

NHS WALES PLANNING FRAMEWORK 26-29- TEMPLATES

The development of our Strategic Plan (Integrated Medium Term Plan) has been informed by the Cabinet Secretary for Health and Social Care priorities for NHS Wales and subsequent Remit Letter issued by Welsh Government to Public Health Wales in February 2026. Our plan has particularly focused on the delivery of our services, together with supporting and providing public health expertise to the wider system and national programmes to help in ensure that quality, safety, prevention, and good health outcomes are at the heart of the NHS in Wales. Our role in supporting the delivery of the priorities and objectives is embedded within each of our strategic priorities. A high-level summary of key actions that we will deliver is provided below. Further detail is included in Annex A in relation to each of our Remit Letter deliverables.

Priority area(s) to deliver 26/27:				
Key focus should be on delivering		Timely Access to Care		
Ref:	Continued Ministerial Priority			
Resume of planning Milestones 25/26:				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref:	Full 4 yearly assessment for transition to the new Quality UKAS Standards (ISO15189:22) (Completed)	<p>Completed the final year of bowel screening optimisation by offering screening to people aged 50 and improved the sensitivity of the screening FIT by reducing the cut off level of the test. (Completed)</p> <p>Developed the final report providing an options appraisal and recommendation on how a national lung cancer screening programme can be delivered in Wales. (Completed)</p> <p>Aligned Healthcare Associated Infection, Antimicrobial Resistance & Prescribing Programme (HARP) programme initiatives with the objectives of the UK National Action Plan (NAP) 2024-2029 (Completed)</p>	<p>Implemented LIMS 2 for Infection Services as part of the All Wales Programme. (Moved to 26/27)</p> <p>Implemented LIMS 2 for screening as part of the All Wales Programme. (Moved to 26/27)</p> <p>Improved patient outcomes through uptake and identification of Herpes, Syphilis, MPOX and LGV through introduction of the ULCER panel as a routine diagnostic test available to Health Boards across Wales. (Completed)</p>	<p>Progressed implementation of the framework for healthcare public health - 'Population Health and Care in Wales' in collaboration with key stakeholders. (On track)</p> <p>Provided evidence for current pressures including waiting lists to be implemented with an equity lens. (On track)</p> <p>Delivered a refreshed Screening Equity Strategy to reduce inequity in uptake of screening. (On track)</p> <p>Regional Structure Realignment to include Rapid Hot Labs to support expansion of test repertoire based on population needs (Completed)</p> <p>Implemented fit-for-purpose structure for the Welsh Specialist Virology Centre to provide Diagnostic and Sexual Health Services (On track)</p>
Progress synopsis	Completed	Completed	Partially completed,	Green - on track to deliver by 31/03/2026

			some movement into 26/27	
Outcomes of delivering Ministerial Priorities:				
Ref:	<p>We have made substantial progress in developing Wales' first national lung cancer screening programme, due to launch in 2027. Following Welsh Government's decision to introduce targeted screening for high-risk individuals, we rapidly advanced programme design, secured approval of the full business case, and established the foundations for a high-quality, safe, and equitable screening service. This demonstrates our ability to translate strategic commitments into deliverable, population-impacting services.</p> <p>Screening Division Laboratory successfully renewed ISO 15189:2022 accreditation across its full scope, underpinning safe and high-quality diagnostic support for Bowel Screening Wales, Cervical Screening Wales, and the national symptomatic FIT pathway. Workforce and digital improvements continue to support sustainable delivery.</p> <p>Key figures illustrate our service delivery in 2025:</p> <ul style="list-style-type: none"> ❖ More than 500,000 people invite to take part in our Bowel Screening Programme with 332,000 tests returned (62% uptake). ❖ 100% of screening FIT samples were tested within terche BSW 7-day standard. ❖ 174,360 women invited to screening by Breast Test Wales with 133,330 women screened (76% uptake). ❖ 105,000 cervical screening samples processed. ❖ 111,935 screening appointments offered by Diabetic Eye Screening Wales with 91,161 participants attending (82% uptake) 			
Planned milestones for Priority area to deliver 2026/27				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref:	<p>Delivered a workforce transformation plan that optimises resource allocation and improves participant pathway efficiency across screening programmes. (SO5.4)</p> <p>Delivered the strategic action plan arising from the BTW review, implementing sequenced improvements (SO5.4)</p>	<p>Completed a full validation of all outstanding safeguarding related Test & Post cases and deliver a time bound and tracked backlog clearance plan in line with Public Health Wales governance (SO5.6)</p> <p>Commissioned and initiated the independent external review of the Sexual Health Test & Post service with agreed scope, methodology, and timeline approved via Public Health Wales governance. (SO5.6)</p> <p>Delivered agreed actions from the Screening Equity</p>	<p>Completed an in-service-evaluation of the safety, effectiveness and acceptability of adopting a staged mydriatic approach for retinal screening. (SO5.4)</p> <p>Introduced HPV self-sampling for under screened- populations to improve equity and coverage in line with the WHO Cervical Cancer Elimination Initiative. (SO5.4)</p> <p>Scoped options for replacement or future development of the National Breast Screening System (NBSS) to</p>	<p>Established the Lung Cancer Screening Implementation Programme, with governance structures and procurement initiation confirmed to prepare for phased roll-out. (SO5.5)</p> <p>Implemented all priority recommendations generated during the external sexual health service review and incident response, focused on safeguarding, data handling and quality governance (SO5.6)</p> <p>Implemented the 'one ear clear' model (subject to Wales Screening Committee approval) with assured pathway safety and benefits tracking. (SO5.4)</p> <p>Implemented Newborn Bloodspot Screening for Hereditary Tyrosinaemia Type 1 (subject to Wales</p>

		<p>Strategy in collaboration with partners to reduce uptake inequities (SO5.4)</p> <p>Completed a 12-month evaluation of the telephone intervention for Wales Abdominal Aortic Aneurysm Screening Programme (WAAASP) non-responders and used findings to inform programme improvements. (SO5.4)</p> <p>Scoped digital first, accessible information pathways across all adult screening programmes, strengthening equity, reach and user experience. (SO5.4)</p>	<p>enable a unified all Wales- digital infrastructure with interoperability and AI ready-capability. (SO5.4)</p>	<p>Screening Committee approval and digital system phase-2 completion), with quality assurance and benefit monitoring. (SO5.4)</p> <p>Delivered year one improvement actions for Breast Test Wales (BTW) with a focus on restoring timely assessment invitations within three weeks of screening, underpinned by increase reading capacity, resilient assessment and surgical pathways, sustainable workforce planning, equitable access and strengthened governance and assurance. (SO5.7)</p> <p>Delivered year one improvement actions for Diabetic Eye Screening Wales (DESW) with a focus on improving proportion of participants offered screening within the standard by improving service capacity and resilience, pathway innovation, workforce resilience, improved participant experience and sustainable service performance. (SO5.7)</p> <p>Delivered year one of improvement actions for Bowel Screening Wales (BSW), in collaboration with health boards through Bowel Screening Colonoscopy Improvement Project, increasing the proportion of participants receiving an index colonoscopy within four weeks of booking, enabled by strengthened screening endoscopy capacity, sustainable workforce development, enhanced regional collaboration, consistent quality assurance and improved performance management. (SO5.7)</p> <p>Assessed progress of Cardiovascular Disease (CVD) Prevention Plan for Wales, including the All</p>
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Overarching outcome measures/ metrics

We will work to support the achievement of the following system-wide outcomes:

❖ Increased childhood immunisation coverage

Indicators show little improvement in recent years, highlighting the need for strengthened national action to increase equity and population protection. We will work towards increasing coverage of:

❖ '6 in 1' vaccination at age 1 (2024/25, 93.3% of children had received all three doses of the '6 in 1' diphtheria, tetanus, pertussis, polio, Hib and hepatitis B vaccination)

The target is 95%.

❖ MMR coverage at age 2 (2024/25, 93.0% of children had received at least one dose of MMR vaccination by age 2)

The target is 95%.

❖ Coverage of all routine childhood immunisations by age

- **Age 1:** 93.3% in 2024/25
- **Age 2:** 91.2% in 2024/25
- **Age 4:** 85.3% in 2024/25
- **Age 5:** 87.6% in 2024/25
- **Age 15:** 60.7% in 2024/25

❖ Reduced deprivation gaps in childhood vaccination uptake (2024/25, percentage-point difference)

- **Age 1:** 4.3
- **Age 2:** 7.0
- **Age 4:** 11.0
- **Age 5:** 9.7
- **Age 15:** 23.2

These widening gaps represent a significant challenge and underline the importance of our Screening Equity Strategy and digital-first information reforms.

❖ Increased proportion of cancers detected at an early stage

Early cancer diagnosis remains a core driver of improved survival and reduced treatment burden.

- **All cancers diagnosed early: 46%** (2022 baseline)
- **Breast cancer: 71.9%** (minimal change in recent years; deprivation ~0.6 percentage-point)
- **Colorectal cancer: 41.3%** (declining trend; deprivation gradient persists)
- **Cervical cancer: 57.1%** (improving trend; deprivation gap: 59% most deprived vs 66.7% least deprived)

❖ Avoidable mortality, capturing deaths preventable through public health action and timely healthcare: While avoidable mortality has declined slightly, it remains above pre-pandemic levels driven largely by preventable causes such as cardiovascular disease, cancer, alcohol-related harm and drug-related deaths. Addressing these requires sustained system-wide action on prevention, risk identification and equitable access to care.

The avoidable mortality rate decreased slightly from 287 per 100,000 2020-2022 to 283 per 100,000 in 2021-2023.

Risks	Risks of Non-Delivery	Mitigations
	Detail on our refreshed strategic risks that have been identified is provided within our Risk section of our IMTP (section 4.4)	
Critical Enablers	Finance	
	Detail on finance is provided within the Finance section of our IMTP (section 4.1)	
	Workforce	
	Detail on our workforce developments is set out within the Workforce section of our IMTP (section 4.3)	
	Digital	
	Detail on key digital developments, including financial implications, is set out within the Digital section of our IMTP (section 4.2)	
Quality & Safety and Prevention & Population Health	Other (Specify)	
	N/A	
	Opportunities identified	
<p>Detecting cancer early improves treatment options and changes of survival, with later-stage diagnosis leading to lower survival and more complex, costly care. Monitoring early-stage detection also helps us understand the effectiveness, efficiency, and equity of cancer screening programmes, and highlight inequalities in access to timely diagnosis. We have now added indicators of the proportion of cancers diagnosed at an early stage to our measurement system and the Welsh Cancer Intelligence and Surveillance Unit (WCISU) Cancer Reporting Tool.</p> <p>There are clear opportunities in 2026/27 to improve earlier diagnosis and reduce variation by modernising diagnostic quality, strengthening screening pathways and expanding targeted screening interventions. We recognise that significant performance pressures have emerged over the past year, particularly in our Breast, Bowel and Diabetic Eye Screening programmes and our Sexual Health Services. In response, we are prioritising a targeted programme of performance improvement. This includes establishing clear strategic milestones to drive measurable gains in service delivery, strengthening our quality and assurance functions and enhancing our Clinical Governance and Board oversight arrangements. These actions are designed to accelerate recovery, improve consistency, and sustain high quality outcomes for the population we serve.</p> <p>The rollout of HPV self-sampling for under-screened groups, introduction of HT1 newborn screening and digital-first information pathways will improve uptake and safety. Health Protection Division redesign, ISO-15189 accredited laboratory networks and targeted pathway reviews will enhance diagnostic consistency and reduce delays.</p>		

Priority area(s) to deliver 26/27:				
Key focus should be on delivering		Population Health and Prevention		
Ref:		Continued Ministerial Priority		
Resume of planning Milestones 25/26:				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref:	Supported the development of healthy public policy and advocated for	Share findings from All Wales Diabetes Prevention Programme (AWDPP) outcome	Refreshed and put in place emergency plans: developed gained approval for and validates the	Co-ordinated the upscaling and mainstreaming of the AWDPP to achieve full population coverage

	<p>policy action that priorities health, wellbeing and equity in Wales. (Moved to 26/27)</p> <p>Implemented a national service model to support adult vaping cessation. (Suspended)</p>	<p>evaluation to support development and ongoing scale up and mainstreaming of the AWDPP to achieve full population coverage across Wales (Completed)</p> <p>Disseminated the data, evidence, planning support tools produced and advocate for their use to enable health board and RPBs to improve their inclusion health services (Completed)</p> <p>Produced the final design proposals for the Daily Active Whole School Approach to Physical Activity. (Completed)</p> <p>Delivered our proposals for a new framework that supports schools to embed a whole school approach to health and wellbeing. (Completed)</p> <p>Commenced work to understand public knowledge, attitudes and beliefs to gambling. (Completed)</p> <p>Delivered proposals for the implementation of the monitoring and evaluation framework for Health Weight Healthy Wales. (Completed)</p> <p>Delivered co-produced support pack for Health Care Professionals to use at the point of diagnosis. (On track)</p>	<p>Public Health Wales Pandemic Response Arrangements. (On track)</p> <p>Collaboration needs assessment undertaken to support action on child poverty by local and regional partnerships with the Building a Healthier Wales Coordination Group. (Completed)</p> <p>Delivered proposals for enhancing adherence in the NERS programme. (Completed)</p> <p>Published Every Child resources for families with children aged 2-7. (Completed)</p> <p>Completed action plan for reducing smoking harms to vulnerable populations. (Moved to 26/27)</p> <p>Published the evidence base for action to reduce harm from smoking among vulnerable population groups. (Completed)</p> <p>Published a series of curriculum toolkits to support implementation of the Curriculum for Wales. (Completed)</p> <p>Published our synthesis of the evidence base for the use of licencing as a public health intervention, ready to inform policy on licencing. (Completed)</p>	<p>across Wales, with continued development of the programme (On track)</p> <p>Monitored progress in line with Welsh Government disease elimination strategy for Measles, Polio, TB, BBV, HIV, Hep B and Hep C (On track)</p> <p>Continued development of Sexual Health Testing Services to meet identified population needs and contribute to the target of no new transmission of BBV's in Wales by 2030, through partnership and collaborative working using knowledge, data, evidence and innovation to promote equity in testing provision. (On track)</p> <p>Worked with others to help reduce drug-related morbidity and mortality through the enhanced understanding of substance use trends and harms across Wales. (On track)</p> <p>Worked with Welsh Government to finalise the All-Wales TB Action Plan. (Needs attention)</p> <p>Completed phase 2 of the Active School Travel Place Based Approach Programme. (On track)</p> <p>Developed a process drawing on learning from the Vaping Incident Response Group and the Gambling Related Harm to emerging behaviours and health (On track)</p> <p>Defined and described a NERS delivery approach based on ability, not just specific conditions pathways (Completed)</p> <p>Delivered guidance and resources for schools and other key stakeholders to</p>
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Progress synopsis	Actions to rollover to 26/27	Green - on track to deliver by 31/03/2026	Green - on track to deliver by 31/03/2026	<p>Green/Amber – majority of milestones are on track to deliver by 31/03/2026</p> <p>One milestone around All Wales TB action plans needs attention.</p>
Outcomes of delivering Ministerial Priorities:				
Ref:	<p>In the last year, we strengthened national tobacco control efforts, increasing referrals to cessation services, improving hospital-based programmes and launching new campaigns to support smokers and vapers to quit. We advanced Healthy Weight, Healthy Wales delivery through food environment improvements, breastfeeding promotion, early years nutrition and local restrictions on unhealthy food advertising.</p> <p>We also expanded work to promote physical activity through school-based interventions, national movement campaigns and place-based models that integrate local infrastructure changes. Our national gambling harm prevention programme made substantial progress, with dedicated resources for schools, population-level insights and digital support tools. Oral health improvements continued through the Designed to Smile programme, supporting long-term reductions in dental disease among children. Together, these developments reflect a system increasingly aligned around prevention, evidence-based interventions and community-centred delivery.</p> <p>We have also delivered a coordinated, system-wide programme of improvement that has significantly strengthened the national health protection function.</p> <p>Key figures illustrate our service delivery in 2025:</p> <ul style="list-style-type: none"> ❖ Approximately 2.1 million samples a year tested by our diagnostic service. ❖ Almost 15,000 samples sequenced by our Genomics Programme. ❖ 12,800 notifications managed for notifiable communicable diseases 			

The Healthcare Associated Infection, Antimicrobial Resistance and Prescribing Programme (HARP) team developed a national prescribing indicator for respiratory tract infection antibiotics, aligned with national clinical standards. With a 75% target agreed until March 2028, this work improves prescribing quality, reduces antimicrobial resistance risk, and provides a clear roadmap for improvement across Wales.

Our genomics team has been at the forefront of innovative pathogen detection and outbreak investigation. The implementation of metagenomic sequencing enabled the first rapid identification of Clade 1b Mpox in Wales, demonstrating real-world application of novel diagnostics.

The Vaccine Preventable Disease Programme (VPDP) successfully supported the introduction of a targeted gonorrhoea vaccination programme for GBMSM at highest risk. Through co-designed information materials, clinical training, community insight gathering, and the development of surveillance tools, VPDP ensured a safe, person-centred, and effective launch. This work reflects our Quality, Delivery, and User-centred Coproduction themes.

Planned milestones for Priority area to deliver 2026/27

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref:		<p>Developed evidence-based guidance and tools to support schools to embed new Standards for Health and Wellbeing Promoting Schools in Wales. (SO3.4)</p> <p>Updated and published licensing guidance for local authorities and public health teams for gambling and alcohol. (SO3.6)</p> <p>Implemented a national service model to support adults and children and young people to quit vaping (roll over from 25/26). (SO3.6)</p> <p>Delivered the phase 1 programme report on improvement actions to reduce smoking in pregnancy. (SO3.6)</p>	<p>Launched Daily Active 8 Domain Resource. (SO3.1)</p> <p>Launched a toolkit to support role of Further Education/Higher Education institutions in preventing smoking uptake among 16- to 24-year-olds. (SO3.2)</p> <p>Developed a decision-making framework to guide interactions with commercial bodies, preventing conflicts of interest and mitigating risks of engagement with commercial bodies. (SO3.3)</p> <p>Developed new reporting mechanism to disseminate National Exercise Referral Scheme (NERS) data to partners and stakeholders. (SO3.4)</p> <p>Supported public bodies to be prepared ahead of HIA (Wales) Regulations coming</p>	<p>Delivered behaviour change campaigns in support of the Healthy Weight Healthy Wales Strategy and level one digital offer. (SO3.5)</p> <p>Delivered the integrated smoking cessation campaign 'Break Its Hold' to support smokers in Wales to access the Help Me Quit service. (SO3.5)</p> <p>Delivered a consultation response to the licensing elements of the Tobacco and Vapes Bill, following engagement with the wider tobacco control system, ensuring it is robust, evidence-based, and designed to maximise the public health impact of its implementation. (SO3.7)</p> <p>Utilised Alpha phase outputs of the national Sexual Health Case Management System to develop a robust business case for progression to Beta. (SO3.6)</p>

			<p>in to force in April 2027. (SO1.1)</p> <p>Reviewed current adverse weather response model and developed associated action plan. (SO6.1)</p> <p>Developed Climate and Health Research Network Wales, led by Public Health Wales, to co-ordinate research partnerships, share evidence and support joint funding bids focused on priority climate-health risks for Welsh populations. (SO6.1)</p>	<p>Worked with Welsh parents to apply behavioural science in identifying the social, environmental, and psychological factors that shape early risk factors for childhood obesity. (SO3.7)</p> <p>Scoped content for a programme of work focused on promoting smokefree households. (SO3.6)</p>
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Overarching outcome measures/ metrics

We will support delivery of the following system outcomes:

❖ **Increased proportion of the population with healthy weight across the life course**, highlighting diet and physical activity patterns. The proportion of working age adults (16-64) reporting a BMI between 18.5 and 25 has decreased by just under 1 percentage point from 37.0% in 2022/23 to 36.1% in 2024/25. In the last 20 years, the proportion of adults living with obesity in Wales has increased by 44% to a little over 1 in 4 people.

❖ **Increased proportion of adults meeting physical activity guidelines**, a key indicator of overall wellbeing. The proportion of adults aged 16+ doing at least 150 minutes of moderate or vigorous physical activity each week has **increased** by 4.1 percentage points from 55.1% in 2022/23 to 59.2% in 2024/25.

In 2023/24, in the most deprived areas, only 47.7% met the guideline, compared to 61.4% in the least deprived areas. More recent deprivation data is not yet available.

In adolescents in 2023, nearly 4 in 5 children did not meet the recommended guideline for this age group of at least 60 minutes of physical activity daily

Higher levels of physical activity are reported by adolescents from more affluent families. 20% of this group report meeting the guidelines compared to 15% of those in less affluent families.

The proportion of adults aged 16+ doing at least 150 minutes of moderate or vigorous physical activity each week has increased by 4.1 percentage points from 55.1% in 2022/23 to 59.2% in 2024/25. In 2023/24, in the most deprived areas, only 47.7% met the guideline, compared to 61.4% in the least deprived areas. More recent deprivation data is not yet available.

In adolescents in 2023, nearly 4 in 5 children did not meet the recommended guideline for this age group of at least 60 minutes of physical activity daily.

Higher levels of physical activity are reported by adolescents from more affluent families. 20% of this group report meeting the guidelines compared to 15% of those in less affluent families.

❖ **Reduced Smoking prevalence**, including progress toward the Welsh Government target of <5% by 2030.

- The proportion of adults aged 16+ smoking daily or occasionally has decreased by 2.8 percentage points from 12.8% in 2022/23 to 10.0% in 2024/25¹. The percentage of adults smoking in Wales has halved since 2003/04. However, despite these improvements, smoking prevalence is not currently projected to meet the Welsh Government target of less than 5% by 2030.

❖ **Reduced harmful alcohol consumption**, reflecting risks of long-term illness and injury.

These measures show persistent inequalities, with poorer outcomes in more deprived communities and concerning trends among young people, especially regarding vaping

Risks	Risks of Non-Delivery	Mitigations
Critical Enablers	Detail on our refreshed strategic risks that have been identified is provided within our Risk section of our IMTP (section 4.4)	
	Finance	
	Detail on finance is provided within the Finance section of our IMTP (section 4.1)	
	Workforce	
	Detail on our workforce developments is set out within the Workforce section of our IMTP (section 4.3)	
	Digital	
	Detail on key digital developments, including financial implications, is set out within the Digital section of our IMTP (section 4.2)	
Other (Specify)		
N/A		
Quality & Safety and Prevention & Population Health	Opportunities identified	
	<p>There are substantial opportunities to reduce preventable disease by scaling whole-system prevention approaches across early years, schools, workplaces and communities.</p> <p>Health related behaviours such as smoking, physical activity, diet, alcohol use and substance use are among the most significant contributors to preventable illness, disability and early mortality in Wales. Behavioural risks account for a quarter of the overall disease burden, driving conditions such as cancer, cardiovascular disease and respiratory illness. However, these behaviours do not occur in isolation: they are shaped by people’s social and economic circumstances, their mental wellbeing, and the commercial environments that promote unhealthy commodities.</p> <p>Our approach recognises the strong socio economic gradient in health behaviours, with higher levels of smoking, inactivity and unhealthy weight concentrated in communities facing financial pressure, insecure housing and limited access to supportive environments. Promoting healthy behaviours therefore requires action across systems and communities, not only supporting individuals but shaping environments, reducing commercial influences, addressing inequalities and strengthening mental wellbeing.</p> <p>We will work with partners to create conditions in which healthy choices are easy, supported and socially reinforced. Community centred approaches are a core part of this work, mobilising local assets, reducing barriers to participation, and tailoring interventions to cultural, linguistic and social contexts.</p>	

¹ Public Health Wales. Public Health Outcomes Framework for Wales reporting tool. [Online]. 2024. Available at: publichealthwales.shinyapps.io/PHOF_Dashboard_Eng/

Priority area(s) to deliver 26/27:				
Key focus should be on delivering		Community by Design		
Ref:		Continued Ministerial Priority		
Resume of planning Milestones 25/26:				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref:	Produced the Health Inequalities Action Plan for reducing health inequalities through primary care (Completed)	<p>Piloted and rolled out the Primary Care Safer Surgeries training and approach for Wales (Completed)</p> <p>Mobilised system partners to take action to strengthen implementation of social prescribing in Wales (Completed)</p> <p>Launched MECC Level 2 e-learning module. (Completed)</p> <p>Disseminated the data, evidence, planning support tools produced and advocate for their use to enable health board and RPBs to improve their inclusion health services. (Completed)</p> <p>Implemented a pilot of the Competency Framework for Prison and inclusion health (Moved to 26/27)</p>	<p>Primary Care Model for Wales Evaluation Plan: Cluster national Key Indicators agreed and data dashboard scoped (Completed)</p> <p>Primary Care Model for Wales Evaluation Plan: Cluster Peer Review Year 3 report published. (Completed)</p> <p>Mobilised system partners to agree Cardiovascular Disease (CVD) Prevention Delivery Plan with deliverables identified for short, medium and longer term (Completed)</p> <p>Supported partners to use the whole of the health and care system to positively influence what matters to the health and wellbeing of people in Wales, ensuring programmes support health and wellbeing across the life course. (Completed)</p> <p>Worked with HEIW to assess the actions we can take respectively and jointly to embed prevention in our workforce (Completed)</p>	<p>Continued to strengthen the capacity, capability and skill building of the primary and community care workforce across public health priority topics areas, through a range of mechanisms. (On track)</p> <p>Provided strategic leadership, advice and support across primary and community care, to strengthen monitoring and evaluation activities and outputs to measure progress in the delivery of the Primary Care Model for Wales. (On track)</p> <p>Mobilised the system to implement Prevention Based Health and Care (PBHC) action plan (On track)</p> <p>Delivered the 'Public Health Approach to Primary and Community Care in 2035' (Phase 2 work) - Concluding work to articulate what a Sustainable Health and Care System in Wales looks like. (On track)</p> <p>Commenced implementation of a joint plan with HEIW to roll out MECC to the primary care workforce in Wales (Completed)</p>
Progress synopsis	Completed	Partially completed, one rollover to 26/27	Completed	Green - on track to deliver by 31/03/2026
Outcomes of delivering Ministerial Priorities:				

Ref:	<p>This year we made significant progress in embedding prevention and strengthening system capability. We published the Prevention Based Health and Care Framework, providing a national model for risk identification, early intervention and person centred prevention. Evaluation of the All Wales Diabetes Prevention Programme confirmed its effectiveness in reducing progression to type 2 diabetes by nearly a quarter, and we launched the national Cardiovascular Disease (CVD) Prevention Plan, demonstrating the potential to prevent over 1,000 heart attacks and strokes through improved risk management.</p> <p>We have both supported and helped lay foundations for the Community by Design Programme. Over the past year, we have already laid strong foundations by publishing national prevention frameworks and driving population health management approaches, informing the Community by Design programme's prevention workstream, and supporting clusters and health boards to use evidence and data to redesign pathways and tackle inequalities.</p> <p>We led the national evaluation of the Primary Care Model for Wales (PCMW) which includes Cluster Self-reflection, Cluster Peer Review, Focus Groups and system leadership to develop PCMW Key Indicators. The findings of which have been incorporated into a PCMW Evaluation Triangulation report which is now being used by the system to strengthen cluster working and implementation of the PCMW and to inform the Community by Design Transformation Programme.</p> <p>We advanced work on women's health, musculoskeletal health, social prescribing, financial wellbeing and health inequalities, and supported primary care through new training programmes, population health tools, and integrated data systems. We also contributed to dental system reform, greener primary care initiatives and the development of wellbeing economics approaches to guide investment decisions.</p> <p>This combined work has strengthened the foundations for a prevention led, equitable and sustainable health and care system.</p>
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Planned milestones for Priority area to deliver 2026/27

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref:	<p>Enabled collaboration and coordinated action between partners across Wales to embed an upstream and equitable, prevention-based health and care approach to prevent disease and promote wellbeing in clinical and care pathways and the wider system. (SO4.1)</p> <p>Published the Tackling Diabetes Together (TDT) educational material to be used at the Point of Diagnosis alongside a new innovative Digital hub for Diabetes. (SO4.3)</p> <p>Published TDT early evaluation on the impact of our behaviourally informed</p>	<p>Advanced prevention in health and care by developing life-course approaches (e.g. health & wellbeing after pregnancy, musculoskeletal (MSK) health), which improve outcomes through evidence-based, person-centred interventions, appropriate to different stages of life. (SO4.1)</p> <p>Evaluated TDT national targeted education event including efficiency of Standard Operation Procedures (SOPs) for the 8 care processes. (SO4.3)</p> <p>Led and supported monitoring and evaluation activities within primary and</p>	<p>Established robust monitoring of the implementation of the NHS and Primary Care Health Inequalities Action Plan. (SO4.2)</p> <p>Published specification and the pathway for foot checks standardised nationally in in collaboration with Primary Care. (SO4.3)</p> <p>Hosted TDT second national targeted education event/campaign aimed at primary care to promote and improve tertiary prevention (8 care processes). (SO4.3)</p> <p>Provided strategic advice, national leadership and co-ordination for the</p>	<p>Provided national leadership across Wales to support partners to deliver person-centred and evidence-based cardiovascular disease and diabetes prevention approaches, including the All Wales Diabetes Prevention Programme and optimisation of blood pressure. (SO4.1)</p> <p>Co-led the prevention and population health management pillar of the Community by Design Programme, to systematically embed a prevention based health and care approach to secure better population health outcomes and reduce health</p>

	<p>collaboration with Cwm Taff Morgannwg UHB. (SO4.3)</p> <p>Hosted TDT first national targeted education event/campaign aimed at Primary Care to promote and improve tertiary prevention (8 care processes). (SO4.3)</p> <p>Promoted the re-launch of the Greener Primary Care Wales Framework and Award Scheme. (SO4.4)</p>	<p>community care including evaluation of the Continuity of Care GMS QI project, the Directed Supplementary Service for Complex Multi-morbidity and Frailty and the Primary Care Model for Wales (SO4.2)</p>	<p>Designed to Smile programme and other oral health improvement (including delivery of annual report). (SO4.5)</p>	<p>inequalities and completed work to develop the Model and Standards for Prevention (Healthcare). (SO4.1)</p> <p>Published TDT Programme Evaluation including local pilots and explore and embed scalability. (SO4.3)</p> <p>Advocated, Informed and mobilised Inclusion Health in health boards, GMS and other key stakeholders in line with contracts and planning frameworks (SO4.2)</p>
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Overarching outcome measures/ metrics:

We measure progress through indicators that reflect preventable harm and the impact of early intervention. These include:

- ❖ **Avoidable mortality, capturing deaths preventable through public health action and timely healthcare:** While avoidable mortality has declined slightly, it remains above pre-pandemic levels driven largely by preventable causes such as cardiovascular disease, cancer, alcohol-related harm and drug-related deaths. Addressing these requires sustained system-wide action on prevention, risk identification and equitable access to care.

The avoidable mortality rate decreased slightly from 287 per 100,000 2020-2022 to 283 per 100,000 in 2021-2023.

- ❖ **Prevalence of major chronic conditions, indicating long-term trends in the drivers of service demand.**

The conditions are listed in Table 1 of our IMTP (see Health in Wales section) are largely preventable, because they are mainly attributable to the wider determinants of health and health-harming behaviours. Monitoring the prevalence of these conditions can help us understand the effectiveness of preventative public health activity, and levels of need for health services.

Over time we expect to see:

- ❖ reduced avoidable mortality,
- ❖ stabilisation or reduction in the prevalence of modifiable conditions such as type 2 diabetes,
- ❖ improved early detection and management of risk, and
- ❖ narrowing of inequalities in access and outcomes.

	Risks of Non-Delivery	Mitigations
Risks	Detail on our refreshed strategic risks that have been identified is provided within our Risk section of our IMTP (section 4.4)	
Critical Enablers	Finance	
	Detail on finance is provided within the Finance section of our IMTP (section 4.1)	
	Workforce	

	Detail on our workforce developments is set out within the Workforce section of our IMTP (section 4.3)
	Digital
	Detail on key digital developments, including financial implications, is set out within the Digital section of our IMTP (section 4.2)
	Other (Specify)
	N/A
Quality & Safety and Prevention & Population Health	Opportunities identified
	A sustainable health and care system is one that prevents illness wherever possible, identifies risk early, intervenes quickly, and supports people to live well with long term conditions. Prevention and early intervention are therefore essential not only to population health but also to system sustainability, reducing avoidable demand and ensuring the NHS can meet current and future needs. Primary care sits at the centre of this ambition, providing the first point of contact for most people and the greatest opportunity to prevent disease and reduce inequalities.
	Wales faces increasing pressure from an ageing population, rising levels of chronic disease, persistent health inequalities and the long term effects of the pandemic. These challenges require a coordinated system shift, embedding prevention into clinical pathways, strengthening community based models of care, and supporting multidisciplinary teams to deliver equitable, person centred services.
	Public Health Wales plays a national role in shaping this transformation, providing evidence, tools, frameworks, data, evaluation and leadership to ensure prevention is systematically embedded across the NHS and aligned with community centred approaches. Our aim is to create a health and care system that is proactive, equitable, environmentally sustainable and rooted in the needs and strengths of communities.

Priority area(s) to deliver 26/27:				
Key focus should be on delivering	Mental Health Access			
Ref:	Continued Ministerial Priority			
Resume of planning Milestones 25/26:				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref:	Produced guidance on creating inclusive wellbeing-promoting community activities (Completed) Produced an action tool on how to create inclusive wellbeing promoting community activities. (Completed)		Working with Welsh Government, Estyn and Directors of Education, agreed shared and respective actions on improving the mental health and well-being of children and young people in school. (Early warning) Completed the first service needs for Child and Adolescent Mental Health Services working with the Strategic Programme for Mental Health. (Completed)	Engaged underrepresented groups in mental well-being promoting activities and identified key actions to improve their inclusion in and access to services. (On track) Supported Welsh Government to implement the National Mental Health and Wellbeing Strategy. (On track). Delivered Welsh Government ambitions in relation to the phase 1 of the implementation of the Whole School Approach to Mental and Emotional

			Completed joint work with the Strategic Programme for Mental Health on reviewing a high value pathway for mental health interventions for children and young people. (Completed)	Wellbeing and agreed proposals for phase 2, building on joint work with Estyn and Directors of Education. (On track)
Progress synopsis	Completed	N/A	Partially completed. One milestone has slipped but due to be delivered by 31/03/2026	Green - on track to deliver by 31/03/2026

Outcomes of delivering Ministerial Priorities:

Ref:	<p>Over the past year, we have delivered a broad programme of work aligned with the new Mental Health and Wellbeing Strategy Delivery Plan. We strengthened early years wellbeing by co-producing a national Best Start in Life: An Early Years Framework for Action, reviewed the Healthy Start scheme to maximise its reach, and improved our understanding of the mental health needs of babies, children and young people.</p> <p>We supported schools across Wales to embed a Whole-School Approach to Emotional and Mental Wellbeing, ensuring that wellbeing is treated as a prerequisite for educational attainment and healthy development. We also expanded support for employers to enhance workforce wellbeing and progressed work with partners on violence prevention, adversity and trauma-informed approaches, recognising the profound impact these have on mental and social wellbeing.</p> <p>Community connection remained a central theme, with work to understand and strengthen social connectedness, increase engagement in arts, culture, nature, movement and volunteering through the Hapus programme, and improve links between public services and community assets.</p> <p>This collective action is building the enabling conditions for stronger mental and social wellbeing, and highlights where deeper community-centred approaches are required.</p>
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Planned milestones for Priority area to deliver 2026/27

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref:	<p>Shared learning from the Babies, Children and Young Peoples (BCYP) Mental Health and Wellbeing Needs Assessment with system partners. (SO2.2)</p> <p>Initiated 'Cynefin: A Creative Health Review for Wales' with partners from Arts Council Wales, Wales Arts Health and Wellbeing Network and the Wellbeing of Future Generations Office. (SO2.3)</p> <p>Established working group to review evidence on impact of screentime and digital use on Babies,</p>	<p>Supported voluntary and community sector organisations to strengthen measurement of wellbeing outcomes. (SO2.2)</p>	<p>The Whole School Approach to Emotional and Mental and Well-being is embedded within delivery of the Welsh Network of Health and Well-being Promoting Schools programme (WNHWPS). (SO2.1)</p> <p>Worked with partners to support adolescent mental wellbeing and respond to findings from the Children and Young Peoples Mental Health Needs Assessment. (SO2.2)</p> <p>Developed policy recommendations to strengthen arts and health approaches in Wales based on</p>	<p>Supported the implementation of a package of support for health pathways for young people in employment with a focus on mental health and wellbeing. (SO2.1)</p> <p>Implemented a behaviour change campaign to promote mental wellbeing protecting and promoting behaviours and the Hapus brand. (SO2.4)</p> <p>Developed and shared knowledge on the extent, impact and prevention of</p>

	Children and Young Peoples (BCYP) development. (SO2.7)		<p>learning from ‘Cynefin: A Creative Health Review for Wales’. (SO2.3)</p> <p>Collated and promoted a suite of tools and resources which enables people to reflect on and regulate emotions and take action to protect and promote good mental health and wellbeing. (SO2.6)</p> <p>Collaborated cross system to scope options and developed a proposal for a once for Wales mental health self-help information and peer support offer. (SO2.6)</p> <p>Engaged with 4 nations to understand opportunities to align key messages on screentime and digital use (SO2.7)</p>	violence and adverse childhood experiences to support effective action and evaluation. (SO2.5)
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Overarching outcome measures/ metrics:

These indicators provide a clear, shared understanding of what “good” looks like and how our programmes are contributing to long-term population health:

❖ Increased average mental wellbeing score

In adults aged 16+, the average score increased slightly from 48.2 in 2022/23 to 48.4 in 2024/25. A higher score (58 to 70) suggests high mental wellbeing, while scoring 44 or lower suggests having low mental wellbeing. Scoring between 45 and 57 suggests the person has medium mental wellbeing.

In 2024/25, there was also a 3.6 point gap between the average score in the most and least deprived fifths of areas. This gap has narrowed from 3.9 points in 2022/23.

In 2023, adolescents aged 11-16 scored an average of 23.5 (from a possible range of 7 to 35). A score of approximately 27.5 or higher indicates high wellbeing, and a score of 19.5 or lower indicates low wellbeing. This score increased slightly between 2021 and 2023.

Between adolescents from more and less affluent families, measured on the Family Affluence Scale, there was a 2 point in gap in average score.

❖ Increased proportion of adults feeling a sense of community

Feeling a sense of community, belonging and social cohesion in the area where you live is a crucial factor in ensuring mental wellbeing. This measure captures three aspects of a sense of community – whether people feel they belong in their area, that people in their area from different backgrounds get on well together, and that people treat each other with respect and consideration.

The proportion of adults aged 16+ feeling a sense of community decreased by 6.7 percentage points from 63.8% in 2021/22 to 57.8% in 2024/25.

There is also a large gap between the proportion feeling a sense of community in the most and least deprived fifths, with only 47.5% of adults in the most deprived areas reporting this in 2024/25 compared to 63.9% in the least deprived areas.

Risks	Risks of Non-Delivery	Mitigations
	Detail on our refreshed strategic risks that have been identified is provided within our Risk section of our IMTP (section 4.4)	
Critical Enablers	Finance	
	Detail on finance is provided within the Finance section of our IMTP (section 4.1)	
	Workforce	
	Detail on our workforce developments is set out within the Workforce section of our IMTP (section 4.3)	
	Digital	
	Detail on key digital developments, including financial implications, is set out within the Digital section of our IMTP (section 4.2)	
	Other (Specify)	
	N/A	
Quality & Safety and Prevention & Population Health	Opportunities identified	
	<p>Mental and social wellbeing form the foundations of lifelong health, shaping people's ability to thrive, maintain healthy relationships, participate in their communities, and manage life's challenges. Decades of evidence show that positive mental wellbeing is strongly linked to improved physical health outcomes, lower engagement in health harming behaviours, and better resilience in the face of adversity.</p> <p>Wellbeing is not created by services alone; it arises from the conditions in which people live, including supportive relationships, cohesive communities, and environments that nurture belonging, safety and trust. Early experiences – especially nurturing relationships in infancy and childhood – have profound effects on mental development, emotional regulation and later life outcomes. Conversely, adversity without counterbalancing protective experiences significantly increases the risk of poor mental health across the life course. Adverse childhood experiences (ACEs) can have lasting impacts into adulthood, particularly where wider positive experiences and social support are lacking.</p> <p>Over the next three years we will work with communities and partners across Wales to create social and physical environments that actively support mental and social wellbeing. This includes embedding trauma informed approaches, boosting protective community assets, and increasing engagement with activities and spaces that promote connection, creativity, physical activity and cultural participation. Community centred and co produced approaches are crucial to ensure peoples lived experience directly shapes solutions.</p> <p>Strengthening the conditions that support mental and social wellbeing will contribute to reducing the burden of preventable emotional distress, narrowing inequalities in wellbeing, and improving population resilience – particularly for children, young people and those living in the most disadvantaged communities.</p>	

Priority area(s) to deliver 26/27:				
Key focus should be on delivering		Women's Health		
Ref:	Continued Ministerial Priority			
Resume of planning Milestones 25/26:				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref:			Implemented provision of MRI surveillance for women identified	Enhance formal quality assurance processes in Antenatal Screening Wales to provide

			<p>at very high risk of breast cancer across Wales. (Completed)</p> <p>Informed the development of a collaborative workstream on postnatal health and wellbeing, with the NHS Exec and Clinical Networks, aligned to the priorities identified in the Women's Health Plan. (Completed)</p>	<p>assurance of the delivery of consistent high quality screening services to all pregnant women and people. (On track)</p> <p>Continued work to scope options for introduction of self-sampling in Cervical Screening Wales, to improve uptake and reduce inequity (On track)</p> <p>Implementation of electronic test requests for cervical screening samples (Moved to 26/27)</p> <p>Development of new Cervical Screening Wales Audit of Cervical Cancer (CSWACC) database to replace existing system, to include streamlining data collation from other sources (e.g. pathology, colposcopy). (On track)</p>
Progress synopsis	N/A	N/A	Completed	<p>Green – majority of milestones are on track to deliver by 31/03/2026</p> <p>One milestone around electronic test requests for cervical screening is moved to 26/27.</p>
Outcomes of delivering Ministerial Priorities:				
Ref:	<p>We have 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 2025, nearly 175,000 women were invited to be screened by Breast Wales with 133,330 women screened (76% uptake) and 105,000 cervical samples were processed.</p> <p>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.</p> <p>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.</p>			

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.

Planned milestones for Priority area to deliver 2026/27

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref:	Delivered a workforce transformation plan that optimises resource allocation and improves participant pathway efficiency across screening programmes [for women]. (SO5.4)	Delivered agreed actions from the Screening Equity Strategy in collaboration with partners to reduce uptake inequities. (SO5.4)	<p>Introduced HPV self-sampling for under-screened populations to improve equity and coverage in line with the WHO Cervical Cancer Elimination Initiative. (SO5.4)</p> <p>Scoped options for replacement or future development of the National Breast Screening System (NBSS) to enable a unified all-Wales digital infrastructure with interoperability and AI-ready capability. (SO5.4)</p>	<p>Working with Health Boards, implemented Wales Reporting Standards (2026) for Antenatal Screening to enable uptake by protected characteristics. (SO5.4)</p> <p>Implemented Newborn Bloodspot Screening for Hereditary Tyrosinaemia Type 1 (subject to Wales Screening Committee approval and digital system phase-2 completion), with quality assurance and benefit monitoring. (SO5.4)</p> <p>Published national and local profiles of early years outcomes data for Wales informed by the Early Years Outcome Framework measures. (SO2.6)</p> <p>Developed a phased plan or the future digital offer of the health information for Parents. (SO2.6)</p> <p>Delivered Year 1 Implementation plan for the Early Years Framework for Action as part of our First 1000 Days work. (SO2.6)</p>

				Delivered year one improvement actions for Breast Test Wales (BTW) with a focus on restoring timely assessment invitations within three weeks of screening, underpinned by increase reading capacity, resilient assessment and surgical pathways, sustainable workforce planning, equitable access and strengthened governance and assurance. (SO5.7)
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Overarching outcome measures/ metrics:

- ❖ **HPV coverage at age 15:** (2024/25, coverage of the one-dose course of HPV vaccination was 73.1% in children turning 15.)

HPV coverage has decreased in recent years and is much lower than the 90% target.

- ❖ **Proportion of cervical cancers detected at an early stage:** (57.1% in 2022)

This proportion has increased in recent years. In the most deprived areas, 59.0% of cervical cancers were diagnosed early, compared to 66.7% in the least deprived areas.

- ❖ **Proportion of breast cancers detected at an early stage** (71.9% in 2022).

This has not changed much in recent years. There is a gap of 0.6% percentage points between proportion diagnosed early in the most and least deprived fifths of areas.

We will publish updated national and local early years profiles based on the Early Years Outcomes Framework to support improved maternal and infant health, wider inequalities monitoring, and alignment with the Women’s Health Plan.

	Risks of Non-Delivery	Mitigations
Risks	Detail on our refreshed strategic risks that have been identified is provided within our Risk section of our IMTP (section 4.4)	
Critical Enablers	Finance	
	Detail on finance is provided within the Finance section of our IMTP (section 4.1)	
	Workforce	
	Detail on our workforce developments is set out within the Workforce section of our IMTP (section 4.3)	
	Digital	
	Detail on key digital developments, including financial implications, is set out within the Digital section of our IMTP (section 4.2)	
	Other (Specify)	
	N/A	
Quality & Safety	Opportunities identified	

and Prevention & Population Health	<p>There are opportunities to strengthen women’s health across the life course through improved early-years support, enhanced reproductive pathways and modernised population screening.</p> <p>We have a key leadership role in population health needs assessment and prevention strategies, with a specific focus on women’s health and the opportunity to reduce the risk of diseases, enhancing quality of life, and address intersectional impacts on healthy life expectancy. Our plan sets out the actions required from us to support the implementation of the Women’s Health Plan. Specifically, we will work collaboratively with partners and the Woman’s Health Network with a focus the short-term actions identified in the plan.</p> <p>Actions such to modernised and improve pathways within breast and cervical screening support earlier, safer and more equitable care.</p> <p>Targeted efforts to improve HPV vaccination and reduce deprivation-related screening gaps will contribute to narrowing the gender health gap and improving long-term outcomes for women and babies.</p> <p>This supports delivery of the Women’s Health Plan and will contribute directly to addressing the gender health gap.</p>
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Priority area(s) to deliver 26/27:				
Key focus should be on delivering	Quality and Safety			
Ref:	New Ministerial Priority			
Planned milestones for Priority area to deliver 2026/27				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref:		<p>Completed a targeted scoping exercise and implement agreed transformational changes across Health Protection and Screening Services (HPSS) functional areas to improve resource utilisation and effectiveness, with recommended cross directorate models and a transition plan underpinned by robust governance. (SO5.2)</p> <p>Assessed Public Health Wales’ capability to respond to risks identified in the National Security Risk Assessment and used this to strengthen contingency planning and</p>	<p>Completed the redesign and implementation of an integrated structural and operational model across Health Protection Division programmes—including Communicable Diseases, Inclusion Health, Environmental Public Health, Sexual Health (Test and Post), and Vaccine Programmes. (SO5.1)</p> <p>Supporting delivery of Phase 1 and collaborating on the development of Phase 2 of the Digital Health Protection Programme (DHPP), contributing to the establishment of a validated platform for implementation across Wales. (SO5.3)</p>	<p>Formalised structured, evidence based partnership arrangements with Cwm Taf UHB, Hywel Dda UHB and Aneurin Bevan UHB to support options appraisals and transition planning for potential microbiology service transfers to Public Health Wales. (SO5.1)</p> <p>Completed transition of Shiga toxin producing E. coli (STEC) O145 testing capability from UKHSA into Public Health Wales, reducing turnaround times, improving cost effectiveness for Health Boards, and strengthening national infectious disease surveillance capacity. (SO5.1)</p> <p>Reviewed, approved and validated Public</p>

		<p>escalation pathways. (SO5.2)</p> <p>Complete a full validation of all outstanding safeguarding related Test & Post cases and deliver a time bound and tracked backlog clearance plan in line with Public Health Wales governance. (SO5.6)</p> <p>Commission and initiate the independent external review of the Sexual Health Test & Post service with agreed scope, methodology, and timeline approved via Public Health Wales governance. (SO5.6)</p>	<p>Coordinated Public Health Wales' support for the wider system response to winter pressures, ensuring evidence-driven prioritisation and timely public health advice. (SO5.2)</p> <p>Evaluated the national review of Antimicrobial Stewardship (AMS) audit tools and developed recommendations for a standardised, Wales wide approach that enables comparable reporting and targeted improvement. (SO5.2)</p> <p>Worked with NHS Wales Executive Directors of Nursing and the Office of the Chief Nursing Officer, Welsh Government, to craft the NHS Wales Safeguarding Network Work Plan 2027/28. (SO4.7)</p>	<p>Health Wales' Pandemic Response Arrangements and Emergency Response Plan, embedding learning from Exercise PEGASUS to strengthen all-hazards preparedness. (SO5.3)</p> <p>Implemented improvement actions (Modules 4–8) of the Covid-19 Public Inquiry. (SO5.8)</p> <p>Implement all priority ("early action") recommendations generated during the external Sexual Health Test & Post service review and incident response, focused on safeguarding, data handling and quality governance. (SO5.6)</p> <p>Scoped, developed and implemented a pilot Quality Management System (QMS) within a service programme/area utilising best evidence and a collaborative approach. (SO7.13)</p> <p>Delivered the NHS Wales Safeguarding Network Work Plan for 2026/27, including:</p> <ul style="list-style-type: none"> ○ Reviewed and evaluated the 2025/26 Network Plan ○ Produced an annual report covering 2025/26 (SO4.7)
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Overarching outcome measures/ metrics:

We will measure progress through indicators that reflect service reliability, safety, and compliance with statutory standards.

Information Governance (figures as at Feb 2025):

- ❖ **Freedom of Information (FOI) request response:** (response within 20-days of request)
 - number of FOI requests received (1)
- ❖ **Subject Access request response:** (response within one month of request)
 - number of Subject Access requests received (0)
- ❖ **Personal Data Breaches reported**
 - number of Personal Data Breaches reported (1)

- ❖ **Personal Data Breaches reported – escalated**
 - number of Personal Data Breaches escalated (1)
- ❖ **Mandatory Information Governance (IG) Training:** (≥85% compliance rate)
 - mandatory IG training compliance rate (90%)

Clinical Governance (figures as at Feb 2025):

- ❖ **Harm incidents:** (moderate or above harm incidents)
 - number of harm incidents (4)
- ❖ **Harm incidents, YTD:** (moderate or above harm incidents)
 - year to date harm incidents (66)
- ❖ **Externally reported incidents:** (NRI's, EWI, RIDDOR, IR MER)
 - number of externally reported incidents (2)
- ❖ **Externally reported incidents, over rolling 12 month period:** (NRI's, EWI, RIDDOR, IR MER)
 - externally reported incidents over rolling 12 months (13)
- ❖ **Incident Closure Compliance:** (≥85% compliance rate)
 - incident closure compliance (65.3%)
- ❖ **Formal Complaints, acknowledged within 5 working days:** (≥95% compliance rate)
 - number of formal complaints acknowledged within 5 working days (2)
 - compliance rate (67%)
- ❖ **Formal Complaints, responded to within 30 days:** (≥95% compliance rate)
 - number of formal complaints responded to within 30 days (2)
 - compliance rate (50%)
- ❖ **Informal Complaints:**
 - number of informal complaints (4)
- ❖ **Informal complaints, over rolling 12 month period**
 - informal complaints over rolling 12 months (88)

Risks	Risks of Non-Delivery	Mitigations
	Detail on our refreshed strategic risks that have been identified is provided within our Risk section of our IMTP (section 4.4)	
Critical Enablers	Finance	
	Detail on finance is provided within the Finance section of our IMTP (section 4.1)	
	Workforce	
	Detail on our workforce developments is set out within the Workforce section of our IMTP (section 4.3)	
	Digital	
	Detail on key digital developments, including financial implications, is set out within the Digital section of our IMTP (section 4.2)	
	Other (Specify)	
	N/A	
Quality & Safety and Prevention & Population Health	Opportunities identified	
	Delivering excellent service quality and striving for continuous improvements are vital. This includes developing new programmes or deploying innovative tools and technologies to better understand and respond to threats, ultimately supporting people to live longer and healthier lives. Protecting the health of Wales' population from infections and environmental threats is crucial for achieving a healthier Wales. The COVID-19 pandemic highlighted the importance of health protection and	

security, emphasising the role of health inequalities in exposure risks and health outcomes.

The Health and Social Care (Quality and Engagement) (Wales) Act (2020) underscores the Duty of Quality to provide safe, effective, person-centred, timely, efficient, and equitable healthcare within a learning culture. Public Health Wales aims to deliver the best outcomes for the people of Wales by focusing on equity to reduce health inequalities and support all people in Wales to lead healthier, longer lives. Ensuring equal access to services, including screening, vaccination, diagnostic, and treatment services, is essential for excellent service quality.

Opportunities exist to strengthen services through the lens of STEEEP, improve resilience and consistency through modernised digital infrastructure, enhancing surveillance and strengthened quality governance.

Enhanced governance of our clinical services, strengthening pathways, improved incident management, strengthened Environmental Public Health functions and embedded EPRR learning together support safer, more consistent delivery across public health services.

Strengthened incident management, and targeted equity action to reduce deprivation-associated uptake gaps, will collectively support safer, more consistent public-health delivery. This will enhance safety and reduce preventable harm across programmes.

Finally, enhanced governance through improved standard operational procedures (SOPs), strengthened Quality Management Systems and Board quality oversight and national safeguarding leadership will ensure greater opportunities to identify risks earlier, improve assurance including the triangulation of data, and consistently deliver safely across all services.