Wales, Diabetic Eye Screening Wales and Wales Abdominal Aortic Aneurysm Screening Programme. We also coordinate and manage the Antenatal Screening Wales clinical network. The screening pathways are key for early detection of disease in the population with the screening route to diagnosis a significant part of the single cancer pathway. The programmes are responsible for the screening pathways until the point of diagnosis, with several key parts of the pathways commissioned from Health Boards.

Public Health Wales is committed to the vision of everyone eligible for screening having equal access and opportunity to take up their screening offer using reliable information to make a personal informed choice. This is delivered through the Screening Equity Strategy and Action Plan that tackles reducing inequities and increasing screening uptake through five key action areas of Communication, Community and Engagement, Collaboration, Service Delivery and Data and Monitoring. At an All-Wales level, this includes the development of accessible resources and information to support people with communication or language needs to take up their offer. Resources are co-produced to ensure that they meet the needs of participants. Tailored resources have also been developed to address

barriers to screening uptake for communities where low uptake has been identified to reduce screening inequities. This includes people who are transgender or non-binary, carers and the people who they support and people from our ethnic minority communities. We have established equity champions within each programme to take forward activities to address screening inequities, which will be supported by newly established Learning Disability champions.

We monitor the data on uptake by local authority and GP cluster regularly to identify any areas where uptake is consistently below the All-Wales target. Where areas of low uptake are identified, we will aim to work collaboratively with local primary care teams and community partners to increase awareness of screening. This includes participation at local community health events and engagement opportunities, working closely with third sector, community training and support to develop community champions and advocates.

We are refreshing the Screening Equity Strategy for 2026 onwards to deliver on the vision of equitable access and opportunity for everyone to take up their screening offer. In developing the new Strategy there has been engagement with health boards, wider public sector, including the Prison and Probation Service, and the third sector with involvement from representative groups, such as Race Equality First. This has included face to face workshops and online consultation events, including the development of a Working Group with third sector involvement to develop the strategy collaboratively.

We have established an intervention to undertake telephone calls to first time non-responders to screening starting in the non-cancer screening programmes. The aim of the intervention is to increase uptake of the screening offer and reduce inequalities. This is being piloted in the Cervical Screening Wales programme with an intention to roll-out to non-responders to bowel screening participants with a focus on people living in the most deprived communities and younger age groups where uptake is lower. Cervical Screening Wales are developing an implementation plan for the introduction of self-sampling for cervical screening that will target the under-screened with the focus on reducing inequities in uptake of the cervical screening offer. A pilot of the behavioural-science informed invite letters for the younger aged individuals is ongoing.

Our Screening Programmes constantly develop and innovate in line with the evidence-based recommendations. For example, the Bowel Screening Programme has recently fully optimised in Wales to include all aged 50 – 74 years with a more sensitive cut off level and Cervical Screening Wales is working to introduce self-sampling to under-screened individuals

2.1.2 Key performance indicators (KPIs)

Public Health Wales regularly monitors the following timeliness KPIs at a Board and Executive level:

Indicator	Current position	Target
Bowel screening: Waiting time for index colonoscopy within 4 weeks of booking Specialist Screening Practitioner (SSP) appointment	28.5% December 2025	90%

Breast screening: Assessment invitations within 3 weeks of screen	28.3% December 2025	90%
Cervical screening: Waiting time for coloscopy appointment within 8 weeks of direct referral	95.3% December2025	90%
Diabetic eye screening: Coverage of reported results in last 12 months	38.5% December 2025	80%
Abdominal Aortic Aneurysm Screening: Timely referral to Elective Vascular Network Multidisciplinary Team (MDT)	100% December 2025	100%

We have undertaken Board level oversight and assurance in relation to screening programmes performance through direct Board scrutiny and systematic Board Committee oversight, particularly through the Quality, Safety and Improvement Committee (QSIC). The Board and Committee have received detailed updates on Screening Services at key points. The more recent updates include:

- **May 2025:** The Board reviewed a patient story illustrating the emotional and practical impact of screening pathways and considered ongoing improvements in quality, governance, and patient-centred engagement.

- **July 2025:** The Board reviewed performance challenges across screening programmes, particularly in bowel and breast screening, and sought further assurance on screening performance (see below).

- **September 2025:** QSIC received a formal screening programme update outlining performance against national standards, areas requiring improvement, and actions underway to strengthen programme resilience across breast, diabetic eye and bowel screening. This discussion was reported to the Board in November 2025. The Board also reviewed progress of the Lung Screening Business Case and discussed the internal review of Breast Test Wales that was being undertaken.

- **October 2025:** The Board considered operational issues affecting Breast Test Wales, including significant constraints created by clinical workforce shortages, particularly in North Wales, and mobile screening units. The Board was assured that risks had been escalated appropriately and were under active management.
- **November 2025:** the Board considered a comprehensive update on screening programmes. Board members received detailed updates on performance issues across the screening portfolio, including:
    - Breast, Bowel and Diabetic Eye Screening performance, with acknowledgement of ongoing challenges, workforce constraints and the need for transformation.
    - Modelling population impact of underperforming screening pathways, particularly breast and bowel, and emphasised the need for innovation to address system pressures.

A strategic risk deep dive was undertaken with the Board in January 2026 in relation to our strategic risk for the delivery of excellent public health services. Discussions included the plans relating to strengthening controls, recovery

trajectories and transformational change to address system, workforce and digital dependencies. As part of the Quality Safety and Improvement Committee schedule there is a planned deep dive on screening programme performance on the 24 February 2026.

2.2 Bowel screening

The aim of the Bowel Screening Wales Programme is to reduce the mortality and morbidity associated with bowel cancer by diagnosing cancers at an early, treatable, stage and by preventing cancers developing by detecting and removing pre-cancerous polyps from the bowel.

2.2.1 Our role

Bowel Screening Wales is responsible for the management, delivery, and quality assurance of the national Bowel Screening Programme in Wales. The programme commissions Health Boards to deliver the colonoscopy service through service level agreements. Eligible individuals aged 50–74 years are identified through the Welsh Demographic System and are sent a Faecal Immunochemical Test (FIT) every two years. Individuals with a negative result require no further investigation and are invited to take part again in screening in two years. Those with a positive result, indicating the presence of blood in the sample, are referred for further assessment by screening colonoscopy in health boards to determine the cause of the bleeding and to remove any pre-cancerous growths (polyps) in the bowel. All participants requiring a screening colonoscopy are asked to contact Bowel Screening Wales to arrange a pre-colonoscopy assessment with a bowel screening nurse (Specialist Screening Practitioner). This assessment determines their medical fitness before proceeding to colonoscopy. The programme commissions Health Boards to deliver the colonoscopy service through service level agreements.

Pathway Element	Responsibility
Call and Recall of eligible participants	Public Health Wales
Issuing of screening invitations (kits)	Public Health Wales
Laboratory testing	Public Health Wales
Issuing of FIT test results	Public Health Wales
Telephone helpline to the public	Public Health Wales
Pre-colonoscopy assessment	Commissioned service from health boards
Screening colonoscopy	Commissioned service from health boards
Treatment of screen-detected cancer	Health boards (not commissioned by Public Health Wales)

2.2.2 Current position

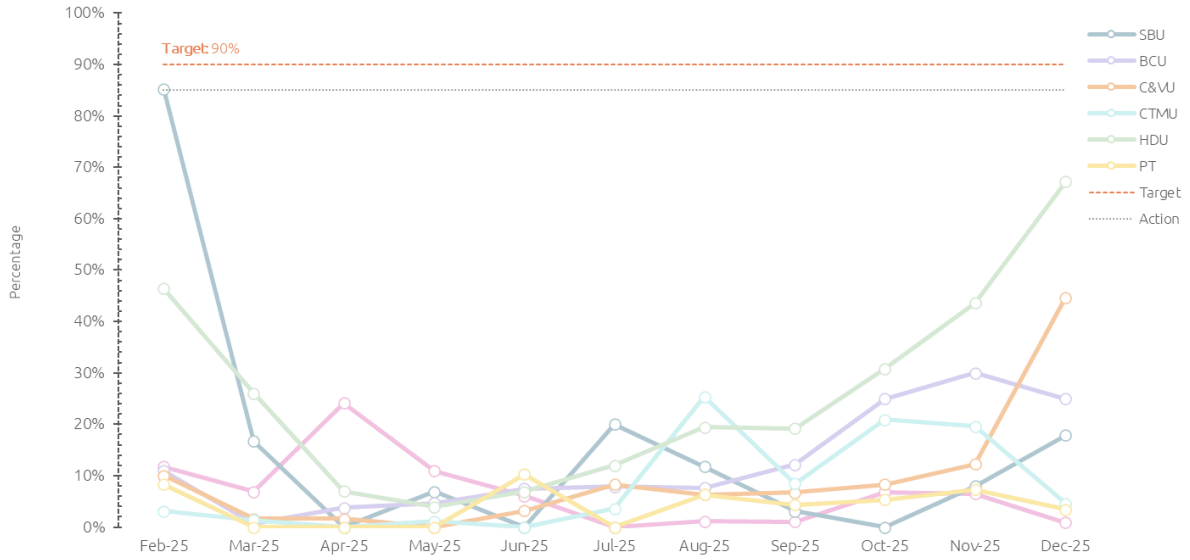
Bowel Screening Wales invited more than 500,000 people to take part in screening in 2025. A total of 332,000 tests were returned, giving an overall annual uptake of 62.9%, with uptake rising to 65.3% in the most recent months (November and December 2025). A total of 8,837 participants received a positive result. These positive tests generated 11,669 Specialist Screening Practitioner pre-colonoscopy assessments (including both initial and follow-up assessments) and resulted in 8,503 screening colonoscopies being carried out. In the last 12 months, 414 screen-detected bowel cancers were diagnosed and 4,668 participants had polyps detected and removed. Key Performance indicators across the whole pathway are monitored monthly:

Indicator	RAG
Bowel Screening Uptake and Coverage: Uptake and coverage of bowel screening exceed the 60% minimum standard (uptake 65% and coverage 62% in December 2025 report)	Green
Timeliness: Laboratory Testing of the Screening FIT – 100% of screening FIT samples tested within the BSW 7-day standard	Green
Waiting time for pre-colonoscopy assessment – all Health Board centres are currently meeting the 14-day standard (average waiting time of 6 days, range across the 14 screening centres 3-11 days)	Green
Waiting time for screening colonoscopy in health boards – all 14 screening endoscopy units in health boards are currently outside the BSW 28-day total waiting time standard (average waiting time of 58 days, range 36-116 days across the 14 centres)	Red
Screening Outcome: Detection Rates at Colonoscopy (all in line with expectations of the revised screening population aged 50-74 years): Cancer Detection Rate – 6% Polyp Detection Rate – 71% Adenoma Detection Rate – 56%	Green

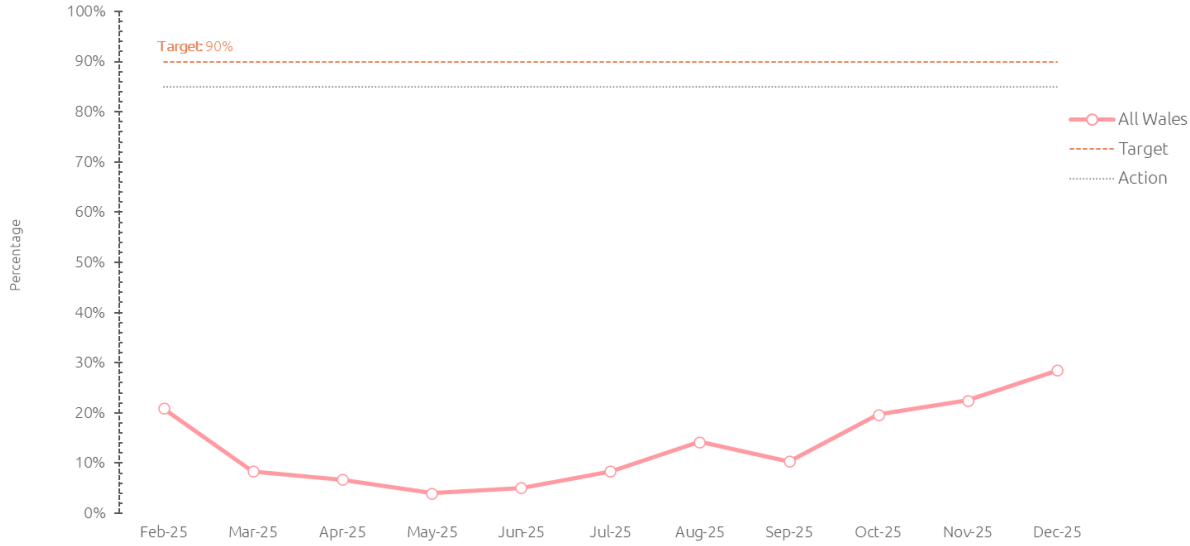
Key performance indicator (KPI) Bowel screening – 90% to receive Index Colonoscopy/Flexi-Sig Procedure Within 4 Weeks of Booking SSP Appointment

Public Health Wales commissions screening colonoscopy from all seven health boards in Wales. Timeliness is key for early detection of bowel cancer and meeting single cancer pathway targets. The timeliness standard that 90% of participants should receive index colonoscopy within four weeks of booking Specialist Screening Practitioner appointment is not currently being met. November 2025 report showed compliance of 22.5%.

Waiting Time for Index Colonoscopy/Flexi-Sig Procedure Within 4 Weeks of Booking SSP Appointment – Looking Back by Health board



Waiting Time for Index Colonoscopy/Flexi-Sig Procedure Within 4 Weeks of Booking SSP Appointment – Looking Back (All Wales)



On 6 February 2026, the average total waiting time for a screening colonoscopy across Wales was at eight weeks and two days with the waiting time ranging from five to 16 weeks across 14 screening centres in health boards.

Health board	Screening Centre	Waiting Time
Aneurin Bevan UHB	Ysbyty Ystrad Fawr	8 weeks 2 days
Swansea Bay UHB	Singleton/Morriston Prince Philip (Swansea list)	15 weeks 3 days 16 weeks 4 days
Betsi Cadwaladr UHB	Ysbyty Gwynedd Ysbyty Gal Clwyd Wrexham Maelor	7 weeks 3 days 7 weeks 6 days 7 weeks 5 days

Cardiff and Vale UHB	Llandough	5 weeks 2 day
Cwm Taf Morgannwg UHB	Prince Charles Royal Glamorgan	10 weeks 4 days 9 weeks 1 day
Hywel Dda UHB	Glangwilli Withybush Bronglais Prince Philip (Hywel Dda list)	5 weeks 1 day 5 weeks 6 days 5 weeks 6 days 5 weeks 4 days
Powys THB	Brecon War Memorial	6 weeks 0 days

Prolonged waiting times for screening colonoscopy introduce avoidable anxiety amongst screen-positive participants, some of whom are waiting 16 weeks currently for a screening colonoscopy. Prolonged waiting times increase the risk of disease progression. Studies conducted in the wake of the 2020 pandemic demonstrated that patients who are FIT-positive experience clinical harm as they have a higher incidence of bowel cancer compared with the general population. There is evidence of disease progression when waiting times for colonoscopy exceed 26 weeks (Brenner, 2024; Pellise 2020). Whilst the screening waits are currently below 26 weeks in Wales, prolonged waiting times for colonoscopy could result in adverse disease outcomes for some participants.

Bowel Screening Wales has worked very closely with all health boards to strengthen their performance against screening colonoscopy waiting time standards and ensure delivery of commissioned activity. Actions that we have undertaken to-date to tackle improvements in the timeliness of screening colonoscopy include:

- Holding Chief Executive to Chief Executive meetings between July and August 2025 with all health boards, which were solution focused discussions. Following these, letters have been sent to health board with specific actions and feedback of themes. This included request for health boards to provide a plan to recover the elements of the service within their direct control from April 2026.
- Working with NHS Performance and Improvement and Digital Health and Care Wales to develop A Patient Tracking List (PTL), which is a Bowel Screening Specific dashboard and planning tool that the health board cancer tracking team can use to have real time planning tools in order to better manage their screening patient referrals.
- Holding monthly performance meetings with each health board endoscopy team to review activity, waiting times, and key performance indicators. Meetings focus on understanding local pressures, assessing Patient Tracking List (PTL) trajectories, and agreeing targeted actions where performance falls below expected standards.
- Working with health boards to identify solutions where performance against pre-colonoscopy assessment has dropped, including providing central support and facilitating mutual aid between health boards. As a result, all health boards are now achieving 100% compliance with the 14-day Specialist Screening Practitioner (SSP) pre-colonoscopy assessment standard.
- Expanding the number of accredited screening colonoscopists through mentorship days and assessment days from January to April 2026, to support candidates currently progressing through the accreditation pathway – which is

required to undertake screening colonoscopies. This is expected to increase screening colonoscopy capacity over the coming months.

- Piloting implementation in Betsi Cadwaladr University Health Board to improve efficiencies focused on reducing operational bottlenecks, improved reporting times for participants, and freed up colonoscopist capacity for clinical activity. The pilot has been expanded to Swansea Bay University Health Board with a view of expanding across Wales.
- Providing focused support to Swansea Bay University Health Board, which is experiencing significant shortages in colonoscopist capacity. Mutual aid from other health boards has been requested, and the screening programme is working directly with the organisation to finalise a recovery plan.
- Following the Health Board meetings a follow up meeting was held on 2 December with Public Health Wales, Welsh Government and NHS Performance and Improvement to consider and review with actions in development.

2.2.3 Performance trajectory and improvement actions

Bowel Screening Wales intends to establish a dedicated 'Colonoscopy Screening Improvement Project' in 2026. The project will bring together health board endoscopy teams and key national partners, including NHS Performance and Improvement and the National Endoscopy Programme, to coordinate efforts to strengthen service resilience and expand core screening colonoscopy capacity. The overarching aim is to improve the timeliness of investigations for participants with a positive screening Faecal Immunochemical Test (FIT) result. The priority areas for this improvement programme, along with the proposed performance trajectories, are summarised in the table below:

Recovery trajectory: Estimated to be within standard 6–12 months (Recovery is not within Public Health Wales' direct control given the access to colonoscopies sits within the commissioned service from health boards).

Improvement action	Delivery date
Establish a formal 'Colonoscopy Project' in collaboration with health boards, National Endoscopy Programme, and NHS Performance and Improvement	March 2026
Workforce Development:	
Development of All-Wales workforce assessment and succession planning template	April - June 2026
Complete accreditation pathway and mentorship capacity plan	July - December 2026
Review Specialist Screening Practitioner (SSP) competency framework and standardised roles	April - September 2026
Produce Annual Workforce Capacity and Sustainability Report for Wales	July 2026- March 2027
Service Delivery and Capacity Management:	
Health board capacity and planning modelling	April – June 2026
Standardised scheduling templates, productivity assumptions	April – June 2026

Patient Tracking List (PTL) implementation for monitoring waits and throughput	July – September 2026
Develop proposal for all Wales contingency resource	July 2026 – July 2027
Revised and enhanced quarterly performance management reports against 28-day standard	March 2026 – September 2027
Regional Collaboration and Service Optimisation:	
Undertake All-Wales resource mapping	April – June 2026
Establish mutual aid agreements and pilots between health boards	July 2026 – March 2027
Introduce surge and contingency management toolkit	July – June 2026
Undertake National Referral Centre review and gap analysis	January – March 2026
Update Specialist Screening Practitioner (SSP) delivery standards and Standard Operating Procedures	January 2026 – July 2027
Ongoing Performance Monitoring and Management	
Continue regular performance meetings with health board endoscopy teams	Ongoing
Develop local actions to reduce waiting times with health boards	January 2026 – March 2028
Establish assurance mechanisms from health boards for activity to manage backlogs	January - March 2026
JAG Accreditation:	
Accelerated progression of current candidates to achieve accreditation	January - June 2026

2.3 Breast Screening

The aim of the Breast Screening Programme is to reduce mortality rates by identifying breast cancer in its early stages, often before symptoms appear.

2.3.1 Our role

Breast Test Wales delivers the national population-based breast screening programme for Wales. It is responsible for whole of the screening pathway up to a diagnosis of breast cancer when the participants are transferred to the health boards for further tests (if required) and treatment of the screen-detected cancer. Women aged 50 to 70 years, who are resident in Wales and registered with a General Practitioner, are invited for a mammogram every three years. Screening is offered either on a mobile unit in their community or at one of the centres in Llandudno, Wrexham, Swansea or Cardiff. If there are any abnormalities observed on the mammogram the woman is invited to an assessment clinic for further tests.

The latest annual report (due to be published shortly) shows that 133,339 women took up their screening offer with 174,364 women invited. 1,303 cancers were detected and of these 1,081 were invasive lesions with 432 classified as small *(less than 15mm).*

Breast Test Wales purchases sessions through an SLA from the health boards of designated surgeons, radiologists and pathologists specialising in breast diagnosis and treatment from the health boards through an SLA. The consultants work together as multi-disciplinary teams within each Breast Test Wales centre. The surgeons attend the radiologically lead assessment clinics, multi-disciplinary team (MDT) and results clinic and usual practice is then to undertake surgical treatment for the women they have seen in their clinic.

Pathway Element	Responsibility
Call and recall of eligible participants	Public Health Wales
Issuing of screening invitations	Public Health Wales
Mammography	Public Health Wales
Image reading/arbitration	Public Health Wales
Issuing of results	Public Health Wales
Telephone contact for participants	Public Health Wales
Breast Assessment Clinics	Public Health Wales
Joint Multi-Disciplinary Team (MDT) meetings	Public Health Wales and health boards
Other diagnostic procedures after cancer diagnosis	Health boards (not commissioned by Public Health Wales)
Treatment of screen-detected breast cancer	Health boards (not commissioned by Public Health Wales)

2.3.2 Current position

Key performance indicator (KPI) Breast screening – 70% Annual uptake of screening offer

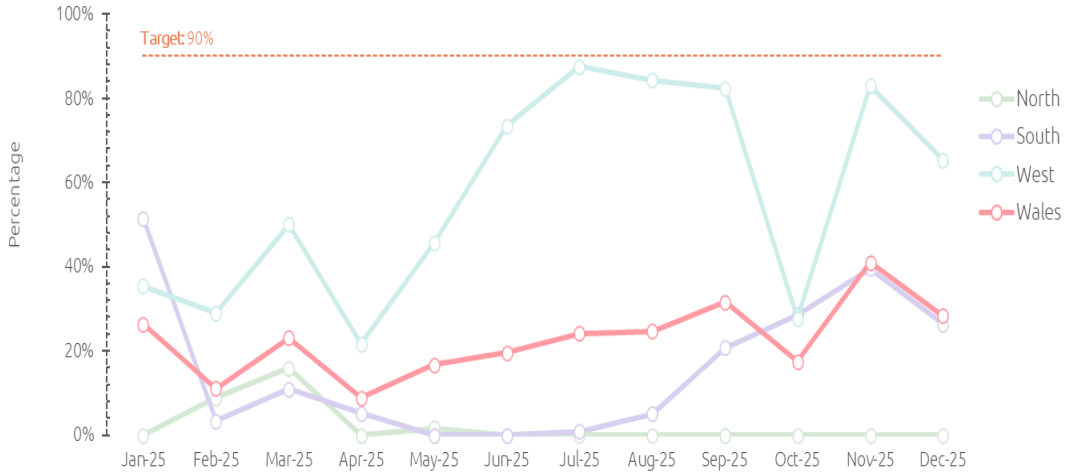
The national target for breast cancer screening uptake is 70%, as set by the UK National Screening Committee. Uptake and variations in uptake in Wales are monitored with the latest uptake (women who take up their offer within six months) just under the 70% target at 69.2%. Annual figures due to be published shortly, shows that coverage has improved with 70% of women taking up their offer within the last three years and meets the 70% target. To note the lag in publishing annual reports is due to necessary time to compile and validate the cancer data.

Key performance indicator (KPI) Breast Screening – 90% of Assessment invitations within three weeks of screen

Timeliness is key to ensuring early detection of breast cancer and meeting single cancer pathway targets. The timeliness standard that 90% of assessment invitations should be given within three weeks of screen is not currently being met. Reporting shows that 28.3% of participants across Wales had their

assessment invitations within three weeks of their screening mammogram in December 2025. 65.3% participants had their assessment within standard in the West region, 26.4% in South and none within standard in the North region.

Assessment invitations given within 3 weeks of screen

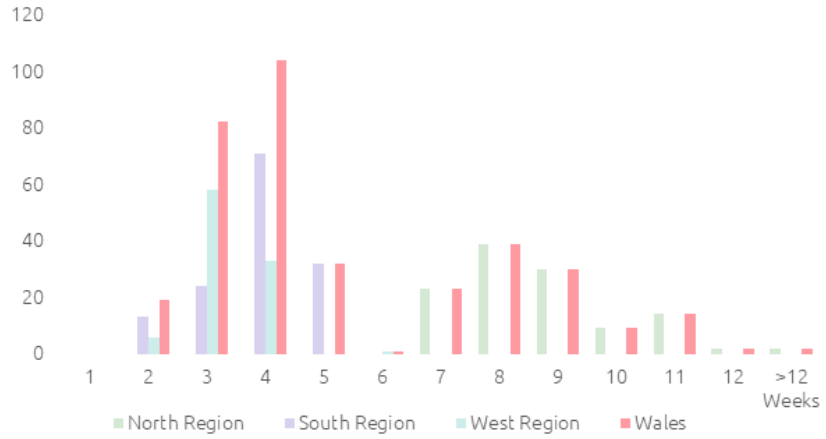


There is a backlog in the North region with waits for assessment of over 11 weeks. Surgical sickness absence of surgeons contracted by Public Health Wales from the Betsi Cadwaladr University Health Board, resulted in the cancellation of assessment clinics in Breast Test Wales Wrexham for six months. These were reinstated in July 2025, but the significant backlog has not yet been resolved. There remains a critical clinical shortage in North Wales, which is impacting reading and the lack of resilience of the surgical support impacts on assessment capacity. Discussions are ongoing with Betsi Cadwaladr University Health Board to address this gap.

There are constraints in the staffing of assessment clinics in the Llandudno unit in North Wales, as radiology-led assessment clinics cannot be held as a consequence of local clinical requirements from surgeons. This has resulted in the cancellation of clinics and an increase in waiting times for assessment. This has been escalated to the Health Board Chief Executive and is awaiting resolution.

Assessment waits in West Wales and South Wales are better than North Wales, but are not meeting the standard in December 2025, with waits of no more than five weeks. The clinical capacity is better in the South and West, but there is limited resilience and scope for additional capacity within the regional teams and therefore waiting time for assessment are impacted when staff in the regions have unplanned leave and at times when staff are taking their planned leave. Work is underway to improve the resilience of reading times by moving to implement an all-Wales reading team.

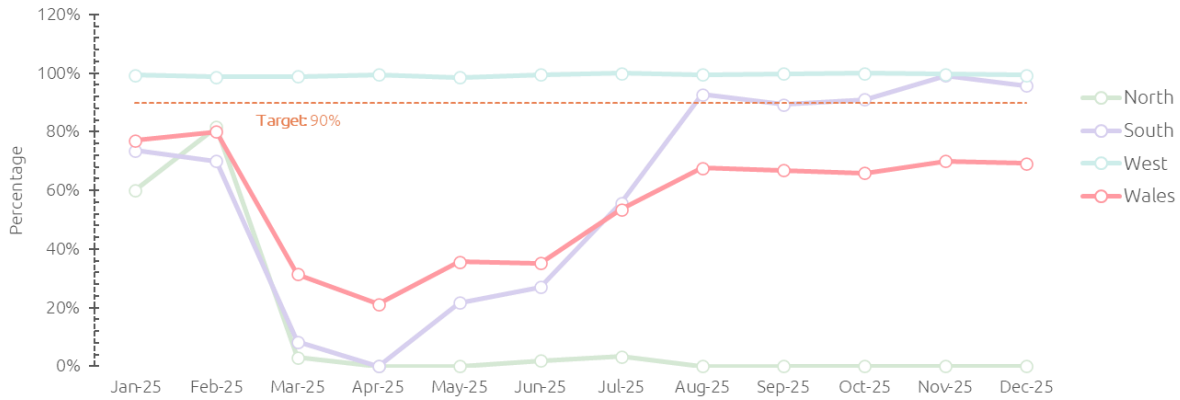
Waiting time from Breast Screening to Assessment Appointment – December 2025



Key performance indicator (KPI) Breast Screening – 90% of normal results sent within two weeks of screen

Key to the timeliness to assessment is the time taken to read the mammograms with 90% of normal results sent within two weeks of screening. This is consistently met in the South and West regions. This standard has been difficult to achieve in North Wales given that there were only three members of staff who are qualified film readers and the wait was four weeks in December 2025. An additional member of staff qualified in December 2025, and two more staff are in training and expected to qualify by July 2026.

Normal Results Sent Within 2 Weeks of Screen



The impact of this is that prolonged waiting times for breast screening assessment introduce avoidable anxiety for participants who need to be invited for further tests, some of whom are waiting over 11 weeks. A delay to assessment will impact the timeliness of breast cancer diagnosis and could impact the time of first treatment to comply with the single cancer pathway targets (first treatment 62 days). The clinical impact of delay in diagnosing breast cancer in asymptomatic women is dependent on tumour size, lymph node involvement and histological grade. Evidence from a review (Duffy, 2022) of the impact of a delay in screening during the COVID-19 pandemic identified three potential effects of delay. These are screen detected cancer detected later, ductal carcinoma in situ progressing to breast cancer and asymptomatic breast cancer becoming symptomatic. The mean

time for asymptomatic breast cancer becoming symptomatic is estimated at three years (Taghipour, 2013).

Weekly operational monitoring of timeliness in February 2026 shows an improved situation in West and South with assessment waits reduced. Monitoring for the first week of February identified that the longest wait for assessment for a woman in West Wales is three weeks and in South Wales four weeks. The reading timeliness is consistently in standard in the West and South regions and has recently improved in the North region and currently meeting standard. Actions that we have undertaken to-date to improve the timeliness of screening assessment include:

- Meetings at Medical Director level with Betsi Cadwaladr University Health Board to resolve the backlog resulting from the absence of Wrexham clinics for six months focused on the health board putting in place resilient surgical capacity and resolving onward surgical pathway for radiologically lead clinics. However, as there has been no resolution progressed to date, a letter was sent to the Chief Executive in December 2025 to escalate and request resolution.
- Providing reading support to North Wales from the West and South regions and increased capacity via additional trained staff.
- Optimising clinical bookings to ensure all slots are booked and short notice appointments are offered.
- Undertaking radiological lead clinics to avoid cancellation of assessment clinics.
- Agreeing that Betsi Cadwaladr University Health Board will fund additional assessment clinics to reduce the backlog, which are being planned in February and March.

Public Health Wales is currently undertaking an in-depth review of the Breast Screening Programme, and the report is due for consideration by the Executive Team in early 2026.

Reducing barriers and improving access is a priority for the programme with 11 mobile screening units located in the heart of communities, including supermarket car parks and other community locations. A breast screening pathway video 'Breast Screening – What to Expect' has been developed to help people understand what breast screening is and why it is important. The Programme has recently delivered a social media campaign for breast screening awareness month, which included targeted communication for first-time invitees.

2.3.3 Performance trajectory and improvement actions

Recovery trajectory:

- Reading meeting standards (South and West Wales in standard. North Wales recovery in February 2026)
- Assessment meeting standards (South and West Wales recovery in March 2026. North Wales recovery in July 2026)

Improvement action	Delivery date

Improve Reading Timeliness in North Region	
Implement cross-regional reading support from West and South regions.	In place
Improve cross-site reporting workflow through All-Wales workflow optimisation.	February - May 2026
Explore and deploy additional evening/weekend reading sessions if required.	February 2026
Ensure network connectivity is maintained in North Wales following resolution.	February 2026
Train and qualify new film readers across North Wales.	January - July 2026
Improve timeliness of Assessment Clinics	
Actively manage assessment clinics around surgeon annual leave.	In place
Maintain core assessment capacity and avoid cancellations.	January - July 2026
Build resilient nursing support during sickness/leave.	February - March 2026
Recruit consultant surgeons (Hywel Dda, BCU) to strengthen workforce resilience	February – September 2026
Run additional assessment clinics in North Wales to reduce backlogs.	February – March 2026
Resolve surgical restrictions to screening pathway in BCU (Llandudno).	May 2026
Work jointly with BCU on sustainable surgical provision aligned to need.	January – May 2026
Continue training of breast clinicians and radiography to expand capacity.	January – December 2026
Work with BCU to recruit joint consultant radiologist post for long term vacancy	October 2026

2.4 Cervical Screening

The aim of cervical screening is to prevent cervical cancer from developing or identify it at an early stage. The cervical screening (smear) test looks for high-risk types of Human Papillomavirus (HPV) that can cause cell changes on the cervix. Finding cell changes at an early stage can prevent cervical cancer from developing.

2.4.1 Our role

The Programme invites individuals aged 25-64 years (first invites are sent at age 24.5) for screening, based on GP registration. All individuals registered as female with their GP are invited unless they have opted out or have been ceased from the programme. Individuals with a cervix who are not registered as female with their GP can undergo screening by contacting Cervical Screening Wales (CSW) or their GP directly. The primary screening test checks for the presence of high-risk HPV, which is the leading cause of cervical cancer. Individuals with a negative test will be returned to routine recall and reinvited in five years for repeat screening.

Where a sample tests positive for high-risk HPV this will undergo reflex cytology to look for cell changes. Referral to colposcopy is made for any individual where cell changes are identified. If no cell changes are identified the individual is returned to early recall in 12 months for repeat screening. Public Health Wales is responsible for the oversight and management of the programme up until the point of cervical cancer being diagnosed.

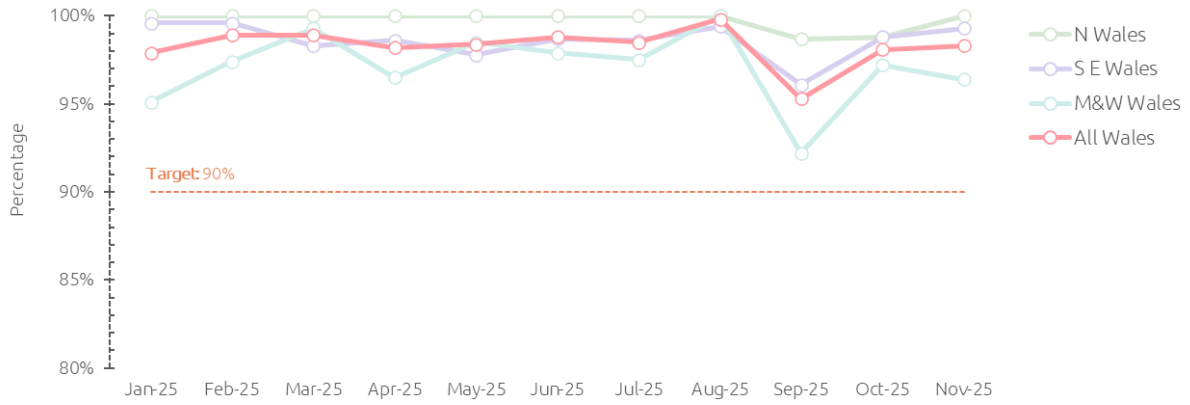
Pathway Element	Responsibility
Call and Recall of eligible participants	Public Health Wales
Issuing of screening invitations	Public Health Wales
Cervical Screening Sample	Commissioned from General Practice or Sexual Health Clinics in health boards
HPV testing	Public Health Wales
Cytology	Public Health Wales
Issuing of results	Public Health Wales
Telephone contact for participants	Public Health Wales
Colposcopy	Colposcopy commissioned from health boards – referral and treatment of cell changes
Treatment of screen-detected Cervical Cancer	Health boards (not commissioned by the programme)

2.4.2 Current position

Key performance indicator (KPI) Cervical screening – 90% receive coloscopy appointment within 8 weeks of direct referral

Public Health Wales commissions screening colposcopy from health boards in Wales. Timeliness is key to ensuring early examination of any abnormal cell changes to the cervix and tissue. The timeliness standard that 90% of participants should receive a coloscopy appointment within eight weeks of direct referral is consistently being met. Reporting shows that 98.3% of participants had their colposcopy within the standard in December 2025 report.

Waiting time for coloscopy appointment – All CSW direct referrals (8 weeks)



Waiting Time for Colposcopy Appointment - All CSW Direct Referrals (8 weeks) by Health Board

Health board	Average in 2025
Aneurin Bevan University Health Board	98%
Betsi Cadwaladr University Health Board	97%
Cardiff and Vale University Health Board*	81%
Cwm Taf Morgannwg University Health Board	97%
Hywel Dda University Health Board	90%
Powys Teaching Health Board	92%
Swansea Bay University Health Board	96%
*Data for C&VUHB only Jan-Jul due to lack of data availability from July onwards as a result of a system migration issue preventing data extraction.	

Over 105,000 cervical screening samples were processed in 2025. This represents fewer samples than in previous years due to the change in screening interval from three to five years for HPV negative results that was introduced from January 2022. It is anticipated that future years will see increased sample volumes (at levels similar to those in the earlier months of this year) as these cohorts are re-invited at their new interval.

Key performance indicator (KPI) Cervical screening – 80% age-appropriate coverage

Coverage of cervical screening has continued to follow a declining trend as has been seen in other UK nations and remains below the standard of 80%. With the change in screening interval, the coverage metric will become standardised across all eligible age groups. Data for October 2025 in the table below reflects coverage based on the current five-year interval.

Cervical Screening Age Appropriate Coverage				
2025	January	April	July	October
Combined	67.3	67.1	66.8	71.4
25-49 3.5 Years	66.0	65.9	65.5	72.8*
50-64 5.5 Years	69.5	69.3	69.1	69.1
*Age-appropriate based on 5.5 yr calculation (i.e. five year recall with 0.5 yr allowance for uptake of the screening offer)				

To note the World Health Organization target for the elimination of cervical cancer is to ensure that 70% of women are screened by age 35 years and again by 45 with a high performing test. We have utilised behavioural science expertise to review invitation letters and maximise the impact with a clear call to action. Cervical screening uptake is lowest in the youngest age groups and first-time invitees. A pilot of the revised behavioural-science informed invite letters for the younger aged individuals is ongoing.

2.4.3 Performance trajectory and improvement actions

Improvement actions underway:

- Public Health Wales has established an intervention to undertake telephone calls to first time non-responders to screening in the non-cancer screening programmes. This is now being piloted in the Cervical Screening Wales programme working with GP practices.
- A pilot of the behavioural-science informed invite letters for the younger aged individuals is ongoing. This aims to improve uptake in those who are being invited for the first time for cervical screening. First set of interim data expected on this at the end of the month.
- The focus for 2026 will be the introduction of self-sampling for cervical screening targeted to the under screened following the UK National Screening Committee's recommendation and in support of the World Health Organisation's objective to eliminate cervical cancer. This will see the offer of a self-collected cervical screening sample being made available to those individuals who rarely or never take up their offer of screening.
- Work has already begun to scope out and determine the delivery model, testing kits, laboratory processes, pathways, public information and engagement with partners across the system. This is being overseen by a Self-sampling Programme Board that has input from key third-sector organisations, leads from the health sector, and the screening programme. Cervical Screening Wales has committed to introducing self-sampling before the end of the calendar year.

2.5 Diabetic Eye Screening

Diabetic Eye Screening (DESW) aims to detect diabetic retinopathy early and prevent sight loss from diabetic eye disease. Diabetic eye screening looks for signs of diabetic retinopathy before any symptoms are shown. Research evidence shows that with early identification and treatment loss of vision can be prevented in 70–90% of people with sight threatening diabetic retinopathy.

2.5.1 Our role

DESW is a targeted screening programme for all people aged 12 years and over with diagnosis of diabetes, who are registered with a GP in Wales. People who are eligible are invited for retinal screening with DESW. Diabetic eye screening is an important part of diabetes care and is one of the nine care processes recommended by National Institute for Health and Care Excellence (NICE) for people living with diabetes.

Until recently, every participant was recalled for their eye screening appointment on an annual basis. However, following further research and clinical evidence, the UK National Screening Committee recommended that the screening interval be changed to biennially for those participants who meet the criteria of low risk. Low risk criteria is when a participant has had two consecutive outcome grades of 'no retinopathy' (R0M0) at least 12 months apart. This recommendation was implemented across the UK, with Wales making this change in June 2023. The aim of the low-risk recall pathway (LRRP) is to increase capacity within the programme by reducing the frequency of recall for low-risk participants and reduce the inconvenience of annual screening for those who are at low-risk of diabetic retinopathy.

DESW is responsible for the identification, invitation and offer of a screening test following referral into the programme by healthcare professionals after a diagnosis of diabetes (gestational diabetes and pre-diabetes are not included). DESW undertakes image capture and consequent grading of the images to determine presence of diabetic retinopathy and/or maculopathy. Following a positive screening test, a referral is sent to Hospital Eye Services. At the time of referral, the participants care is transferred to the respective health boards.

Pathway Element	Responsibility
Call and Recall of eligible participants	Public Health Wales
Issuing of screening invitations	Public Health Wales
Image capture of retina at screening clinic	Public Health Wales
Provision of venue for screening clinic	Health boards with some Public Health Wales fixed sites
Grading of retinal images	Public Health Wales
Issuing of results	Public Health Wales
Telephone contact for participants	Public Health Wales

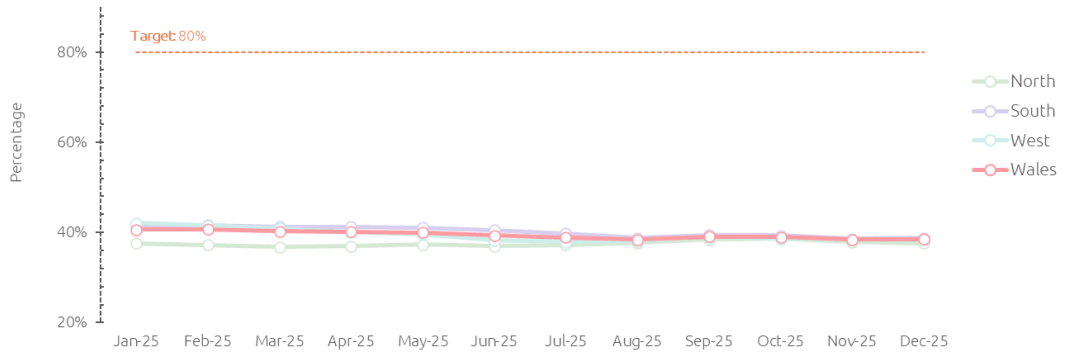
Hospital Eye Service receive screen positive referrals who have more than background retinopathy identified	Health boards Eye Services (not commissioned by Public Health Wales)
Treatment of sight threatening retinopathy	Health boards (not commissioned by Public Health Wales)

2.5.2 Current position

Key performance indicator (KPI) Diabetic eye screening – 80% coverage at 12 months for annual recall

The timeliness standard of 80% coverage at 12 months for annual recall is not currently being met. Reporting shows that coverage at 12 months for annual recall remained below standard at 38.5% in December 2025. Coverage at 24 months for the low-risk recall pathway is higher at 72.5%.

Coverage 12 months



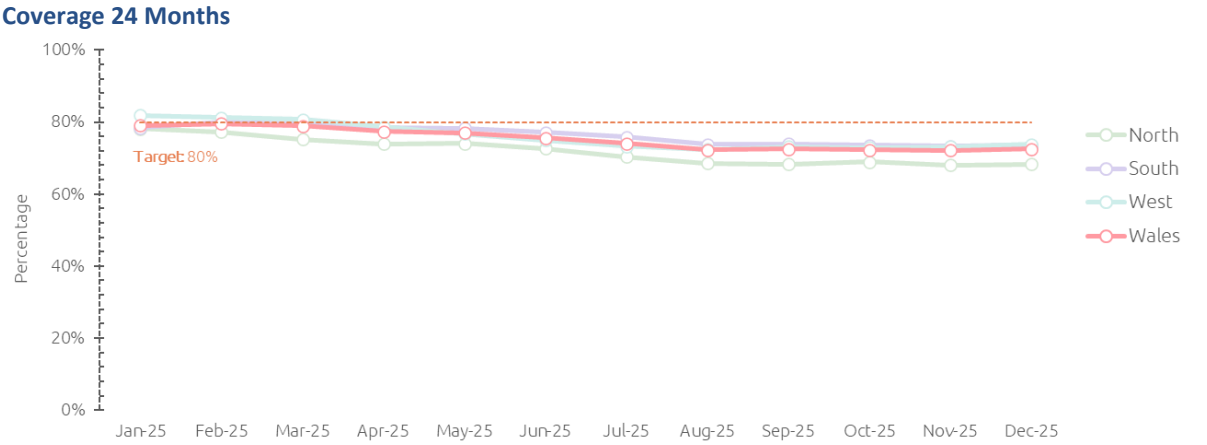
Coverage at 12 months is currently 38.5% with limited geographical variation by region of service delivery. However, there is a geographical variation in coverage across health board areas ranging from the lowest of 29.4% in Aneurin Bevan University Health Board to the highest of 44.2% in Powys Teaching Health Board. This is related to the availability of venues within health board areas in addition to the reduced overall capacity to meet demand across Wales.

Diabetic eye screening annual coverage by health board 2023-24

Health board	Eligible active participants	Reported results	Coverage (%)
Aneurin Bevan UHB	29,938	8,801	29.4
Betsi Cadwaladr UHB	28,352	11,971	42.2
Cardiff and Vale UHB	19,072	6,193	32.5
Cwm Taf Morgannwg UHB	21,359	6,894	32.3

Hywel Dda UHB	17,523	7,416	42.3
Powys Teaching LHB	5,470	2,420	44.2
Swansea Bay UHB	16,962	5,408	31.9
All Wales	139,728	**49,469**	**35.4**

Coverage for the low-risk recall pathway at 24 months is 72.5%, with limited geographical variation by region of service delivery.



There are currently over 200,000 eligible participants registered with DESW for eye screening. Prevalence of diabetes across Wales is significantly increasing and the service has approximately 1,400 new referrals a month, which require an appointment within 90 days as these are higher risk participants. DESW appoints over 99% of newly registered participants within the 90-day time period. With the increasing population of people in Wales with diabetes the population requiring eye screening in Wales has grown by 11% from 2019 to 2024. This poses significant challenges to performance and, despite undertaking a transformation programme over the last two years, it will require a diversified model going forward.

Key performance indicator (KPI) Diabetic eye screening – 80% uptake of screening following invitation

In 2025, across all regions in Wales, 91,161 participants attended a pre-booked screening appointment from 111,935 screening appointments offered resulting in uptake for eye screening of 81.7%. Uptake has been maintained at above the 80% standard throughout 2025. DESW deliver eye screening using a regional model across North, South and West. There is limited variation in uptake at regional level.

The current service delivery model is reliant on the provision of suitable venues by health boards in accordance with the Long-Term Agreements (LTA) in place between Public Health Wales and health boards. The venues have been significantly reduced since the pandemic and there are inadequate venue facilities across Wales to meet geographical demand. Staff sickness levels above Public Health Wales average are also impacting clinic cancellations. High volume of

cancellations of fixed time appointments and non-attendance of approximately 20% at scheduled clinic appointments are also impacting clinic utilisation.

The impact of reduced coverage due to delays in timeliness of offer of screening could increase the number of cases where diabetic retinopathy is not identified at an early stage. Diabetic retinopathy detected at a later stage is associated with irreversible sight loss. A greater number of people with diabetes could present with symptomatic diabetic retinopathy. Delays in timeliness of offer could increase anxiety of participants waiting longer for their appointment.

Actions that we have undertaken to date to improve the timeliness of screening colonoscopy include:

- Supporting the provision of venues through mobile screening units commissioned from Tenovus and with two additional Public Health Wales screening centres in Cardiff and Mountain Ash.
- Delivering key optimisation and transformational developments, as part of an internal transformation programme, to strengthen business as usual, improve current service delivery and work to identify a future services model.
- Implementing e-referral forms to improve data quality and data processing of high volume of new referrals has released screening pathway admin capacity to backfill clinic appointments to improve clinic utilisation.
- Providing extended clinics on evenings and weekends.
- Undertaking demand and capacity modelling, which identified that an estimated 15,000 appointments will be required every month to meet anticipated demand. The current service delivery model in place has an average of 9,000 – 10,000 booked appointments delivered a month.
- Conducting formal evaluation of the new cameras, which were introduced in September 2024. The programme is now looking at how to realise the potential benefit of the cameras, which would be more person-centred and improve efficiency and reduces participant appointment times.
- Establishing increasing Clinic Capacity (ICC) Project Group in August 2025, from which three internal service improvement projects have been piloted and evaluated.
- Undertaking an options appraisal during 2026, and potential resulting business case, to develop a sustainable, scalable service model which embeds optimum technology applications.

2.5.3 Performance trajectory and improvement actions

Recovery trajectory: 60% coverage by 12 months, 70% coverage by 24 months, 80% coverage by 36 months. (modelled recovery based on projected increases in capacity from improvement projects detailed below and improved clinic utilisation)

Improvement action	Delivery date
Increasing Clinic Capacity Service Improvement Project:	

Implement and evaluate drop-in clinic models to improve accessibility and increase appointment uptake.	January - July 2026
Introduce and test the low-risk recall pathway (LRRP) clinic model across regions to enhance service efficiency and participant experience.	January – July 2026
Retinal Imaging Without Routine Dilation: Evaluation Project:	
Plan and undertake evaluation clinics for safety, feasibility and acceptability of using staged mydriatic approach to retinal imaging.	January - May 2026
Evaluate the staged mydriatic retinal imaging approach and if successful develop staged mydriatic protocol for implementation as clinic model and take through relevant governance processes.	April - October 2026
Plan and implement a staged mydriatic approach to optimise clinic capacity and improve participant experience.	October 2026 - January 2027
Improve Clinic Utilisation:	
Implement the Autobook module to automate appointment scheduling and improve service efficiency.	January - June 2026
Increase appointment availability to meet interim programme standards (80%, 85%, 90%) through targeted backfilling and capacity optimisation.	July - October 2026
Strengthen digital access to screening appointments by promoting online booking functionality through engagement with the NHS Wales App User Requirements Group.	January 2026 – December 2027

2.6 Abdominal Aortic Aneurysm Screening

The aim of Wales Abdominal Aortic Aneurysm Screening Programme (WAAASP) is to reduce deaths from ruptured aortic aneurysm. Research evidence shows that screening men aged 65 years can reduce ruptured aortic aneurysm deaths by 50% in men aged 65-74 years.

2.6.1 Our role

WAAASP invites 65-year-old men who reside in Wales for a one-off ultrasound scan to check whether they have an Abdominal Aortic Aneurysm (AAA). The test involves a scan of the abdominal aorta, measuring the widest part of the aorta. The screening is performed in approximately 60 screening clinics throughout Wales, including community hospitals, health clinics, primary resource centres and GP practices.

Men with an abdominal aortic diameter of less than 3cm are discharged from the programme. Men with a small or medium AAA are included in the surveillance programme. Men with a large AAA of 5.5cm or more (or a growth of 1cm or more in 12 months) are referred to the regional elective Vascular Network Multi-professional team (Multi-disciplinary Team (MDT).

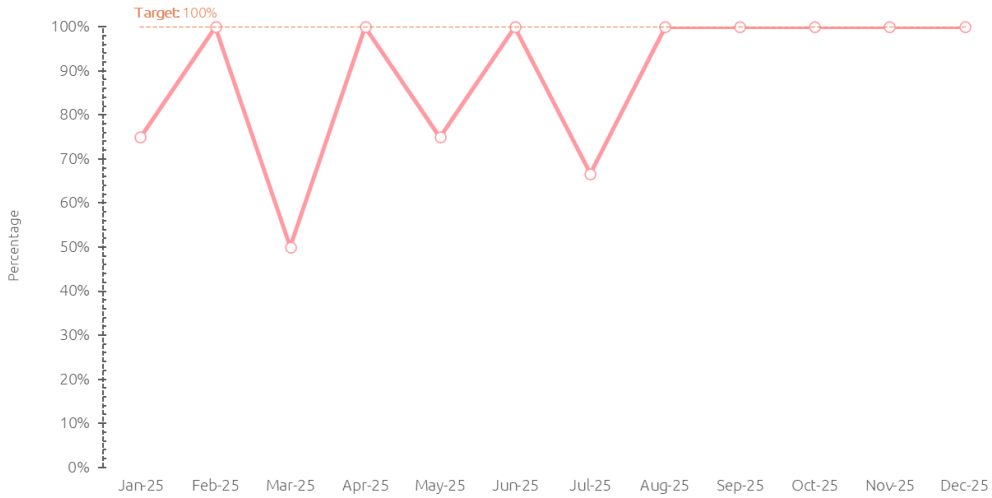
Pathway Element	Responsibility
Call and Recall of eligible participants	Public Health Wales
Issuing of screening invitations	Public Health Wales
Ultrasound scan of the abdominal aorta, measuring the widest part of the aorta in screening clinic	Public Health Wales
Provision of venue for screening clinic	Health Boards with some Public Health Wales fixed sites
Telephone contact for participants	Public Health Wales
Surveillance of men with small and medium AAA	Public Health Wales
Prompt referral of men with large AAA to regional elective vascular network MDT	Public Health Wales
Regional elective Vascular Network MDT receive referral of men with large AAA.	Health boards (not commissioned by Public Health Wales)
Treatment of large AAA	Health boards – not commissioned by Public Health Wales)

2.6.2 Current position

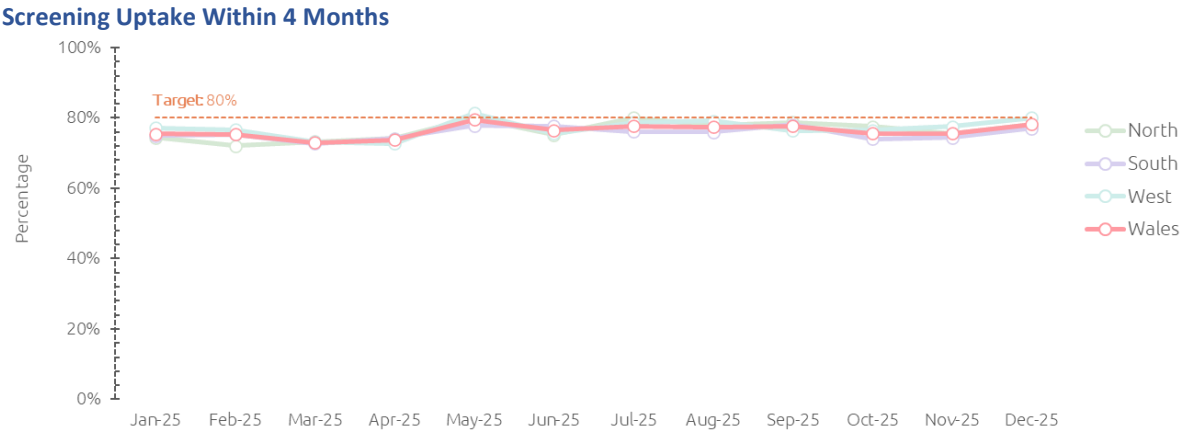
The standard of timely referral to the Elective Vascular Network Multidisciplinary Team is currently being met. Reporting shows that 100% of men with a large or very large aneurysm detected by the screening programme have been referred within timescales. For very large aneurysms this is the same day and by end of following working day for large aneurysms.

Key performance indicator (KPI) Abdominal aortic aneurysm screening – 100% Timely referral to Elective Vascular Multidisciplinary Team

Timely Referral to Elective Vascular Network Multidisciplinary Team (MDT) - All Wales



Key performance indicator (KPI) Abdominal aortic aneurysm screening – 80% Screening uptake within 4 months



Abdominal aortic aneurysm screening uptake by Health Board of residence

Health board	Invited	Tested	% Uptake
Aneurin Bevan University Health Board	4,004	3,062	76.5
Betsi Cadwaladr University Health Board	5,520	4,267	77.3
Cardiff and Vale University Health Board	3,751	2,823	75.3
Cwm Taf Morgannwg University Health Board	2,898	2,280	78.7
Hywel Dda University Health Board	3,187	2,521	79.1
Powys Teaching Health Board	1,242	1,044	84.1
Swansea Bay University Health Board	2,806	2,166	77.2
Unknown	21	17	81.0
All Wales	**23,429**	**18,180**	**77.6**

2.6.3 Performance trajectory and improvement actions

The Programme has established an intervention to undertake telephone calls to first time non-responders to screening. The aim of the intervention is to increase uptake of the screening offer and reduce inequalities. Evaluation of the first six months has been very positive with improved uptake and also an improved yield of detected aneurysms in this cohort of previously non responders. A twelve-month evaluation will shortly be undertaken.

2.7 Newborn Bloodspot Screening

The aim of Newborn Bloodspot Screening is to offer all eligible babies screening for rare but serious conditions that would benefit from early intervention and reduce mortality and or morbidity from the condition.

2.7.1 Our role

A small sample of blood is taken from the baby's heel at around day five of the baby's life. This blood sample is screened for rare but serious conditions that can cause serious illness or even death if not treated early. In Wales, all babies are offered screening for a number of conditions, including inherited metabolic disorders, in line with UK National Screening Committee (NSC) recommendations.

Pathway Element	Responsibility
Digital available information to enable informed consent	Public Health Wales
Offer and undertaking newborn bloodspot sample	Health Boards
Transport of completed bloodspot cards to Laboratory	Public Health Wales
Failsafe checks bloodspot cards received	Public Health Wales
Analysis of newborn bloodspot	Cardiff and Vale Health Board
Prompt referral of Condition Suspected (screen positive) to appropriate clinical pathway	Cardiff and Vale Health Board
Results letters to families	Public Health Wales
Referral received by appropriate clinical team for assessment and diagnostics	Health boards (not commissioned by Public Health Wales)
Treatment of newborn with clinical condition	Health boards (not commissioned by Public Health Wales)

2.7.2 Current position

Key performance indicator (KPI) Newborn bloodspot screening – 95% receive conclusive result by day 17 of life

Coverage for Newborn Bloodspot Screening remains consistently above standard of 95% of eligible newborn babies having a conclusive bloodspot screening result by day 17 of life.

We have a failsafe in place for babies that do not have a validated result on the system. Work to shorten timescales around failsafes has resulted in our failsafe triggering for babies at day 11 of life now whereas it was previously at day 15. This improvement was made possible by changes in team structures and adaptations in ways of working using an All-Wales model rather than regional teams.

Key performance indicator (KPI) Newborn bloodspot screening – 2% Avoidable repeat rate

An area of constant focus for the programme is the avoidable repeat rate which, although greatly reduced from the position in previous years, remains consistently out of standard. A particular area of focus is Neonatal Units. Although rates in NICU have improved significantly, they remain high – NICU avoidable repeat rate was 14% in December 2024 and 5.5% in November 2025. Improvement actions are detailed in 2.7.3 below.

The UK National Screening Committee has recommended the introduction of a further inherited metabolic condition to the list of conditions screened for as part of the newborn bloodspot screening offer. Plans for implementation of Hereditary Tyrosinemia Type 1 (HT1) are underway with two main barriers identified being the IT infrastructure within programme and laboratory infrastructure in the Newborn Bloodspot Laboratory in Cardiff and Vale Health board, who are commissioned to provide the service as the single laboratory for Wales. A programme of IT development work is scheduled for completion by April 2026.

2.7.3 Performance trajectory and improvement actions

The avoidable repeat rate for the programme consistently fails to meet the 2% standard, the rate was 3.1% in December 2025. Needing to repeat a sample means that babies need to be re-bled, affects timeliness and increases workload for midwifery colleagues. However, all samples received in the laboratory are tested and acted upon if condition suspected even if a repeat has been requested, to ensure prompt and safe transfer into clinical care if required. Ongoing actions to improve and maintain the avoidable repeat rate rely on close working with health board colleagues.

Improvement action	Delivery date
Programme Co-ordinators to review content of e-learning resources, incorporating feedback from training to date. Digital support to adapt e-learning platform. Educationalist support to ensure content is engaging.	Incremental changes implemented during 2025-2026
Review of email feedback templates to sample takers who have submitted a poor-quality sample to maximise opportunity for learning	June 2026
Focused work with nursing leads in Neonatal units across Wales	September 2026
Introduction of new design bloodspot cards with associated training package.	September 2026

2.8 Newborn Hearing Screening Wales

The aim of Newborn Hearing Screening Wales is to identify babies with a hearing loss as early as possible, as evidence shows that introducing an early support programme before six months of age leads to better outcomes for speech and language development.

2.8.1 Our role

One or two babies in every 1000 are born with a hearing loss that may affect their speech and language development. Newborn hearing screening helps to find those

babies and offer help and support right from the start. Hearing screening tells us which babies may have a hearing loss. The screening test shows us which babies need more tests to decide if they have a hearing loss. The test is undertaken by Newborn Hearing Screeners who are Healthcare Support workers employed and trained by us. The screening is either completed in hospital before the babies go home after birth (approximately 70% of the screens) or in community settings.

Pathway Element	Responsibility
Digital available information to enable informed consent	Public Health Wales
Offer and undertaking newborn Newborn Hearing test.	Public Health Wales
Results of screening test	Public Health Wales
Referral of screening positive newborns to audiology	Public Health Wales
Assessment and treatment of screening positive newborns	Health boards (not commissioned by Public Health Wales)

2.8.2 Current position

Key performance indicator (KPI) Newborn hearing screening – 99% Coverage and completeness of offer

Coverage and the completeness of offer for newborn hearing screening (the percentage of eligible and suitable babies that complete screening) remain consistently very high and above our standards of 99%.

2.8.3 Performance trajectory and improvement actions

Performance measures for Newborn Hearing Screening Wales (NBHSW) remain good, with some challenges arises occasionally with timeliness of referred babies been seen in audiology. However, the metrics are affected by small numbers and parental choice.

Improvement action	Delivery date
Reduce non-attendance at clinics, both cancellations and Was Not Brought occurrences, by improving processes around clinic bookings and reminders as well as addressing specific issues identified with local sites	Ongoing
Addition of repeat screen in the community for certain babies unable to be discharged following screen in hospital, to reduce unnecessary referrals to audiology	June 2026
Work with audiology colleagues to develop a costed service model that improves specificity of the screening pathway and minimises unnecessary referrals to audiology, for a move to a both ears clear model	September 2026

2.9 Antenatal Screening Wales

The aim of our Antenatal Screening Programme in Wales is to detect defined conditions, present in either the mother or baby that are likely to have an effect on the health of either, and for which an effective intervention or treatment is available.

2.9.1 Our role

Antenatal Screening Wales is a managed clinical network and has established policies, standards and a performance management framework for antenatal screening delivered by maternity services in Wales. All pregnant women resident in Wales are offered screening in every pregnancy.

Pathway Element	Responsibility
Digital available information to enable informed consent	Public Health Wales
Training and education of midwifery colleagues on antenatal screening	Public Health Wales
Offer and undertaking antenatal screening samples	Health boards
Undertaking analysis on antenatal screening samples	Health board
Prompt referral of screen positive to appropriate clinical pathway	Health boards
Appropriate clinical pathway receive referral	Health boards (not commissioned by Public Health Wales)
Treatment of newborn with clinical condition	Health boards (not commissioned by Public Health Wales)

2.9.2 Current Position

Maternity experience surveys, (which are being rolled out across Wales in 2025/26) demonstrate that in one health board 92.5% of respondents (n=255) stated that their information and advice relating to antenatal screening tests was helpful. ASW monitors web analytics to ensure our digital first format is accessible and fully utilised by our pregnant population.

In May 2024, ASW added cell free foetal DNA to the screening tests offered. This maternal blood test enables the baby in-utero's blood type (D positive or negative) to be accurately predicted. Wales is the first UK country to implement this test as part of their national screening programme and evaluation from families as well as clinicians has been largely positive.

2.9.3 Performance trajectory and improvement actions

Performance indicators reported every six months, provide a high level of oversight and assurance of the quality of the delivery of ASW's programme by the

health boards. The performance indicators will be published for the first time in April 2026 via the ASW Annual Statistical Report.

The implementation of the Welsh Maternity Data Standards will ensure that from April 2026, update of our screening tests will be reported for the first time and be broken down into deprivation and other socio-economic criteria.

2.10 Lung Screening

A report was submitted by Public Health Wales to the Welsh Government in March 2025 setting out a recommended pathway and delivery model for a lung cancer screening programme in Wales. The recommendations were then approved by the Wales Screening Committee in April 2025. In June 2025, a written statement was published from Welsh Government, stating that a national lung cancer screening programme would be introduced in Wales. Following the Welsh Government statement, subsequent communication identified the requirement for a further business case for the capital funding required to implement the programme, in addition to what had already been submitted. The Business Justification Case was submitted to the Welsh Government on the 24 November 2025. On the 12 December, Welsh Government sent through a list of questions and clarifications, which were responded to on the 28 January 2026 and a response is awaited.

The requirement for a further business case was not known when the original indicative timeline (to start lung cancer screening at the end of 2027), was set out in the scoping report and therefore has impacted on the implementation programme timeline as originally planned. Currently, it is estimated that the timescale has been delayed by six months, with first screening offered now estimated to be April 2028 if capital and revenue funding is approved by the Welsh Government prior to April 2026. A final assessment of the impact on the target go live date will be made once funding is approved.

2.11 Vaccination

2.11.1 Background

Vaccination is one of the most effective public health interventions for preventing infectious diseases and reducing health inequalities. Maintaining high vaccine uptake across all eligible groups is essential to protect individuals and communities, reduce winter pressures on primary and secondary health services and achieve national and international immunisation targets. Public Health Wales provides support to the NHS in Wales and to the Welsh Government on vaccination programmes and vaccine preventable diseases. This includes:

- **Professional Clinical Support** – providing specialist clinical support, including developing advice, guidance and training, for vaccinators and vaccination services across Wales.
- **Public Engagement and Communications** - delivering national communication campaigns to promote vaccination (e.g. seasonal influenza campaign) as well as year-round public communications though news media and social media channels. We also engage directly with the public to

understand vaccine sentiment, gather insight into the barriers to uptake to inform action and reduce inequities in vaccine uptake.

- **Evidence Generation** – undertaking a programme of evidence review, research and evaluation to help understand and advocate for the best approaches to vaccination and their impact, including on vaccine equity.
- **Surveillance** - surveillance of vaccine uptake and equity in Wales and evidence and contribute to UK and international collaborations on vaccine effectiveness and impact.
- **System Leadership** – supporting Welsh Government in the development of vaccine policy and health boards, who are responsible for the operational delivery of vaccination programmes.

2.11.2 Key performance indicators and relevant national commitments

Indicator	Current position	Target
Influenza vaccine uptake among 65 years and older	68.9% January 2025	75%
Influenza vaccine uptake among younger adults at clinical risk	37.9% January 2025	75%
Influenza vaccine uptake among pregnant women	Not available until end of season	N/A
Influenza vaccine uptake among healthcare workers	38.4% November 2025	N/A
Influenza vaccine uptake among Public Health Wales staff	28.7% November 2025	N/A
Influenza vaccine uptake among Public Health Wales frontline staff	28.7% December 2025	N/A
Percentage of children receiving 3 doses of 6 in 1 by age 1	93% July to September 2025	95%
Percentage of children receiving 2 doses of MMR by age 5	89.8% July to September 2025	95%
Percentage of girls receiving 1 dose of HPV by age 15	77.9% July to September 2025	90%
Percentage of children who received the 4 in 1 preschool booster and 2nd MMR by age 5	88.7% July to September 2025	N/A

2.11.3 Current position

We are working with key stakeholders to increase uptake and reduce inequalities across Wales. From the available figures above, there have been increases in uptake amongst some of the eligible groups for the influenza vaccine. Significant work has been undertaken in relation to the expansion of the Childhood Vaccination Schedule. The latest change was introduced in January 2026.

Our winter campaigns focus on protecting the most vulnerable in our communities from severe illness and reducing the subsequent pressure on the NHS during the busiest time of year. Focus is given to informing the population of the benefits of receiving timely vaccination for influenza, RSV and COVID-19 in line with advice

from the Joint Committee on Vaccine and Immunisation advice. We engage with service partners to ensure they have the necessary resources and information at hand to confidently promote and deliver the vaccines in a timely way.

In January 2026, the World Health Organization announced that the UK had lost its measles elimination status after measles has circulated continuously for more than a year based on data from 2024. In Wales, there has not been measles circulating and the number of outbreaks following sporadic importation of cases has been very small. Wales meets the criteria for elimination. However, the status is awarded at a UK level. Vaccination uptake in Wales is historically higher than in England, and Public Health Wales continues to support health boards with their measles catch up activity, and with evidence to support targeting and evaluating elimination actions in Wales.

Recent surveillance of MMR in school aged children showed uptake of one dose was greater than 95% in all age cohorts. The recent changes to the childhood vaccination schedule to bring forward the second dose of MMR to 18 months has been implemented from the 2 January 2026. This is based on evidence from England that it results in an increase in uptake of the second dose which historically is lower than the first[t] dose at 1 year. Public Health Wales remain very concerned about the risk of importation of cases whilst transmission is sustained in England and continues to work to identify those populations and groups in whom the risk of larger outbreaks is highest.

Wales remains reliant on the UK Health Security Agency for maintaining some aspects of a high-performance surveillance system required for elimination, including oral fluid testing and genomics.

2.11.4 Improvement actions

Despite progress in many areas, challenges remain in achieving optimal uptake among certain cohorts, including factors that influence uptake include vaccine hesitancy, accessibility issues, and health literacy gaps. The National Immunisation Framework for Wales sets out priorities to improve vaccine literacy, strengthen communication and embed equity into vaccination programmes. Public Health Wales works closely with partners, such as Vaccine Programme Wales, health boards, local authorities and third-sector organisations to deliver a whole-system approach.

We are undertaking range of continuous improvement activity, including:

- Increasing our impact through behaviourally informing our vaccine campaign communications based on public insight
- Ensuring that all our resources our accessible (e.g. Easy Read, British Sign Language (BSL) and large print)
- Undertaking a programme of targeted engagement with vulnerable groups through surveys and focus groups
- Undertaking a programme of evidence reviews, with reviews on consent and needle phobia being delivered in 2025/6.

3. Health Protection

3.1 Surveillance

3.1.1 Background

Effective surveillance systems provide timely, accurate data that informs public health interventions, policy decisions, and resource allocation. The Communicable Disease Surveillance Centre (CDSC) plays a critical role in delivering integrated surveillance across multiple domains, including respiratory infections, gastrointestinal illnesses, antimicrobial resistance, and climate-related health indicators. Surveillance activities are aligned with international standards and national strategies for disease elimination. Recent developments include the move towards leading-edge maturity under the International Association of National Public Health Institutes (IANPHI) Framework, integration of One Health principles and the development of a climate change surveillance system to assess health impacts of environmental shifts.

3.1.2 Current position

We continue to provide routine and reactive reports on communicable disease epidemiology, apply epidemiological methods to investigating disease outbreaks and lead training with partners, such as local authorities. We have provided timely and influential respiratory surveillance reports through the Respiratory Syncytial Virus (RSV) and influenza seasons, with the additions of a care home report, short-term projections for admissions, and contributions to in-season vaccine effectiveness estimates and impact of RSV vaccination.

In November 2025, we delivered exercise Bite Back, a multi-agency exercise on the response to invasive mosquitoes and vector-borne disease, attended by over 100 participants.

3.1.3 Improvement actions

Improvement action	Delivery date
Establishing a climate change surveillance system that provides timely, actionable insight on climate risks and health impacts.	March 2027
Projects to optimise TB surveillance including cluster reporting.	Ongoing

3.2 Infection Services

3.2.1 Background

Our Infection Service delivers the substantial majority of Microbiology Diagnostics and Clinical Microbiology services to NHS Wales, including the only Infectious Diseases expertise, which is based in our Cardiff and Swansea Units. In addition, we deliver UK and/or Wales Specialist and Reference units for Anaerobes, Toxoplasma, Cryptosporidium, Mycobacteria, Mycology, Antimicrobial Resistance, Specialist Virology, and Pathogen Genomics, plus three Food, Water, and Environmental Laboratories. All Infection Division services are ISO 15189:2022

accredited and we recently transitioned from ISO 15189:2019, which is a significant achievement to have for every one of our laboratories.

Our diagnostic service tests approximately 2.1 million samples/ year and demand is steadily increasing with significant (>15%) seasonal variation. Clinical Infectious Diseases (Cardiff and Swansea) delivers more than 2,000 ward consults/year and provides direct care for 400 people living with HIV.

3.2.2 Key performance indicators and relevant national commitments

Indicator	Current position	Target
Testing of samples/ year	2,007,824	N/A
Target Turnaround Times are	Achieved for >90% of samples.	90%
External Quality Assurance scores	Majority meeting target Under target Swansea: 96.5% Carmarthen: 96.6% Wales Specialist Virology Centre: 96.8% Anaerobe Reference Unit: 93% Pathogen Genomics Unit: 92% Wales Centre for Mycobacteria: 94% Princess of Wales Hot Lab: 96% Llandough Hot Lab: 94%	97%
Consults delivered by Clinical Microbiology service	Delivered >44,000 consults in 2025	N/A
Consults/year delivered by Clinical Infectious Diseases (Cardiff and Swansea)	Delivers more than 2,000 ward consults/year	N/A

3.2.3 Current position

Public Health Wales manages 15 laboratories across Wales to deliver a full range of standard infection diagnostics, with additional speciality testing in many areas. The laboratory network is designed to ensure equity of access to diagnostics to deliver high quality timely diagnostic results in all acute hospitals. Over the last seven years, rapid molecular platforms have been rolled out to all laboratories, including the development of five 'Hot Labs', in order to provide rapid (<two hour) testing for respiratory viruses, and key targets related to infection control (e.g., Norovirus, C. difficile, MRSA and Carbapenemase-Producing Organisms). This supports both timely patient management and appropriate infection control actions and improves hospital flow.

Turnaround times for tests are largely determined by the technology available and the biological characteristics of the target organism. The vast majority of tests are completed within seven days, and many within 24 hours. Testing for Blood Borne Viruses (BBV - HIV, Hepatitis B, Hepatitis C) is currently centralised in Cardiff. There is an acknowledged challenge to optimise access to sampling for BBV testing for the populations most at risk. The Infection Point of Care Test Team has worked with Health board teams and others to improve access to sampling.

3.2.4 Improvement actions

Improvement action	Delivery date
Review and look to expand our repertoire of molecular enteric testing to increase diagnostic targets	31 March 2027
Repatriation of Shiga Toxin producing Escherichia Coli 0145 testing into Wales Infection Service	31 March 2027
Replacement of laboratory automation in North Wales to ensure and improve service delivery	31 December 2027
Finalise Estates Improvement options across Public Health Wales Infection services	31 December 2026

There are three Microbiology laboratories that still sit outside the Public Health Wales network. These are Withybush in Hywel Dda University Health Board, Royal Glamorgan in Cwm Taf Morgannwg University Health Board and the Royal Gwent Hospital in Aneurin Bevan University Health Board. Public Health Wales already provides a significant amount of primary and specialised testing for these laboratories. Bringing these services within the Public Health Wales network would allow for further rationalisation of testing and would deliver savings due to economies of scale. In addition, it would improve the ability of Public Health Wales to deliver a coordinated surge response to testing requirements for both planned Winter pressures and unexpected outbreaks in the event of future pandemics.

3.3 Genomics

3.3.1 Background

Our laboratory and bioinformatics genomics services are being delivered by the Pathogen Genomics Unit (PenGU). Genomics activity is planned and delivered as part of Genomics Partnership Wales (GPW). PenGU delivers ISO 15189 accredited sequencing and analysis services for TB, C. difficile, HIV resistance testing, and selected respiratory viruses.

3.3.2 Key performance indicators and relevant national commitments

Indicator	Current position	Target
Throughput of pathogen genomes - Results returned within the expected turnaround time.(Includes services covering *C. difficile*, HIV, TB and nontuberculous Mycobacteria, Influenza, AMR bacteria and SARS-CoV-2.)	99.3% in 2025	N/A
Genomics Delivery Plan for Wales 2022-2026: Formation of a Public Health Genomics Programme	Achieved	Complete objective
Genomics Delivery Plan for Wales 2022-2026: Delivery of a Pathogen Genomics Delivery Plan	Achieved	Complete objective

3.3.3 Current position

We work as part of Genomics Partnership Wales to deliver the Welsh Government Genomics Delivery Plan for Wales. Our genomics activity is overseen and coordinated by our Public Health Genomics Programme. The Programme has a mission to build and embed public health genomics in Wales to better enable the right intervention, in the right population at the right time. As well as delivering a suite of pathogen genomics services covering both diagnostics and surveillance, the Programme also leads efforts to mainstream genomics across the full range of public health activities in Wales. This includes working with partners in Genomics Partnership Wales to utilise human genomic data to develop and deliver future population and public health services that will protect and improve health and well-being and reduce health inequalities for the people of Wales.

We provide a set of All-Wales pathogen genomics services covering a range of pathogens, sequencing almost 15,000 samples in 2025. Each service is led by staff from specialist laboratories within the Infection laboratory network and co-delivered with staff from across Infection and Health Protection, as well as the wider NHS. These services continue to perform well, with excellent turnaround times being recorded, and a service that is delivered in close partnership with service users.

We are also actively developing new capabilities focused on several priority pathogens, including AMR bacteria, Enterovirus, Mpox (with the first Welsh Mpox Clade 1b case being sequenced by us in November 2025) and viral metagenomics. Our genomics staff also play a leading role in UK-wide genomics initiatives, including collaborative activities focused on service development with UKHSA, Public Health Scotland and the Healthcare Service of Northern Ireland and supporting the development of a UK Microbial Forensics capability as part of Outcome 11 of the National Biological Security Strategy, in collaboration with the Ministry of Defence.

3.3.4 Improvement actions

There are several areas where we are working to improve our genomics service and offer new capabilities to Wales. These improvements will lead to new services

and new capabilities that support our obligations under the Duty of Quality. Key areas are as follows:

Improvement action	Delivery date
Work to implement a panel-based metagenomics service for urgent viral sequencing, which will support efforts to improve biological security within the UK as well as supporting the delivery of improved diagnostic services within Wales.	To be agreed as part of activities under the Pathogen Genomics Delivery Plan.
Providing new capability that will support AMR outbreak investigation in Welsh hospitals, with an aim of improving our ability to identify and stop outbreaks.	Minimum Viable Product due in April 2026
Implemented trial use of HIV data that is generated routinely as part of diagnostic activities for identifying transmission events or clusters that had been missed elsewhere.	Trial underway

3.4 Communicable disease outbreaks and pandemic preparedness

3.4.1 Background

Our Health Protection Team provides case and incident management for all notifiable communicable diseases in Wales on a 24/7 basis. In 2025, we received 12,206 notifications (8,919 cases, 2,662 enquiries and 325 incidents). The work ensures that the onward transmission of communicable disease is halted to prevent further cases and disease in the population of Wales. Communicable disease outbreaks and pandemic preparedness remain critical priorities for safeguarding public health in Wales. The COVID-19 pandemic and other infectious disease incidents have highlighted the importance of timely surveillance, effective coordination across health boards, and strong digital infrastructure to support outbreak management.

We provide information, advice, and support to the Welsh Government, particularly the Chief Medical Officer, to ensure system awareness and the development of wider policy in the area of health protection and communicable disease control. This includes active participation in the Welsh Government-led development of the implementation of the Welsh Health Protection Framework, including leadership of the medicines management sub-group to ensure clear, robust pathways for the deployment of health protection medicines across Wales.

3.4.2 Key performance indicators and relevant national commitments

Indicator	Current position	Target
AWARe response times by priority: Urgent (<4 hours)	100% November 2025	90%
AWARe response times by priority: High (<24 hours)	100% November 2025	90%
AWARe response times by priority: Medium (<48 hours)	100% November 2025	90%

3.4.3 Current position

Performance against All-Wales Acute Response Service (AWARe) response times by priority remains exceptionally strong and stable. Across all priority levels the service is achieving 100% compliance against the operational target of ≥90%. Performance has been consistently on target for the past 12 months.

Public Health Wales played a key role responding to Exercise PEGASUS and our extensive participation ensured that Welsh public health expertise was fully represented and will be instrumental in shaping the UK's strengthened preparedness and response arrangements for future pandemics. The learning from this exercise is being used to inform and strengthen Public Health Wales pandemic preparedness materials.

We work closely with health boards, local authorities, the UKHSA and other stakeholders (for example, the Animal and Plant Health Agency, Food Standards Agency Wales, Natural Resources Wales) to implement appropriate control measures and to investigate and stop sources of infection. Where there are outbreaks, we produce outbreak reports (including a multi-agency debrief supported by our Emergency Preparedness, Resilience and Response Team), which detail the epidemiological information, control measures taken, and system learning to inform future outbreak management in line with the Communicable Disease Outbreak Plan (CDOP) for Wales.

The Communicable Disease Outbreak Plan for Wales was published in January 2024. We continue to work closely with system partners to ensure development of an updated plan in early 2027 that reflects learning from recent outbreaks, system feedback on the 2024 plan, and Exercise PEGASUS.

The existing digital case management system used in health protection (by Public Health Wales and local authorities) – Tarian – is in the process of being replaced. There is a full procurement and implementation programme, including a Digital Health Protection Programme board, on which all key stakeholders (internal and external) are represented. The programme completed a procurement exercise in 2025 and is now working with a provider to deliver the new system, which is expected to be available in 2027.

The acute response duty desk has undergone a change since October 2025, whereby the support that was being provided by the chemicals and environmental hazards team of the UK Health Security Agency (UKHSA) has ceased. The in-hours duty rota is now staffed wholly by staff from Public Health Wales. The out-of-hours support continues to be supported by the UKHSA. There are ongoing discussions about this with the UKHSA to align with emerging discussions around the Memorandum of Understanding with the UKHSA, Public Health Wales and the Welsh Government.

3.4.4 Improvement actions

We are currently implementing recommendations from a recent service review and key national initiatives to strengthen efficiency, quality and resilience:

Improvement action	Delivery date

Deliver digital transformation programme for electronic Notification of Infectious Diseases (eNOIDS)	Pilot commenced in 2025 and to be expanded in 2026
Deliver digital transformation programme for WEDINOS Laboratory Information Management System (LIMS)	February 2026
Deliver Digital Health Protection Programme	January 2028
Undertake work in relation to Sexual Health Case Management System	March 2026

3.5 Sexual Health

3.5.1 Background

In November 2025, the Health Protection Division of Public Health Wales became aware of a number of issues within the sexual health test and post service located within its Communicable Disease Inclusion Health Programme. A review was initiated to understand the scope and magnitude of the issues identified and an action plan for mitigating the issues has been created. The issues identified relate to safeguarding, information governance, patient safety, governance and oversight.

3.5.2 Current position

On the 8 December, Public Health Wales raised an Early Warning notification to the Welsh Government (2126/2025-26) relating to concerns specifically related to data protection practices in the Sexual Health Service. A safeguarding audit has concluded that there are up to 1,800 young people who disclosed a potential vulnerability risk factor to Public Health Wales Sexual Health Service where we may have not acted in line with the agreed process, or, where relevant, not acted in accordance with our statutory duty to report. As a result of this, a Nationally Reportable Incident has also been submitted on the 16 January 2026 in relation to safeguarding risks.

A briefing note on the emerging issues was circulated to Board members shortly before Christmas 2025 providing initial awareness of the concerns. This was followed by a formal Board briefing on the 20 January 2026, including discussions on the immediate mitigations and planned external review. A more detailed update was provided at the private Board meeting on 29 January 2026, where members received assurance on the progression of the incident response, ongoing case review, strengthening of governance arrangements, and preparations for proactive public communication, and a further update was provided at a meeting of the Board on the 5 February 2026. A public statement on the incident is currently planned for the week commencing 16 February 2026.

3.5.3 Response actions

An Incident Management Team (IMT) is in place, and the incident is overseen by the National Director of Health Protection and Screening Services/Medical Director, supported by a number of additional Executives, with regular reporting to the Executive Team and the Board. The response to all issues focusses on three approaches:

- Make safe - all current processes and procedures are proportionate and appropriate particularly from information sharing perspective, dealing with results and real-time safeguarding for young people.
- Look back – this will include safeguarding, analysis of any potential data breaches and assurance around management of results.
- Future model – this will look at the long-term best practice model for this service, based on expert advice and benchmarking

The IMT has a detailed improvement plan in place and has sought external advice as it works through the actions as appropriate. A communications strategy has been developed and following the immediate actions being undertaken, it is planned to undertake an external review to assess how the incident occurred and to ensure the highest standards of the service are in place going forward. There is also a rapid assurance assessment of all other small public-facing functions in the organisation taking place, applying the learning from this incident. The Strategic Risk Register has been reviewed in light of the incident, to revisit the three lines of defence assurance.

4. Health Improvement

4.1 Strategic shift to prevention

Public Health Wales is driving a system-wide shift toward prevention and early intervention, positioning prevention as the foundation for long-term sustainability in the face of rising noncommunicable disease, widening inequalities, and increasing pressures on the health and care system. Our work on helping Wales make the strategic shift to prevention across all services (from spatial planning to employment and health care) ranges from delivering advice, resources and evidence and other practical support to help with pathway and service design shifting to prevention, along with working with partners like Health Education and Improvement Wales to improve the health of our health and social care workforce. We have produced the first two business cases based on modelling impact of preventive interventions, resulting in a national project to prevent stroke and heart attacks and another to improve the health of the workforce.

To embed the value of this approach we produced and disseminated key tools for the national architecture across the NHS and wider sectors, including:

- The Healthcare Public Health Framework for Wales and the Prevention-Based Health and Care Framework giving the NHS a unified approach for population-level planning and earlier risk identification.
- Published *The Cardiovascular Disease Prevention Plan* for the system, supported by implementation tools and a national quality improvement programme on blood pressure to reduce stroke and heart attacks.
- Published the Make Every Contact Count (MECC) Level 2 e-learning module to expand brief-intervention capability across the workforce.
- Delivered and evaluated the *All Wales Diabetes Prevention Programme*, initiated patient self-management initiatives through the *Tackling Diabetes Together* programme, funded improvement pilots in eight care processes uptake and rolled out Wales-wide digital diabetes tools.

4.2 Healthcare public health

To support delivery of 'A Healthier Wales', and the shift to prevention, we have sought to refresh the important role of healthcare public health through this revised framework, co-produced by people across our system. The *Healthcare Public Health Framework* embeds public health values into healthcare approaches in Wales, to promote prevention and reduce inequalities. The Framework seeks to provide both a whole system vision as well as practical guidance through principles and tools for integrating public health principles into healthcare planning and delivery. The framework also comes with a set of tools local health systems can use, and an offer of advice and assistance.

4.2.1 Community by Design

We are actively supporting the development and implementation of Community by Design by bringing NHS Wales and system partners together to design a National Model for Prevention which includes an embedded population health management system. We are also supporting the other two pillars relating to urgent care and long-term conditions. embedding prevention.

Through this work, we are helping the system shift activity away from hospital-centric models, strengthening local capability, and ensuring that care is organised around population needs, reduces inequalities and delivers more accessible, preventative support within communities.

4.3 Healthy Weight Healthy Wales

4.3.1 Background

Living with overweight and obesity increases the risk of multiple diseases, including Type 2 diabetes, hypertension and cardiovascular disease (including stroke), respiratory disease, and some cancers. This significantly impacts on population health and wellbeing directly costing NHS Wales in excess of £500 million and estimated wider costs to society between £2-3 billion annually. Overweight and obesity can begin very early in life, and in Wales this is already a significant concern, with more than one in four children aged four to five and 15% of infants aged 27 months or more being classed as overweight or obese.

4.3.2 Key performance indicators and relevant national commitments

The key areas of our delivery plan outlined below:

- Whole-system approach – coordinating action across partners, sectors and settings to create sustainable, long-term change.
- Families and early years – focusing on healthy weight from pregnancy, infancy and early childhood to give every child the best start in life.
- Schools and childcare settings – ensuring education and care environments promote healthy eating, physical activity and wellbeing.
- Healthier food environments – improving availability, affordability and marketing of healthier food choices in communities.

- Active lives – increasing opportunities for physical activity through daily routines, community spaces and play.
- Treatment and support pathways – supporting early intervention and specialist services for children and families at risk of unhealthy weight.

4.3.3 Current position

Whole Systems Approach (WSA)

We have established the Whole Systems Approach to the Healthy Weight Programme across Wales, putting in place robust governance, delivering comprehensive training, and building active communities of practice to drive a coordinated, system-wide approach to healthy weight. We delivered an initial evaluation of this work and are continuing to enable the WSA approach across Wales. We established PIPYN, which is a systems approach which includes an intervention that works directly with families with young children (3-7 years) and communities currently being piloted in in Anglesey, South Cardiff and Merthyr Tydfill on initiatives from healthy eating to family budgeting and active play. We have also developed new standards for health and well-being promoting schools. The standards cover seven domains for actions which help improvements in health and well-being, such as physical activity and healthy eating.

Families and early years

We published a bespoke analysis of risk factors for rapid weight gain and BMI at 27 months in a Welsh birth cohort, supporting early obesity prevention and informing future population measures. A once-for-Wales quantitative infant feeding data framework is being implemented to ensure consistent data collection and drive improvement.

Schools and childcare settings

We developed food and nutrition curriculum resources in response to teacher requests, to support a whole-school approach to healthy eating. Evaluation of this is currently underway. We successfully advised and inputted to a public health approach in the new Healthy Eating in Primary Schools legislation laid in the Senedd in December 2025 and partnered on a successful UK Research and Innovation (UKRI) bid to research the provision, uptake and consumption of Universal Free School Meals using a systems approach.

Curriculum/Teaching Resources

We continue to produce more resources to add to the suite of curriculum resources which schools use to deliver the Health and Well-being Area of Learning and Development. These span a variety of health and well-being topics, including substance use, emotional and mental well-being and food and nutrition.

Daily Active

Working with Sport Wales and the Welsh Government, we deliver Daily Active, a whole school approach to physical activity (which is a core component of the Health and Wellbeing Promoting Schools Programme). We are developing a new

online resource for schools in 2026, embedding national standards on physical activity alongside resources to help schools to provide opportunities for physical activity in and around the school day.

Treatment and support pathways including digital offers

In January 2023, we launched Healthy Weight, Healthy You (HWHY) to support adults in Wales to achieve and maintain a healthy weight. Since its launch, the website has had over 300,000 users, with 130,000+ completing health assessments and selecting tailored content journeys. Engagement remains strong at 80%—above the 75% target. HWHY awareness has risen by 15 percentage points to 24% (target 27% by March 2026), supported by audience-tested campaigns, such as Reset Your Mindset.

4.3.4 Improvement actions

Improvement action	Delivery date
Pre-schools scheme review of impact and efficiency: Review the Healthy Preschool Scheme to identify the most effective ways for early years settings to promote health and wellbeing within the current policy and delivery landscape.	December 2026
Implement new standards including Daily Active guidance.	December 2026
National Exercise Referral Scheme: Commence a review and quality improvement project on the scheme in 2026 to achieve better retention.	December 2026
Issues with licensing of new weight management medications: Continue to work closely with WG to formulate advice on a plan to address these issues.	December 2026
Improved national and local weight management offer: (subject to bid approval) deliver an improved national and local offer to support people achieve and keep healthy weight.	Phased improvements ending 31 March 2029 (subject to bid)

4.4 Tobacco control plan

4.4.1 Background

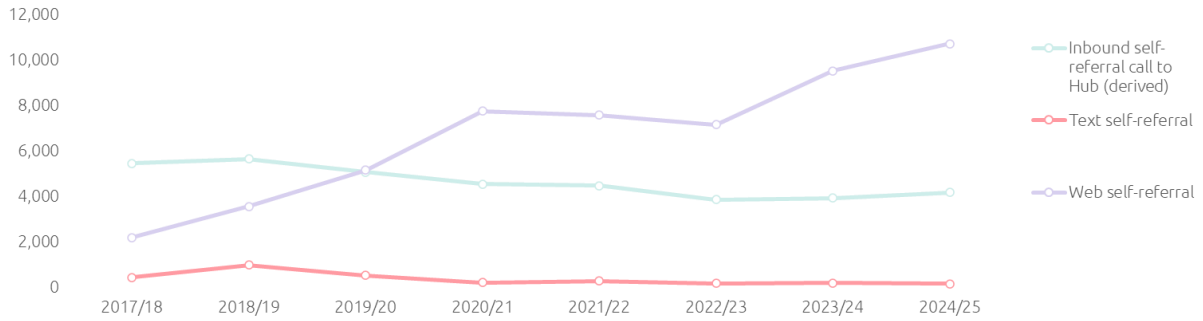
Smoking continues to be the greatest cause of preventable death in Wales, with an average of 3,845 deaths per year, more than 10% of all deaths amongst those over 35. Accounting for over 17,000 hospital admissions per year, smoking costs Wales an estimated £1.56 billion per year. Prevalence has fallen from 13% of the adult (16+) population in 2022/23 to 10% in 2024/25 (National Survey for Wales), with the Office for National Statistics Annual Population Survey indicating 11.4% in 2024. Conversely, vaping prevalence has been rising year-on-year among all age groups, including children and young people which is concerning. Vapes are an important quit aid for adult smokers and we support their use in this context.

4.4.2 Key performance indicators and relevant national commitments

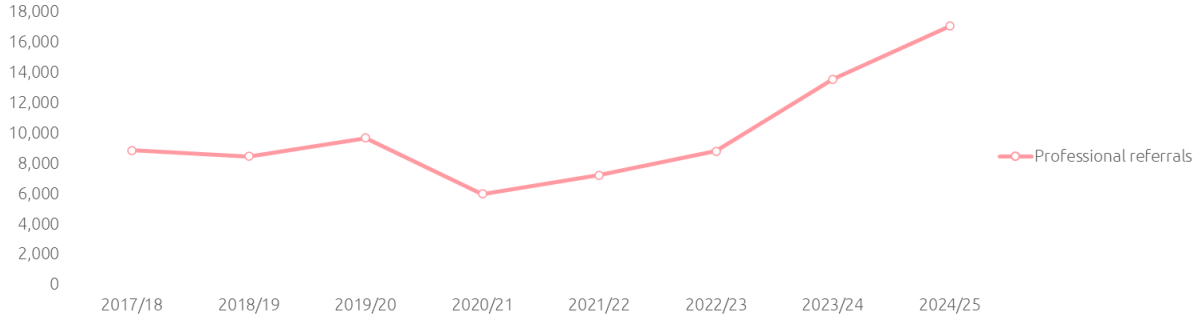
Help me Quit (HMQ) is delivered in partnership between Public Health Wales and health boards. Key success measures for the HMQ system in 2024-25 included:

Indicator	Current position	Target
Referrals	33,487	N/A*
Estimated smoking population as treated smokers (i.e. have at least one treatment session and set a quit date)	5.3% 2025-2026	5% health board target
Proportion of 4 week quits validated by Carbon Monoxide monitor	18% 2024-2025	N/A*
% of smokers who 'stopped smoking' in pregnancy	17% 2024-2025	N/A*
% smoking and vaping status recorded on hospital admission	89% 2024-2025	N/A*
% smokers informed of smokefree hospital grounds policy	76 % 2024-2025	N/A*
% vapers informed of smokefree hospital grounds policy	72% 2024-2025	N/A*
* There are no targets specified for Public Health Wales or the HMQ system as a whole and targets are set at health board level.		

Self-Referrals recorded on the QuitManager referral database

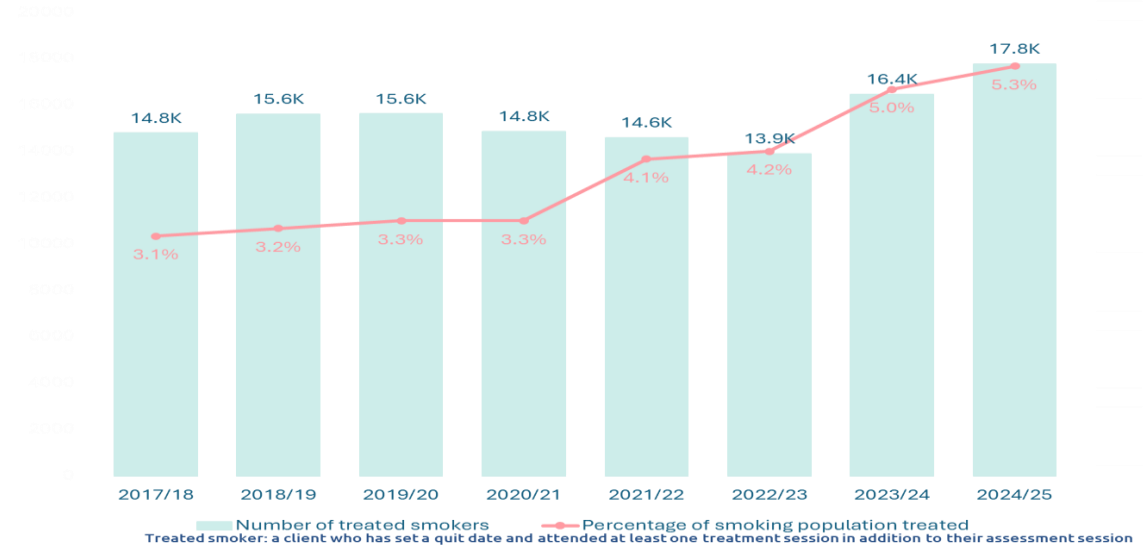


Professional referrals recorded on the QuitManager referral database



Referrals of smokers to HMQ are recorded on the QuitManager client management system. These comprise 1) self-referrals via web or text 2) professional referrals (the latter are usually form health professionals). The graphs above demonstrate the increase in self-referrals and professional referrals since 2017/18 to 2024/25.

Welsh resident treated smokers (all services) ***Data source: StatsWales – Smoking Cessation Services***



The graph above shows the total number of treated smokers since 2017/18 and the corresponding percentage of smoking population treated.

4.4.3 Current position

We have worked successfully to reduce health inequalities from smoking. Quit outcomes in Wales are comparable across all inequalities (deprivation, ethnicity, gender, sexual orientation, etc). Referrals to HMQ from secondary care have increased year on year since the Help Me Quit in Hospital Programme was established in 2022-2023, with 3,330 referrals in 2022-23 increasing to 10,574 referrals in 2024-25. We have also made progress to implement the Reducing Smoking in Pregnancy Programme within maternity services. Despite this, prevalence of smoking during pregnancy remains the highest across UK nations (13.1% as compared to 8.2% in Scotland). In 2024-25, HMQ for Baby Cessation services treated 1,049 pregnant smokers, with only 167 (16%) treated smokers Carbon Monoxide validated as quit at four weeks.

We have developed and delivered key social marketing campaigns that have successfully driven people to cessation services or to access new digital tools, including:

- Targeted campaign to capitalise on the new Disposable Vapes Ban in June/July 2025 and publicising digital vaping and smoking Quit Plans on the HMQ website – during the campaign 11,980 people viewed the vaping website landing page and 1,026 completed Your Quit Plan
- Further bursts of the 'Feel the Difference' campaign during 2025 to drive self-referrals to HMQ. The campaign saw 40,348 referrals and 14,162 clients beginning their quit journey

In 2025, we undertook a Help Me Quit Service Review, which was commissioned by the Welsh Government. This confirmed HMQ is a high-quality service but also made recommendations as part of our continuous improvement approach to further improve and sustain quality at local and national levels, including relating to duty of quality and local/national governance.

Vaping is considerably less harmful than smoking but it is not risk free. Whilst vapes may support some adults to quit smoking, the best evidence-based support for vapers is a referral to HMQ. Current work is focused on:

- ensuring that legislation and policy is developed and implemented to reduce the visibility of vapes and their accessibility to children and young people
- Preventing the uptake of vaping amongst non-smokers and amongst all children and young people
- ensuring effective, evidence-based and cost-effective support is available for only-vapers who wish to quit.

4.4.4 Improvement actions

Improvement action	Delivery date
Further develop and integrate our digital offering, including HMQ app and web-based tools to increase range of cessation offers	March 2027

Further integrate and develop Client Management System with other clinical systems, including screening, secondary care and maternity to enable one-click referral	September 2026
Intervention for proactive contact of smokers aged 55-74, to support development of the smoking cessation pathway for Targeted Lung Cancer Screening	March 2027
Develop robust modelling approaches to explore prevalence in small areas and amongst marginalised communities and the impact of different policy options.	December 2026
Develop settings-based approaches to prevent smoking (and vaping) initiation among 16-24 year olds through	March 2027
Provide insight on the contribution of smoking and vaping to poverty and child poverty in Wales to support investment in tobacco interventions targeting lower income groups.	March 2027

4.5 Gambling prevention

4.5.1 Background

The newly introduced statutory gambling levy for England, Wales and Scotland in April 2025, replaces the previous voluntary funding system. Wales will receive around £5m annually from this. Public Health Wales has been appointed Lead Prevention Coordinator and NHS Wales Performance and Improvement the Lead Treatment Coordinator, with the research strand overseen by UK Research and Innovation to ensure fair representation of Welsh priorities.

4.5.2 Key performance indicators and relevant national commitments

The programme we lead works in partnership with Welsh Government and NHS Performance and Improvement across three workstreams:

- Workstream, 1: an assessment of the current provision for reducing gambling harms within Wales.
- Workstream 2: ensuring adequate provision remains when Gamble Aware services are discontinued.
- Workstream 3: the design, testing and embedding of the future Gambling Harms prevention pathway across Wales.

4.5.3 Current position

We received confirmation of funding in September 2025 and recruitment to key roles within the programme and establishment of the programme has been completed. Public Health Wales developed a specification for a prevalence survey for Wales, identified a provider and will complete procurement in March 2026. This will underpin the monitoring of the progress of both treatment and prevention in Wales.

Working with health boards, we have established a programme board for our role, bringing together key stakeholders and system representatives to guide delivery. We have delivered new curriculum resources on gaming and gambling harms for use in schools from April 2026 and secured software licences for Welsh residents that allow users to block access to online gambling platforms.

4.5.4 Improvement actions

Improvement action	Delivery date
Work with health boards to develop local plans to reduce gambling harms.	March 2026
Facilitate collaboration with health boards and voluntary sector to co-create prevention activities in Wales	May 2026
Complete digital discovery	July 2026
Gambling Prevention service future design implemented	March 2027

4.6 Women's health plan

4.6.1 Background

Public Health Wales has a core role in supporting the high-quality delivery of routine health services for women across Wales. This includes national leadership and assurance functions across key prevention and population health programmes, such as screening services, breastfeeding, smoking cessation in pregnancy, substance misuse needs assessment and Healthy Working Wales engagement with employers on women's health in the workplace. In addition to these routine and system-wide functions, we have undertaken targeted activity to directly support delivery of the NHS Wales Women's Health Plan under specific priority areas.

We also have a wider strategic role in providing system leadership to embed a consistent gender lens across all health services, ensuring that women's needs, inequalities and lived experience are routinely considered in policy development, service planning, data use and evaluation. This approach supports more consistent quality, reduces unwarranted variation in outcomes, strengthens prevention and improves equity. There is further opportunity to develop and formalise this leadership role to drive a more systematic and sustainable approach across NHS Wales.

Our work on gender equity includes the *Shaping a Fairer Future: Gender, Equity, and the Well-Being Economy* webinar, which was opened by the Welsh Minister for Mental Health and Well-being, and brought together key stakeholders from government, public health, economics, and policy across well-being economy nations. Public Health Wales has also supported the Women's Health Plan by working with health boards to pilot population health training and systems leadership, supporting the adoption of a gender-sensitive lens across all health services and action to address health inequalities.

Work on adverse childhood experiences and trauma-informed practice/ violence prevention contributed to knowledge of the health needs of women on the cusp of the criminal justice system. Working with the Women's Justice Blueprint and Women's Centre in North Wales, the study focuses on the prevalence of adversity

in childhood and trauma in adult hood including domestic abuse, acquired brain injury and the impact of negative coping strategies on women's health, including mental health.

4.6.2 Key performance indicators and relevant national commitments

Within the NHS Wales Women's Health Plan 2025-35, there are four key priorities that Public Health Wales is leading:

- Priority 1: Menstrual Health - Developing educational materials to support knowledge and learning for everyone including boys and men.
- Priority 3: Contraception, Post-Natal Contraception and Abortion Care - Increasing online availability of reliable information on contraception choices and abortion care for women, and how to access locally.
- Priority 4: Preconception - Carrying out a 'listening exercise' to find out what preconception means to people including health care professionals.
- Priority 5: Pelvic Health and Incontinence - Providing access to evidence based high quality information on pelvic health and perinatal health (inc. videos), via an NHS Wales women's health website.

There are two additional priorities in the plan that we are also supporting, alongside other NHS organisations:

- Priority 7: Violence Against Women, Domestic Abuse and Sexual Violence – supporting education on VAWDASV across the life course for all healthcare professionals to build workforce confidence and competence
- Priority 8: Ageing Well and Long-Term Conditions Across the Life Course – supporting women to manage their own health needs, understand the ageing process and preventative interventions and how to access health systems to support them

4.6.3 Current position

Skills for Systems Leaders to Reduce Inequalities is being piloted to build capability in data use, co-production, service planning and evaluation to support development of women's Health Hubs. Work is also underway to strengthen workforce capability, inclusive service design and the use of disaggregated data. We are also supporting delivery through the Behavioural Science Unit for the development of an e-learning module, strengthening evidence-informed design to increase uptake of contraception following pregnancy and improve access to effective contraception and preventative care.

Access to contraception and abortion information is being improved, with increased online availability of reliable information on contraception choices, abortion care and local access routes. We are also building capability to deliver culturally competent care, so that diverse populations receive appropriate, tailored health education and services.

A focus on self-sampling, improved communication strategies and targeted outreach is supporting efforts to increase uptake of cervical screening across Wales and address health inequalities. Telephone outreach is being piloted and implemented across screening programmes to ensure a proactive, person-centred approach to reach those least likely to attend, particularly in deprived areas and among younger age groups where uptake of screening services is lower.

In addition, collaboration between accelerator countries (Finland, Iceland, Scotland and Wales) is being strengthened to advance gender equity, prevention and wellbeing-focused policy. Alongside this, expert input is provided to the World Health Organization Europe Directors' Special Initiative on Preventing Violence against Women and Girls, to contribute to multi-country evidence based on prevalence and health system responses.

4.6.4 Improvement actions

We are undertaking range of continuous improvement activity in line with implementation of the NHS Wales Women's Health Plan for 2025-2035, including:

- Establish a clear internal governance structure and coordination mechanism for women's health and gender equity to strengthen strategic alignment, prioritisation and delivery oversight across Public Health Wales.
- Develop and promote a consistent framework for gender-sensitive service design, supporting health boards to apply a standard approach across pathways and populations.
- Strengthen system leadership capability within health boards through leadership development, peer learning networks and practical tools that support implementation.
- Support greater consistency in the use of data through the gender lens, enabling the system to use this for planning, improvement and assurance.
- Establish clear outcome measures and benefits realisation to demonstrate impact on inequalities, service quality and women's health outcomes.

4.7 Tackling diabetes

Public Health Wales has led and developed two national Diabetes Programmes. Tackling Diabetes Together (TDT) and the All-Wales Diabetes Prevention Programme (AWDPP.) TDT focuses on improving outcomes for people with Diabetes, including significant patient-led improvement work, and both TDT and AWDPP focus on preventing diabetes prevalence increasing. Both programmes work closely together with system partners.

4.7.1. Tackling Diabetes Together

Tackling Diabetes Together (TDT) is a national programme with funding provided by Public Health Wales to convene and align the system around two overarching aims, which are a) to reduce the prevalence of type 2 diabetes and b) reduce the complications among people living with diabetes (for example, amputations).

Public Health Wales invested £700K in the programme, funded internally to March 2027, to convene the system. The programme reports to the Welsh Government

Value and Sustainability Board, and acts as a core partner in the 'Diabetes Forum' established by NHS Performance and Improvement and the national Diabetes Clinical Network. It provides national system leadership and coordination across digital improvement, clinical quality, behaviour-change, and patient-centred care and programme delivery also reports through our executive Team. We have secured stronger system oversight by embedding diabetes metrics into the national performance framework and ensuring the Bundle of 8 care processes is reviewed through the Welsh Government's Integrated Quality, Planning and Delivery mechanism.

4.7.1.1 Key performance indicators and relevant national commitments

Although no formal targets have been set, the programme monitors key system outcomes as below.

Indicator	Current Position	Target/National Commitment
Total % of patients (≥12y) with diabetes who received all 8 NICE care processes (NDA)	44.87% December 2025	N/A
Type 2 diabetes – care process compliance	46.61% December 2025	N/A
Type 1 diabetes – care process compliance	23.04% December 2025	N/A

4.7.1.2 Current Position

We are the convenor of this whole-system programme. However, we do not have responsibility for many of the actions and are reliant on other partners, including the Diabetes Network and health boards, to deliver across a range of actions. Progress has been made across five themes:

- Patient-centred behaviour-change, self-management and empowerment - digital apps have been rolled out for free across Wales for people with Diabetes, we have launched an information campaigns working with people with lived experience and working with NHS Performance and Improvement and the established Diabetes Forum to identify barriers to completing the 8 care processes.
- Clinical and system improvement – launch of a national Cardiovascular Disease Quality Improvement Project, piloted standardised call-up letters and SMS reminders to improve patient uptake, development of proposals for key action to improve uptake of the 8 care processes.
- Digital enablement and innovation - completed a digital discovery for a digital-first approach to delivering the 8 care processes, which will inform the develop diabetes functionality within the NHS Wales App. Our digitisation trial with Cwm Taf Morgannwg Health Board showed a 58.5% improvement in compliance with Diabetes 8 care process in participating practices.
- System connectivity, leadership and national co-ordination - funded local demonstration projects with the aim of spreading learning across Wales (e.g.

behavioural science in Cwm Taf Morgannwg, Programme Budgeting Marginal Analysis in Cardiff and Vale Health Board, and primary care delivery model in Betsi Cadwaladr Health Board).

- Workforce, capability-building and behavioural insights - funded and delivered a behavioural systems tool to help clinicians and patients work together better to share management of care.

4.7.1.3 Improvement actions

Improvement action	Delivery date
Drive the scaling up of local innovations that have potential for national service transformation e.g. the standardisation of ACR letters which have shown to increase compliance	March 2027
Development of additional key performance indicators to demonstrate impact of interventions	May 2026
Memorandum of understanding on collaborative leadership in 2026/27	March 2026
Point of diagnosis pack co-developed with patients, launched and available	April 2026

4.7.2 All Wales Diabetes Prevention Programme

4.7.2.1 Background

Launched in June 2022, the All Wales Diabetes Prevention Programme (AWDPP) offers targeted support to people who are at an increased risk of type 2 diabetes, with the aim of preventing them from developing this condition. The programme sees health boards deliver a brief intervention to people who have had a blood test that shows that they are at an increased risk of type 2 diabetes. They employ dedicated, trained healthcare support workers, with oversight from dieticians.

4.7.2.2 Key performance indicators and relevant national commitments

Public Health Wales led the evaluation, published in 2025, which found that the AWDPP reduces the risk of people developing type 2 diabetes by 23% with significant improvements for health and savings to the NHS and care system from treatment. There is a strong case to scale and spread the service across the whole of Wales. The service is currently operating in 51 of the 60 primary care clusters across Wales, with most funded via grant / non-recurrent investment.

4.7.2.3 Current Position

All seven health boards have provided some additional funding to extend the scheme to a greater population and targeting those clusters with the widest inequalities in Wales. The service is currently operating in 51 out of 60 primary care clusters in Wales, using this mixed funding model. Four out of seven health boards have identified funding to ensure the AWDPP is available across all of their clusters in 2025/26, with partial health board coverage in Betsi Cadwaladr Health Board, Aneurin Bevan Health Board and Cardiff and Vale Health Board. However, only one health board, Hywel Dda Health Board, has confirmed a recurrent funding stream to maintain delivery of the programme beyond April 2026.

Indicator	Current position	Target
% of clusters delivering the AWDPP	Wales coverage: 85% (51/60 Clusters) Health Board coverage: CTMUHB – 100% HDUHB – 100% PTHB – 100% SBUHB – 100% ABUHB – 63% BCUHB – 85% CAVUHB – 66%	100%

More than 20,000 people had been offered the programme by year two, across Wales, meaning potentially 4,600 people could be prevented from progressing to Diabetes.

4.7.2.4 Improvement Actions

Improvement action	Delivery date
Work with DHCW to finalise and deploy the AWDPP Audit+ module so we have a robust activity data feed across Wales.	Dependent on Welsh Government Agreement
Welsh Government to work with HBs to 'mandate' the scale and spread / mainstreaming of the AWDPP programme across all clusters in Wales through performance management of the IMTP/HB investment plans	Dependent on Welsh Government Agreement

4.8 Health inequalities and wider determinants of health

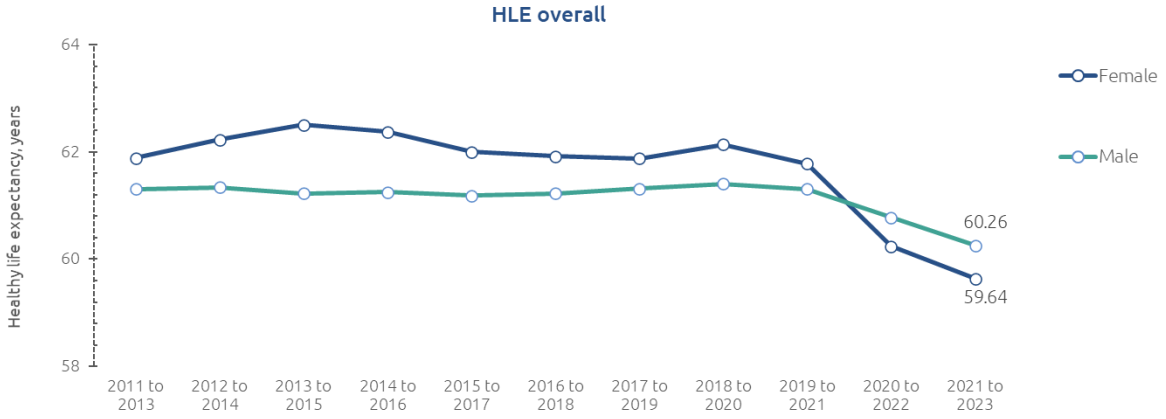
4.8.1 Health inequalities

4.8.1.1 Background

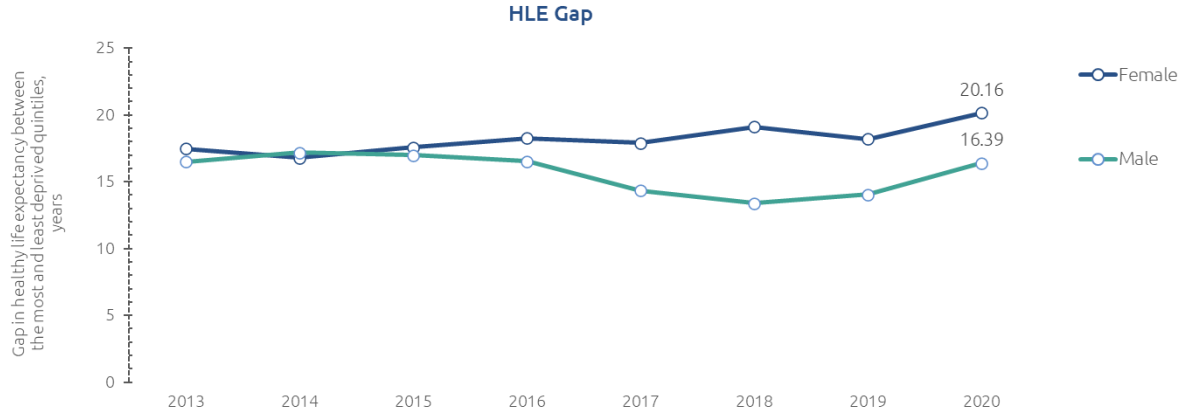
Our strategy sets out our commitment to reducing health inequalities. We have a cross-organisational programme to address health inequalities and ensure that tackling health inequalities is embedded in our six strategic priorities. We do this through a persistent focus on addressing health inequalities through our services, supporting policy development and implementation, working with and through our partners including the health and care system, utilising data, research, evaluation and international learning and improving health inequalities data.

4.8.1.2 Key performance indicators and relevant national commitments

Our recent analysis (2021-2023) shows that Healthy Life Expectancy (HLE) fell for the third period in a row, for both males and females; since 2020-2022, female healthy life expectancy has been lower than male.



Moreover, the gap in HLE between those living in the most and least deprived fifth of areas has been increasing for both females and males.



4.8.1.3 Current position

We are undertaking a range of actions to address health inequalities through our services and functions. These include:

Our services and functions:

- Refreshing our Screening Equity Strategy and delivery of our Screening Equity Plan (see section 2.1).
- Embedding health inequalities in Health Protection and Emergency Preparedness Resilience and Response services through our Health Protection Inequalities Programme, including our Pandemic Preparedness Plan that was recently tested in Exercise Pegasus.
- Understanding barriers and enablers to vaccination among the GBMSM population, pregnant women and highly deprived areas.
- Developing evidence of inequalities in infectious diseases and including inequalities in our routine communicable disease surveillance outputs.

Supporting policy development and implementation:

- As members of the Welsh Government Marmot Nation/Health Equity Delivery Board, supporting the delivery of the programme through input to monitoring and evaluation.
- Supporting the Welsh Government to develop the Regulations for Health Impact Assessment (HIA) and through a joint Project Board supporting implementation of the Regulations.
- Working with the Welsh Government to integrate health and wellbeing in the Child Poverty Strategy.
- Applying a social value approach that aligns with our Well-being Economy work and delivery of the WHO Europe – Welsh Government Memorandum of Understanding.

Working with and through our partners including the health and care system:

- Supporting Primary Care clusters and Regional Partnership Boards by producing specialist resources, such as a Health Equity and Inclusion Health Toolkit for Primary Care.
- Launching Teg i Bawb / Fair for All action plan for Primary Care, providing practical steps for frontline teams and policy makers.
- Our Primary Care Inclusion Health Programme to identify and meet the needs of populations facing extreme and multiple disadvantage.
- Co-developing work with HMPPS for Health and Justice Continuity of Healthcare from community to prison.

Utilising data, research, evaluation and international learning:

- The Welsh Health Equity Solutions Platform (part of Welsh Health Equity Status Report initiative (WHESRi)) provides insight into tackling inequalities, and our two WHO Collaborating Centre designations support investment for health and wellbeing and digital health equity.
- Evaluation of the impact on health inequalities of interventions such as the All-Wales Diabetes Prevention Programme; Hapus National Conversation.
- Our Research and Evaluation Strategy ensures inequalities influence the work of researchers, research partnerships and funders.
- SAIL Databank research focusing on health inequalities includes examining variations in screening uptake; patterns in smoking cessation.

Improving health inequalities data:

- An expert oversight group to improve our understanding of inequalities; monitor progress in reducing inequalities; and improve inequalities information in our data outputs.
- Updating our Cancer Reporting Tool to include cancer incidence by stage at diagnosis by area of deprivation; and providing new ethnicity breakdowns in the Secondary Schools Children's Health and Well-being Dashboard.

4.8.1.4 Improvement actions

During 2026/2027, we will continue to strengthen our organisational approach to health inequalities and look to measure our impact.

Improvement action	Delivery date
Introducing interventions to address vaccine uptake inequities as part of the Health Protection Inequalities Programme	Ongoing rolling programme
Supporting government and other public bodies to develop knowledge and competence in Health Impact Assessment, in line with the Health Impact Assessment regulations coming into force.	April 2027
Building leadership capacity within NHS through the Fairer Primary Care action plan, alongside the delivery of Population Health Management training	Ongoing rolling programme
Share the refreshed Screening Equity Strategy with partners and stakeholders to develop collaborative action plans	October 2026
Establishing a Health and Justice Group to improve continuity of care for individuals in contact with the criminal justice system.	July 2026
Undertaking a qualitative study on reducing substance-use related harm among people in prison and on their release.	December 2026
Undertaking a comprehensive evaluation of the WHESRi programme	March 2027
Undertaking initial analysis to understand the drivers in recent trends in Healthy Life Expectancy	April 2026

4.8.2 Wider determinants of health

4.8.2.1 Background

The wider determinants are the building blocks for health and drive health outcomes and health inequalities in Wales. We make a difference to the wider determinants of health by working with our partners and informing, advocating for and mobilising action. Our work on the wider determinants falls under four themes: early years; education and work; healthy places; planning, transport, housing; mindset and system goals (including a wellbeing economy and health impact assessment) and working better together.

4.8.2.2 Key performance indicators and relevant national commitments

We monitor key measures of the wider determinants of health in our Public Health Outcomes Framework dashboard and Rapid Overview dashboard. Indicators reported to our Board include:

- Cost of living (December 2025) - 62% of adults feel that the cost of living has increased. 21% of adults report they were unable to afford an unexpected £850

expense. 35% of adults report difficulty paying their rent or mortgage payments, and 36% report difficulty paying their energy bills

- Economic inactivity - 24.5% of Welsh working age adults are economically inactive (November 2025), 31.2% of which is due to long-term sickness (December 2025).
- Poverty - 22% of people live in relative income poverty after housing costs, including 31% of children.

We will continue to monitor these indicators alongside work to explore how healthy life expectancy varies by domains of the Welsh Index of Multiple Deprivation (WIMD) and develop a comprehensive surveillance approach for the wider determinants of health.

4.8.2.3 Current position

Examples of actions to influence and implement policy to address the wider determinants of health are captured in the Health Inequalities section (see above). Other areas of work include:

- Through the Building a Healthier Wales Coordination Group, assessing how to improve collaboration to tackle child poverty.
- Published *Best Start in Life*: An Early Years Framework for Action, a whole system approach to improve outcomes for babies, young children and families.
- Developing our offer for employers through the Healthy Working Wales Programme. We are researching employer support for 16-24 year olds with a focus on mental health.
- Provided evidence on how to improve access to employment for those in poor health, informing Department for Work and Pensions Trailblazer sites.
- Informing spatial planning to shape healthier places by publishing a Planning Healthy Places Guide and strengthening local development plans.
- Engaging with stakeholders and individuals with lived experience to develop a shared vision for healthy housing in Wales.
- Building capability in Public Services Boards to take integrated action on the wider determinants, through applied systems thinking approaches (Shaping Places for Wellbeing in Wales programme).
- Building public health workforce capability through Public Health Network Cymru, with 1,560 participants in webinars and events.

4.8.2.4 Improvement actions

Improvement action	Delivery date
Action plan on worklessness of public health concern, including on availability and access into fair work, retention in work and a healthy workforce	Ongoing
Healthy Working Wales launching free 'Workplace Wellbeing: First Steps' for employers	May 2026

Publish recommendations to improve collaborative action on child poverty	May 2026
Strengthening support to local planning and permitting applications	Ongoing
Mid-point evaluation of Shaping Places for Wellbeing Programme and National Strengthening PSB group actions	July 2026
Publishing research on the impacts of poor-quality and insecure housing on the health of children and families in poverty across Wales.	March 2026

5. Strengthening the organisation

5.1 Culture

5.1.1 Background

In 2022, our Board determined the need to develop a purpose-driven and people-focused culture and in in 2023 we used the Organisational Culture Inventory (OCI®), a leading evidence-based assessment tool, to measure our current operating culture and identify our ideal culture.

The findings highlighted gaps characterised by a need to increase constructive and decrease defensive behaviours and informed organisation level and directorate integrated action plans, bringing together the OCI findings with staff survey results. Our cultural narrative and commitment to compassionate leadership underpin our People Strategy. Work on our culture priorities is key to mitigating our strategic risk on organisation health. We have invested in developing a community of Cultural Advocates across the organisation, a group dedicated to championing positive change and playing a key role in sharing local best practice, particularly from directorates who have shown most progress.

852 colleagues (39.5%) took part in our recent culture pulse survey, compared to 423 in our original culture assessment and demonstrating increased engagement. Small but potentially meaningful shifts have appeared since the 2023 Culture Survey. Directorate and divisional outcomes have been incorporated into mid and end of year performance reviews, keeping culture firmly in focus and at the forefront throughout the year. We are updating our Manager Essentials development programme recognising their pivotal role of the line manager in shaping everyday culture and will roll this out from April 2026.

In 2025, the organisation refreshed its People Strategy to ensure it remains fully aligned with our organisational strategy and future workforce needs. The refreshed Strategy was approved by the Board in May 2025. It has been shaped by extensive engagement with our people, our staff networks, and our Trade Union partners, which has been vital in ensuring the Strategy reflects the lived experiences, aspirations, and challenges of our workforce. It sets out clear priorities to attract, retain, develop, and support a flexible, sustainable and thriving workforce and is central to our ability to deliver our long-term strategic priorities and improve organisational health and performance.

Partnership Working

We are committed to a strong and constructive partnership with our recognised Trade Unions: GMB, MiP, Royal College of Nursing, Society of Radiographers, UNISON, Unite and the BMA. Trade Union representatives attend the Board and all Committees, providing valued input into discussions and decision-making. Our Local Partnership Forum (LPF), a key component of our governance framework, acts as the formal mechanism for consultation, negotiation and communication on strategic workforce matters. Together, management and Trade Union colleagues work collaboratively on areas, such as policy development, organisational change, workforce modernisation, and cultural improvement.

Our Joint Medical and Dental Negotiating Committee (JMDNC) provides structured partnership working with medical and dental colleagues and the BMA. This approach ensures open dialogue, supports staff wellbeing, promotes early resolution, and strengthens shared ownership of organisational priorities, including effective use of facilities time and continued commitment to meaningful partnership working.

Recruitment, Retention and Workforce Planning Challenges

We continue to experience recruitment and retention pressures, particularly in specialist, technical and hard-to-fill roles. These challenges are driven by national workforce shortages, the geographical availability of skills, labour-market competition and short-term funding constraints, with the greatest impact felt across medical, digital, data, scientific and programme-critical administrative functions.

Our refreshed People Strategy recognises these system-wide constraints and commits to strengthening talent pipelines, widening access into public health careers and developing future-ready skills within the existing workforce. In response, workforce planning is embedded within Directorate plans, supporting clearer forecasting of skills gaps, succession planning and early identification of roles at greatest risk. Targeted recruitment campaigns, early-career pathways, apprenticeships, structured development programmes and improved internal mobility are being used to strengthen resilience and reduce reliance on scarce external expertise.

5.1.2 Key performance indicators and relevant national commitments

Indicator	Current position	Target
Staff survey results response rate	50.9% December 2025	N/A
My Contribution (PADR) compliance (target: 85%)	85.59% December 2025	85%
Rolling 12-month Sickness Absence FTE	Total 4.58% December 2025 Short-term 1.51% Long-term 3.07%	3.25%

Turnover headcount	7.55% December 2025	N/A

For December 2025, the rolling 12-month absence FTE % was 4.58% (1.51% short-term and 3.07% long-term absence), excluding NHS Wales Performance and Improvement, compared with 4.26% (1.51% short-term and 2.75% long-term absence) for the same period last year.

5.1.3 Current position

Over the last 18 months, we have taken significant steps to strengthen and embed a positive organisational culture. Our work has focused on the principle that culture is shaped by everyday behaviours, the decisions we make, and the systems we use. Our refreshed Cultural Narrative, within the People Strategy, alongside delivering internal engagement session and events reinforces our values and expectations. These internal engagement sessions bring together staff from across the organisation, including our staff conferences as well as 'Time with Tracey' live (and recorded) open questions and answers session and 'Spotlight on' different areas and topics across the organisation. The *Being Our Best* Behavioural Framework, which emphasises trust, respect, and speaking up, is being embedded into various organisational processes, including My Contribution meetings and objective setting discussions.

Leadership capability has been strengthened through the Transforming Leadership Programme, the "Just One Thing" campaign to emphasise that everyone contributes to culture through daily actions, and nearly 50 accredited cultural advocates supporting directorates and senior teams. We have developed an organisation-wide Integrated Engagement Action Plan, informed by staff surveys and cultural assessments, alongside tailored Directorate and Divisional plans.

5.1.4 Improvement actions

Improvement action	Delivery date
Revisit our Cultural High-Level Priorities to identify what has been delivered and renew focus on: Psychological Safety, improving decision making processes, and greater support for handling unacceptable behaviour	June 2026 (dependent upon 2025 staff survey results)
Refresh our PADR (My Contribution) to ensure correct balance between performance, wellbeing and progression	March 2027
Update the Integrated Engagement Action Plans (IEAP). Progress will be clearer once the 2025 National Staff Survey results are available and IEAPs are updated.	June 2026
Continued development of our Cultural Advocate community, supporting them to play a key role in sharing local best practice particularly from directorates who have shown most progress.	Ongoing
Developing a comprehensive dashboard for 'Organisational Mood', seeking to triangulate culture and engagement scores with people metrics and service performance metrics	September 2026

5.2 Leadership, governance and quality

We are committed to strong leadership at all levels, good governance and the delivery of excellent and impactful public health services and functions.

Our Board Assurance Framework describes the functions, enablers, assurance framework, integrated governance system and operating guidance that we have in place to support good governance. It is a living document and is regularly reviewed and updated to ensure that it remains ft for purpose. Following our cultural survey, we are undertaking a range of actions aimed at developing our organisational culture and strengthening leadership across the organisation.

We are committed to embedding quality in everything that we do and operating a Quality Management System, which is designed for excellent outcomes and driven by the needs of the population we serve. This in turn enables a quality culture and learning environment which supports our staff and provides a great place to work and thrive. This approach supports the achievement of our strategy and strategic priorities, and our ambition about the culture we want as an organisation.

5.2.1 Key performance indicators and relevant national commitments

Indicator	Current position	Target
Statutory and Mandatory Training Compliance	93%	85%
My Contribution / Appraisals and Development Reviews	85.8%	85%
Incident closure compliance: Closed within 30 working days	79%	85% (Public Health Wales Target)
Formal complaints compliance: Acknowledged within 5 working days	100%	75%
Formal complaints compliance: Responded to within 30 working days	80%	75%
Freedom of Information (FOI) requests within 20 days	93.4%	100%
Safeguarding Level 1 and 2	>85%	85%
Safeguarding Level 3	79%	85%
VAWDASV	77%	85%

5.2.2 Current position

Board Leadership

We welcomed Dr Catherine Purcell as the Non-Executive Director (Universities) in October 2025 meaning that we reached our full allocation of Non-Executive Directors (Chair, Vice Chair and x 6 Non-Executive Directors). In January 2026, Huw David (Non-Executive Director – Local Authorities) was required to

temporarily step back from the Board due to his candidacy for the May 2026 Senedd elections.

There have been no changes to the Executive Team during the financial year to date. Angela Williams has held the interim post of Executive Director of Operations and Finance, and in October 2025, this post was reprofiled and a substantive recruitment process was undertaken. Angela Williams will retire from the organisation after 38 years of NHS service in Wales and her successor will join the organisation in May 2026. All other members of the Executive Team are in substantive posts.

5.2.3 Governance

External Assurance: Audit Wales Structured Assessment 2025

The 2025 Structured Assessment concluded that Public Health Wales maintains strong and effective corporate governance, with the Board and its committees operating transparently and using clear, high-quality information to support scrutiny and decision-making. We have continued to strengthen corporate assurance arrangements, refining its strategic and corporate risk registers, improving performance reporting, and maintaining robust tracking of internal and external audit recommendations. The development of detailed route maps for each strategic priority, alongside a collaborative and evidence-based Integrated Medium Term Planning process, demonstrates a coherent approach to long-term planning. The Assessment highlighted our commitment to listening to staff and service users, with expanded feedback mechanisms, strengthened staff networks, and greater triangulation of insights across committees. Financial governance remains a major strength reflecting that we achieved all financial duties, achieved planned savings, maintained strong controls, and demonstrated disciplined financial planning aligned to strategic priorities.

External Assurance: NWSSP Internal Audit

We have not received any limited assurance audits within this financial year. During the internal audit cycle for 2025/26, six internal audits have been completed and provided to the Audit and Corporate Governance Committee for assurance. These completed audits provided assurance levels ranging from Substantial to Reasonable, indicating generally sound governance and control across the audited areas.

We maintain a comprehensive audit tracker to ensure any areas of recommended improvement are actioned and implemented where appropriate. In addition, we have a comprehensive Board Assurance Framework and risk assurance processes in place to ensure the Board received assurance based upon a risk-based approach, with regular sight of the Trust Strategic and Corporate Risk Registers.

5.2.5 Quality

Our pursuit of an organisation-wide approach to managing quality enables us to implement the Duties of Quality and Candour within the Health and Social Care (Quality and Engagement) (Wales) Act (2020). It also enables us to focus more clearly on the needs of the system and purpose of the organisation. Following the

introduction of the Duty of Quality and the Duty of Candour, we continue to work with our staff and key stakeholders to ensure we meet the requirements of both duties, with the ultimate aim of delivering excellent public health services and functions. In 2025-2026 there were a total of:

- 1,604 incidents, with a closure rate of 79% which is a significant improvement from June 2025 at 59.7%.
- 118 Early Resolution and formal complaints received. 25% of these were managed as formal complaints and 75% were managed as Early Resolution.
- 152 Freedom of Information (FOI) Requests received. 10 of these exceeded the 20-day compliance due to the complexity of the requests. Significant performance management has improved compliance since 2024-25.
- 30 Subject Access Requests (SAR) received. One of these exceeded the one month compliance due to the complexity of the request.

Compliance for all Safeguarding Level 1 and 2 remains above the 85% national target. Compliance against Safeguarding Level 3 is just below the 85% target, with remedial training planned. Overall, we prioritise the performance management of Safeguarding Training, based on role specific competency requirements.

Quality Management System (QMS)

Our Quality Management System (QMS) is structured around quality control, planning, improvement, and assurance, supported by resources such as the Quality Oversight Dashboard, Health and Care Quality Standards, Quality Impact Assessment (QIA), and the Improvement and Innovation Hub. Our Quality Oversight Group (QuOG) provides operational oversight for the Duty of Quality, leads self-assessment against Health and Care Quality Standards, analyses results via a comprehensive dashboard, and oversees the development and piloting of the new digital Quality Impact Assessment tool. For the Health and Care Quality Standards, we have co-developed standards, implemented baseline STEEEP self-assessments, created dashboards, and introduced a peer review process which commenced in January 2026.

In 2024, we added Duty of Quality (DoQ) training for all our staff to improve their knowledge on what this means and how to apply it in practice. This training is mandatory and ongoing for all staff and is delivered through the ESR platform. We have achieved a 98.09% staff completion rate. We have DoQ Intranet/SharePoint pages for information and resources to guide and inform staff, and published 'bitesize' animated videos for our staff, to raise awareness and knowledge.

Infection Prevention and Control (IPC)

In 2025-2026, a Respiratory Infections Risk Assessment Tool was developed following discussions with the national IPC Leads, with the intention of standardising the assessment process. The IPC Quality Statement is due to be published in early 2026. The Cleaning Standards and the Code of Practice are currently near completion with Welsh Government policy advisers. Both of these national pieces have been led by Public Health Wales. The introduction of AMaT

IPC environmental cleaning audits has given greater assurance and oversight of areas requiring improvement.

The Healthcare Associated Infections (HCAI) Delivery Group is undergoing changes to incorporate new workstreams, including those focused on bloodstream infections, C. difficile, environment of care, and other related subgroups, which will contribute to the overarching programme of work. This group is supported by the Head of Nursing for IPC and HARP and the Executive Director of Nursing.

Restorative Clinical Supervision (RCS)

Between January and December 2025, 136 nurses and midwives from across Public Health Wales accessed Restorative Clinical Supervision (RCS) delivered through the Professional Nurse Advocate (PNA) model to support wellbeing, professional development, and quality improvement. This is to comply with the Chief Nursing Officer mandate that all Nurses and Midwives have access to RCS. Public Health Wales have prioritised this ambition and have invested in training 12 PNAs.

National Safeguarding Service (NSS)

The National Safeguarding Service has led the development of a national safeguarding quality statement and aligned metrics for NHS Wales, establishing a consistent, outcomes-focused approach to measuring safeguarding effectiveness and strengthening system-wide assurance and oversight. A comprehensive programme of national improvement is available on request.

Risk management

During 2025/2026, we completed the implementation of our Risk Management Development Plan. Significant work was undertaken to rearticulate and strengthen understanding of the organisation's strategic risks and their relationship to our Strategic Plan (IMTP). A rolling programme of Executive led strategic risk deep, including with Board and Committees, supports improved assessment, interdependency mapping and Executive ownership of each strategic risk.

5.3 Workforce – Our People

5.3.1 Background

As at 31 January 2026, total staff headcount for Public Health Wales was 2,256 people, which equates to 2,012.74 full-time equivalent.

Equality, Diversity and Inclusion

We continue to strengthen our approach to Equality, Diversity and Inclusion, with clear progress across several indicators. We have maintained strong engagement with our seven staff networks and in addition to the networks we have a Neurodiversity Sub-group, Menopause Café and Moon Café. Between August and December 2025 network membership grew by 110, to 907 staff members actively involved, from 30% to 34% of our workforce.

We hold Gold level with Distinction in Diverse Cymru's Cultural Competence Scheme. This is the highest level of the scheme which is independently assessed by UK Investors in Equality and Diversity (UKIED). We have improved our Disability Confident Leader accreditation and sustained high levels of ESR data reporting. We are a proud supporter of the Armed Forces Covenant, and our Employer Recognition Scheme Gold Renewal Application was successful and will be valid for another five years from December 2025.

Whilst our gender pay gap has continued to narrow, we recognise widening gaps for some groups and have committed targeted actions through the Workforce Race Equality Standard to address inequitable progression, recruitment outcomes and disproportionate use of formal processes.

Staff Survey

Overall, the 2024 staff survey results remained broadly consistent with the previous year, with sustained strengths in line-manager support and wellbeing conversations. Management scores demonstrated over 75% positivity. Our organisational and directorate level Integrated Engagement Plans triangulate data from the Staff Survey, Culture Pulse Survey, Medical Engagement Scale, work on Nurse retention and other forms of employee voice to targets areas where colleagues have told us we most need to improve. Assurance is provided to the Leadership Team, Executive Team and People and Organisational Development Committee bi-annually.

In January 2026, the annual Speaking up Safely report was presented to the People and Organisational Development Board Committee, showing an increase in reporting, which demonstrates our employees feel more able to report issues and concerns. An Internal Audit report on Speaking up Safely in 2025 concluded reasonable assurance and the key matters requiring management attention are being actioned.

Agency use

A significant proportion of the Administrative and Clerical agency spend within the organisation is *not* reflective of traditional administrative roles. It includes specialist digital and technical posts that have been recruited specifically to deliver our priorities, such as cloud infrastructure development, digital transformation, and to deliver externally-funded programmes. These roles are critical to organisational delivery and are often time-bound, requiring rapid mobilisation.

5.3.2 Key performance indicators and relevant national commitments

Indicator	Current position	Target
Agency spend - % of total pay bill	1% December 2025	≤1.7%
Job planning – 12 month rolling	55% January 2026	90% within rolling 12 month period
Sickness absence – 12 month rolling	4.58% December 2025	3.25%

5.3.3 Current position

Agency Spend

Since January 2024, the organisation has been taking action to implement the requirements of WHC/2024/031 and WHC/2023/046, to support agency workforce reduction and broader workforce transformation. Planning for agency reduction is embedded in internal performance reporting, with agency spend currently at 1% of the total pay bill at month 9, with a target of delivering below the 2024/25 level of 30%. Agency spend is reported monthly to the Board.

Administrative and Clerical agency spend has reduced from £105K in month 1 to £40K in month 9. However, the agency costs in M1-M9 2025/26 pose a risk to meeting the updated targets for agency expenditure, specifically in relation to Admin and Clerical agency spend.

Administrative and Clerical agency usage continues to reduce (currently 10 A and C agency workers). However, a proportion of this agency usage provides specialist digital, technical and programme-critical roles rather than traditional administrative functions. These posts have been required to deliver time-bound priorities, externally-funded programmes, and essential infrastructure developments such as digital transformation and cloud engineering work. Eliminating agency use entirely would carry material operational risk, including disruption to strategic programmes of work, delays to digital and transformation projects, reduced organisational capacity, and increased pressure on existing staff.

Job Planning

As of January 2026, 55% of Medical and Dental Consultants have a completed job plan (completed within the previous 12-month period) either on the Allocate e-job planning system or as a paper version. Full implementation of the e-job planning system remains a priority, with supporting actions, including: training, guidance materials, and direct support to teams. These efforts aim to improve assurance and transparency around job planning compliance.

Sickness and wellbeing

The rolling 12-month sickness absence FTE % has fluctuated around 4% over the past three years. For December 2025, the rolling 12-month absence FTE % was 4.58% (1.51% short-term and 3.07% long-term absence), excluding NHS Wales Performance and Improvement, compared with 4.26% (1.51% short-term and 2.75% long-term absence) for the same period last year. Therefore, the organisation will not achieve a reduction in sickness absence in 2025/26 in comparison to 2024/25.

An Internal Audit of the effectiveness of arrangements in place to monitor, support, and respond to mental health-related sickness absence has recently examined compliance with aspects of the all-Wales Managing Attendance at Work Policy and concluded 'Reasonable Assurance' overall. An action plan is now in place to address the audit findings and make further improvements.

Anxiety, stress, depression and other psychiatric illnesses remain the leading causes of long-term absence across the organisation. Work is underway to improve the coding of absence reasons and strengthen managers' confidence in applying the All-Wales Managing Attendance at Work Policy. The organisation has increased proactive wellbeing activity, including communications which highlight the full suite of wellbeing support, resilience resources, and routes for staff to seek help.

5.3.4 Improvement actions

Improvement action	Delivery date
Strengthen agency control through consistent application of enhanced scrutiny processes and continued monthly reporting to track progress against reduction targets.	Ongoing, with monthly reporting
Implement the actions arising from the recent Internal Audit and improvements agreed through the People and OD Committee in January 2026, ensuring continued compliance with the All-Wales Managing Attendance at Work Policy and consistent use of wellbeing resources.	June 2026
Enhance early intervention and wellbeing support by expanding HR Clinics, improving signposting to wellbeing resources, and delivering targeted support to areas with persistent sickness challenges.	June 2026
Improve EDI data completeness by increasing ESR self-reporting, supported by focused communications and monitoring at Directorate level.	September 2026
Address inequitable progression, recruitment outcomes and disproportionate use of formal processes through delivery of actions from the 2025 Workforce Race Equality Standard (WRES). Develop a set of EDI indicators spanning recruitment equity, pay gaps, workforce diversity and disclosure disaggregated to directorate level and integrated in the performance and assurance framework to enable the tracking of process and evaluation of actions taken.	October 2026 Progress review ongoing
Accelerate job planning compliance through regular reminders, targeted support to Consultants and Managers, and continued implementation of the e-job planning system.	90% completion by 31 March 2026

5.4 Finance and planning

5.4.1 Background

We entered 2025/2026 with a financially balanced and Board approved Strategic Plan (IMTP). This was subsequently approved by the Cabinet Secretary and continues our record of successfully developing and delivering our Strategic Plan and returning a breakeven position every year.

We have a history of strong financial performance and stewardship, having received an unqualified audit opinion, including delivery of all statutory financial

duties every year since inception in 2009. We rely on funding from a variety of sources, including the Welsh Government core income, non-core Welsh Government grants, health board SLA income and other non-NHS income. We work closely with those organisations to secure and maximise funding to deliver our front line clinical, public health and prevention services, which together account for around two-thirds of our organisation and 67% of our total spend.

We are currently working on our draft Financial Plan for 2026/27, whilst awaiting receipt of our Welsh Government funding allocation and remit letter. At the time of writing this document, we are managing a number of cost pressures going into the new financial year including an estimated significant inflationary cost pressure of circa £1.5m mainly linked to infection and screening delivery services and digital contracts.

Public Health Wales hosts NHS Wales Performance and Improvement (NHSWPI). As a hosted body the NHSWPI finances are not included in the financial performance covered in this section.

5.4.2 Key performance indicators and relevant national commitments

Indicator	January 2025	Target
Revenue financial target Deficit/(Surplus)	Current month - £35K YTD – (34K)	Breakeven
Capital financial spend and target	Current month - £1,390K YTD - £2,395K	Breakeven
Public Sector Payment Policy	Current month – 97.32% YTD – 97.19%	>96%
Agency spend as % of Total Pay	Current month - 0.8% YTD - 1.0%	<1.7%
Strategic Plan (IMTP) Delivery Status	Milestone status as at M10: 48% of our baseline plan has been completed year to date. Of the remaining plan, 75% is reporting as green, on track.	N/A

5.4.3 Current position

Current financial performance, as at Month 10, shows that:

- We are reporting a small surplus of £33k at month 10 and forecasting a yearend breakeven position in line with our approved IMTP.
- Our breakeven financial plan includes the delivery of a 1 % recurrent cash releasing savings target of £1.174m in 2025/26. All Public Health Wales savings schemes are RAG rated green and forecast to fully deliver by year end.
- We are forecasting full utilisation of our discretionary capital allocation of £1.613m and strategic capital allocation of £3.1m.
- We have paid 97.19% of non-NHS invoices within the 30-day target period to month 10 2025/26 and are on course to remain above the minimum 95% target for the full financial year.

6. Local issues

6.1 Digital and data

6.1.1 Background

We have developed a programme of digital work to modernise delivery of services. This comprises both our contribution to national programmes and delivery of local initiatives. We are working collaboratively with a range of partners to enable successful delivery, including Digital Health and Care Wales (DHCW), Health Boards, the Welsh Government and Local Authorities.

6.2.2 Current position

We have made considerable progress over recent years in developing our digital and data capacity and capability with investment of resources in areas such as architecture, cloud, data engineering, data science and digital clinical safety amongst others. This has led to considerable improvements and developments over recent years with a new breast cancer cohorting tool successfully delivered, the automation of some aspects of referral process for Diabetic Eye Screening and successful re-platforming of the Newborn Screening system. The Newborn Screening re-platform has tackled one of our major legacy and cyber issues as well as creating a solid base for developments for new screening types. We are working closely with DHCW and others to deliver against some of the main National Programmes. For Public Health Wales, the major programmes are:

- National Data Resource – we have set out strategic ambition to undertake our analysis from the National Data Analysis Platform. We are starting the first of our migrations in January 2026 with an aim to fully migrate our analysis to the National Data Analytics Platform by March 2027.
- LIMS 2 **-** Our microbiology and screening services are key parts of the programme. This has been a challenging programme with the latest go-live date now scheduled for 11th May 2026.

Alongside these national programmes, we have several major programmes being led and delivered by Public Health Wales:

- The Digital Health Protection Programme - which will modernise and improve access to health protection system ensuring it is fit for the future. This includes access to Health Boards and scalability for future pandemics and threats. The system covers communicable disease, environmental threats and emergency response. The programme is scheduled for delivery by January 2028.
- Lung cancer screening - where we will be providing the necessary digital infrastructure to support the new programme.
- Cyber Action Plan - to plan our approach to cyber security priorities and inform how we are managing risks associated with our digital infrastructure

At present, our key challenges are delivery of LIMS 2 and alignment of all delivery partners in key national programmes and access to primary care data.

Appendix A: Strategic Partnerships

We have established a range of national and international strategic partnerships and arrangements to support the delivery of our clinical public health services and broader functions. In addition, we have formal contractual arrangements in place with all health bodies and local authorities in Wales. A summary of partnerships is provided below:

Cymorth Cymru	Swansea University
Community Housing Cymru	Gwent Police
Cardiff University	Bron Afon Housing Association
Life Science Hub Wales	North Wales Police
Heidelberg Institute of Global Health	South Wales Police
Arts Council for Wales	Taff Housing
Office of the Future Generations Commissioner	National Trust (Wales)
Natural Resources Wales	Sports Wales
Royal College of Nursing	Police and Criminal Justice System in Wales
World Health Organisation (Europe)	The International Association of National Public Health Institutes