



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Performance and Insight Report

December 2025



Report Overview

Our refreshed **Performance and Insight Report** focuses on delivering actionable insights and assurance whilst identifying areas for further improvement.

The report focuses on our performance across the following key areas:



Section 1 Governance and Accountability

This section provides information and assurance for a number of areas key corporate accountability including **People Governance, Finance Governance and Corporate & Information Governance**



Section 2 Service Delivery

This section provides information and assurance for the activities that our services carry out on a day-to-day basis including our **Health Protection and Screening Services, Health and Wellbeing services, Policy and International Health and our Research, Data and Digital services**



Section 3 Strategy Delivery

This section provides information and assurance for the delivery of our strategic plan including **IMTP Milestone Delivery**, progress against our **Strategic Change Programmes** and updates for our **six strategic priorities**. The section also includes an update on **Inequalities** which is reported on a bi-monthly basis.



Section 4 Outcomes Measurement

This section provides information and assurance on our developing work on **Outcomes Measurement**, including reporting of IMTP measurement system indicators and developing a strategically aligned Evaluation Programme for 2025/26 onwards. Update provided on a bi-monthly basis.



Section 1

Governance and Accountability



Key Performance Indicator Summary



People Governance	Target	12 Month Look Back	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
12m Rolling Sickness Absence FTE %	<3.25%		4.36%	4.38%	4.41%	4.46%	4.51%	4.51%	4.58%	4.61%	4.58%	4.57%	4.52%	4.49%
Statutory and Mandatory Training	85%		92.8%	92.9%	92.9%	93.2%	93.3%	93.2%	93.2%	93.0%	93%	92.9%	92.9%	92.9%
Appraisal Compliance	85%		82.2%	84.6%	84.5%	83.8%	86.4%	86.2%	86.4%	86.5%	86.8%	86%	86.3%	85.8%
Diversity ESR Data	N/A		76%	76%	76%	76%	76%	77%	77%	77%	77%	78%	77%	77%
Agency Spend, % of Total Pay Bill	≤1.7%		1.6%	1.7%	1.7%	1.2%	1.3%	1.4%	1.4%	1.4%	1.3%	1.2%	1.1%	1.0%
Financial Governance														
Revenue Position YTD	Breakeven		£167K	£172K	£195K	£7K	£19K	£10K	£10K	£33K	£0.016k	£0.002k	£0.040k	£0.069k
Revenue Position Forecast	Breakeven		£200K	£200K	£195K	£0k	£0k	£0k	£0k	£0k	£0k	£0k	£0k	£0k
Capital Year-End Position	Breakeven		£1.700K	£2.058K	£3.578K	£0K	£14K	£23K	£62K	£225K	£0.282k	£0.656k	£0.738k	£1.014k
Public Sector Payment Policy (PSPP)	95%		98.21%	98.12%	98.09%	98.21%	96.98%	97%	97.36%	97.56%	97.41%	97.38%	97.34%	97.34%
Information Governance														
Freedom of Information Request Response*	Within 20-Days		2	1	2	0	1	4	2	1	1	1	0	
Subject Access Request Response*	1 Month Avg		0	0	0	1	0	0	0	0	0	0	0	
Personal Data Breaches Reported	N/A		2	1	2	3	0	2	7	1	2	1	3	
Personal Data Breaches Reported - Escalated	N/A		1	1	0	0	0	1	0	0	0	1	2	
Mandatory Information Governance Training	85%		90%	90%	91%	92%	91%	91%	91%	91%	91%	91%	90%	90%
Clinical Governance														
Moderate or above harm incidents - monthly	N/A		6	4	4	6	6	6	0	0	2	1	2	7
Moderate or above harm incidents - YTD*	N/A		62	66	70	6	12	18	18	18	25	26	28	35
Number of externally reported incidents (NRI's, EWI, RIDDOR, IRMER) - In Month	N/A		0	2	1	0	2	1	0	2	3	1	0	4
Number of externally reported incidents (NRI's, EWI, RIDDOR, IRMER) - Rolling 12m	N/A		11	13	12	11	11	12	10	13	15	13	13	20
Incident Closure Compliance**	85% PHW		68.2%	65.3%	78.4%	80.8%	73.8%	59.7%	65%	79%	79%	86%		
Formal Complaints - Acknowledged within 5 working days**	75% WG 95% PHW		100% (3)	67% (2)	100% (5)	100% (2)	100% (4)	90% (3)	100% (4)	100% (3)	75% (4)	50% (4)		
Formal Complaints - Responded to within 30 working days**	75% WG 95% PHW		75% (3)	50% (2)	33% (5)	100% (2)	80% (4)	75% (3)	100% (4)	67% (2)	50% (4)	75% (4)		
Informal Complaints - In Month	N/A		12	4	3	9	9	5	6	8	7	11	14	11
Informal Complaints - Rolling 12m	N/A		101	88	80	76	77	75	75	81	85	91	103	109

*This data is YTD from 1 April 2025.

**Note Incidents and Complaints require 30 working days for closure, therefore this data pertains to September 2025.

**Note Figure in brackets refer to total complaint numbers received.

Key: RAG Status

Click on the Focus Area Icon for additional assurance

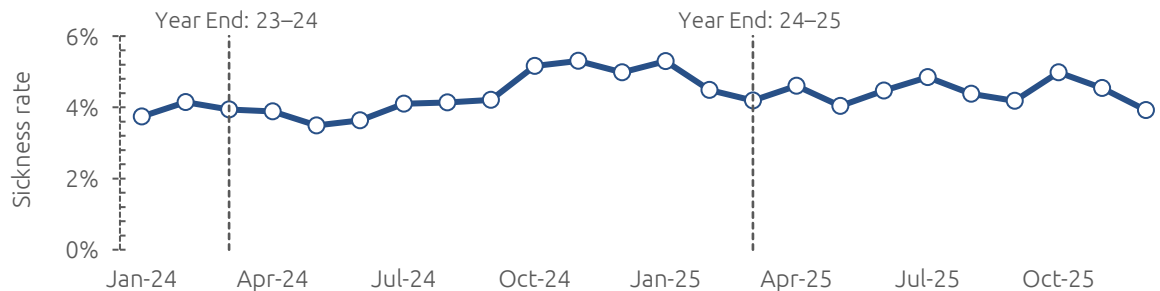
■ >10% outside target
 ■ Within 10% of target
 ■ Achieving target
 ■ Not applicable / TBC



People Governance

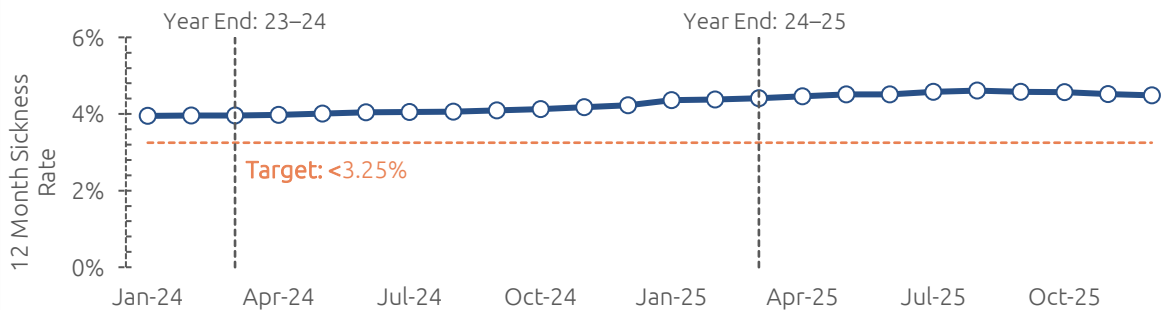


Sickness Absence



3.9% Decreased by **0.62%** in December 2025. Sickness Absence decreased during the winter period with the latest figure comparable to December 2024. Seasonal changes may affect future figures.

12 Month Rolling Absence



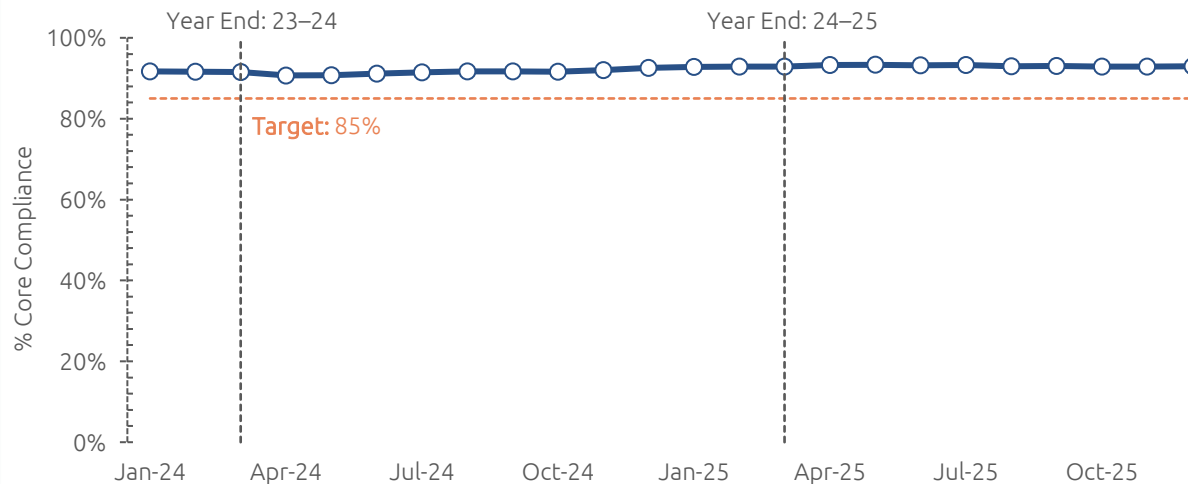
3.25% **4.5%**

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



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

Statutory and Mandatory Training



85%

Remains **above** target in December 2025.

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

93%

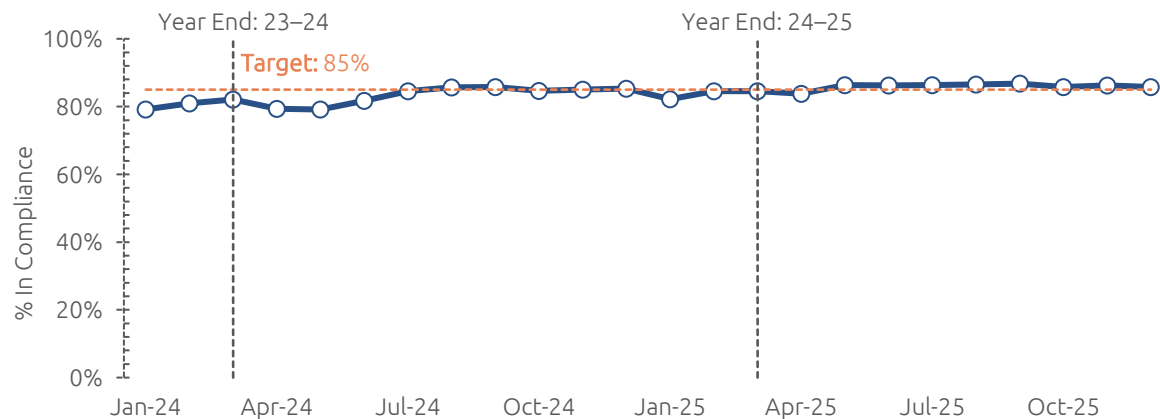
All modules have now **exceeded** the 85% NHS Wales target.



People Governance



Appraisal and Development Reviews



Additional assurance is provided in the focus area on pages 9



Compliance remains **above** the NHS Wales target.

Retrospective compliance updates show that Appraisals were above target last month.

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

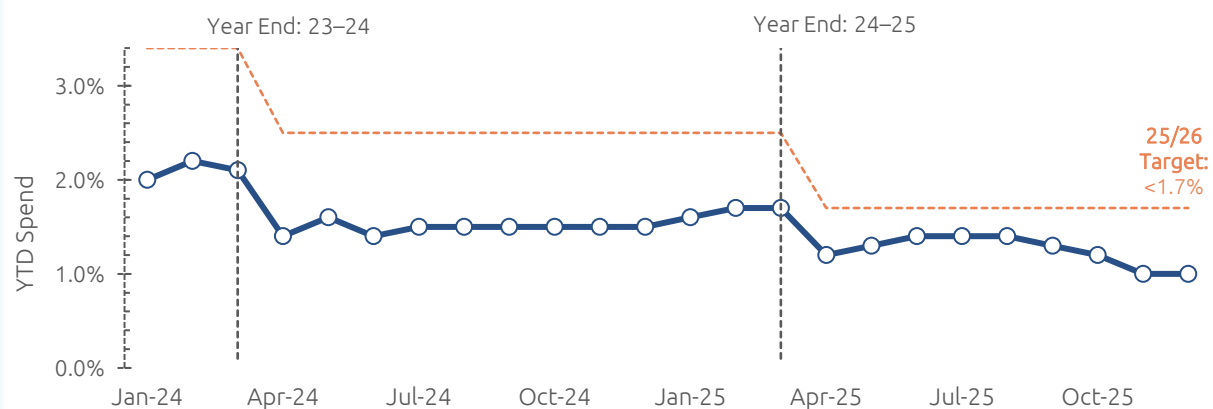
Equality and Diversity



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

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

Agency Spend as A Percentage of Total Pay Bill



Forecast to be reduced below 2024/25 levels.

Year-to-date agency spend is currently 1.0% of the total pay bill, with a forecast reduction to 0.9%, below the 2024/25 level and within the <1.7% target for 2025/26.

Agency spend remains a key focus area in line with the Cabinet Secretary's enabling actions. In December, PHW spent £90k on agency staff, £40k of which was categorised as Admin and Clerical.

The deployment of agency staff continues to be tightly controlled to ensure alignment with both operational requirements and financial objectives. All new agency requests undergo review and early consultation with People and OD, Finance, and Business Leads, ensuring that decisions are made with full consideration of workforce priorities and cost-effectiveness.



In Focus: Sickness Absence

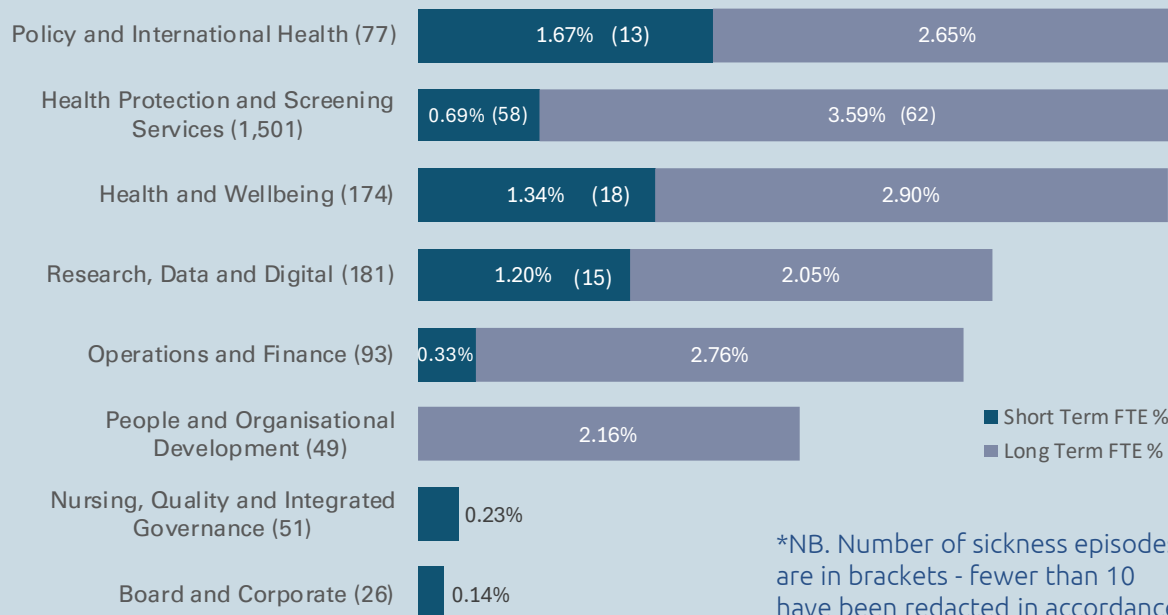


Sickness Absence by Directorate



The breakdown by Directorate for December 2025 is provided below, split by Short-Term (less than 28 days) and Long-Term (28 days or more) Absence FTE %.

When looking at organisation-wide data for December 2025, 41% of FTE days lost are due to short-term sickness absence, and 59% of FTE days lost are due to long-term sickness absence.

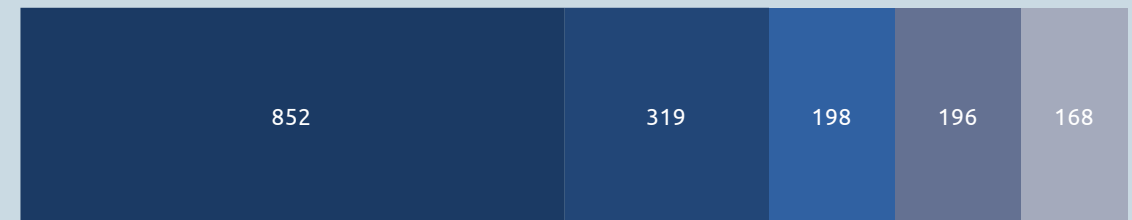


*NB. Number of sickness episodes are in brackets - fewer than 10 have been redacted in accordance with data confidentiality.

Sickness Absence by Absence Reason

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

Anxiety/stress/depression/other psychiatric illnesses has consistently been the number 1 reason for sickness absence across NHS Wales. We have seen an increase of FTE days lost with the absence reason of 'Cold, Cough, Flu' as we move into Flu season.



- S10 Anxiety/stress/depression/other psychiatric illnesses
- S13 Cold, Cough, Flu - Influenza
- S98 Other known causes - not elsewhere classified
- S25 Gastrointestinal problems
- S17 Benign and malignant tumours, cancers



In Focus: Sickness Absence



Data Insights

- ❖ Monthly sickness absence decreased from 4.54% in November to 3.92% in December.
- ❖ The absence reason category related to Cold/Cough/Flu has increased, which is typical for this time of year.
- ❖ Short-term absences (less than 28 days) accounted for 41% of FTE days lost, whereas long-term absences (28 days or more) made up 59% of FTE days lost.
- ❖ The breakdown by absence reason shows that anxiety, stress, depression, and other psychiatric illnesses remain the leading cause of sickness absence across NHS Wales. However, there has been a marked increase in absences attributed to cold, cough, and flu, consistent with the onset of the winter season.

Assurance

- ❖ The findings from the Internal Audit into wellbeing and mental health-related absence have been reported to the December Audit & Corporate Governance Committee meeting, resulting management actions will inform an update to Business Executive Team and People & OD Committee in January 2026.

Advice and Support

- ❖ The People and OD team supports managers which maintains active case management for all long-term absences, ensuring regular review meetings and signposting to available support services.
- ❖ Absence management advice is delivered through People Support (ActionPoint) and HR Clinics, with ongoing training for managers on the Managing Attendance at Work Policy. Resources and guidance are available on the staff intranet.
- ❖ Work continues to better understand and address the recording of 'Unknown causes/Not Specified' and 'Other known causes – not elsewhere classified' as reasons for absence. Proactive measures include monthly reporting and engagement with managers to improve data quality and categorisation.
- ❖ The People and OD team continue to prioritise staff wellbeing, supported by a comprehensive framework of resources including the Employee Assistance Programme, wellbeing workshops, and Occupational Health services.



In Focus: Appraisal and Development Reviews



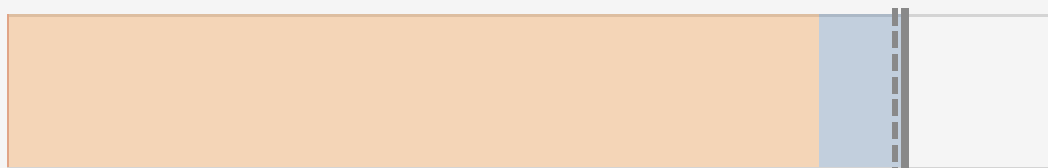
Compliance Performance

Appraisal compliance remains above the Welsh Government target this month, which is set at 85% to allow for staff who are unable to participate in appraisals (e.g. staff on maternity leave, secondees). Retrospective compliance updates show that Appraisals were above target last month (note – reported retrospectively taking into account updated data being reported following the monthly refresh).

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

85.8%

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



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



Compliance by Directorate

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

There is also a significant range in compliance across our Directorates ranging from 100% in Policy and International Health to 82.5% in Health Protection and Screening Services.

REVIEW STATUS % BY DIRECTORATE

Status: **In date** | **Due in next 3 months** | **Out of date**

*N.B. Percentages relate to 'In date' and 'Due in next 3 months' figures

Policy and International Health	100.0%	82	
People & Organisational Development	95.8%	44	2
Health & Wellbeing	92.7%	137	15
Research, Data and Digital	93.1%	158	5
Nursing, Quality & Integrated Governance (NQIG)	92.9%	49	3
Board and Corporate	88.0%	19	3
Operations and Finance	87.8%	82	4
Health Protection and Screening Services	82.5%	1,047	133

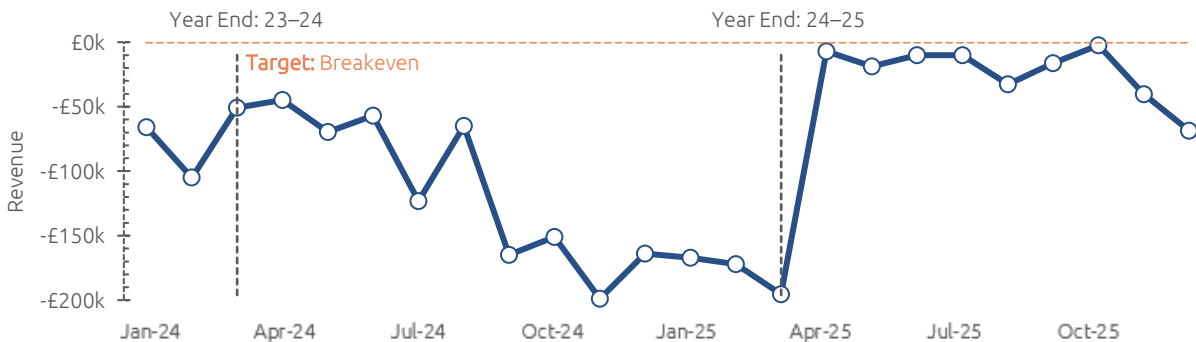


Financial Governance



Revenue Position

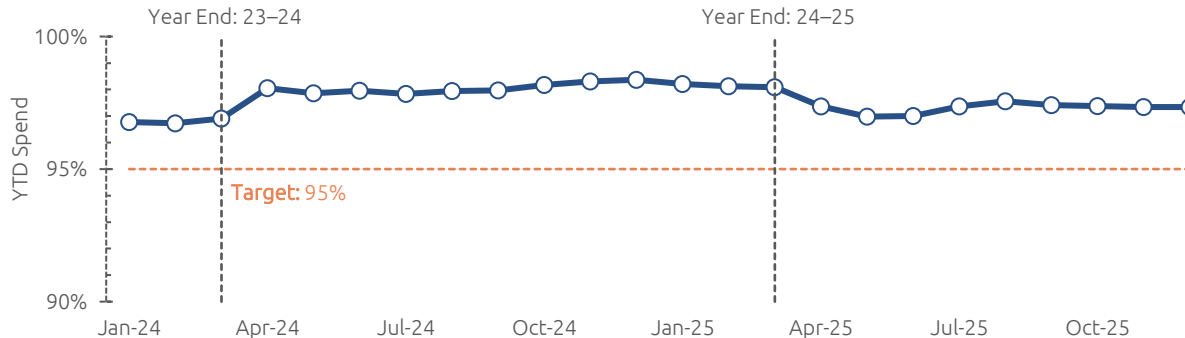
Break-even
 -£0.069k YTD
 £0k Forecast



Public Sector Payment Policy (PSP)

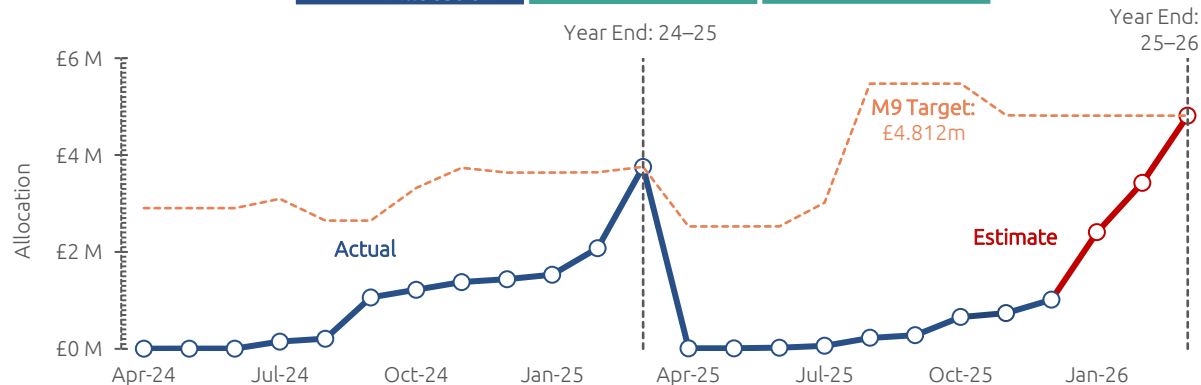
95%
 97.34% YTD
 >95% Forecast

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



Capital Position

£4.713m Allocation
 £1.014k YTD
 £4.713m Forecast



The Capital forecast is **breakeven**. PHW capital funding is made up of a discretionary allocation of £1.613m and a strategic allocation of £3.100m. Risks relating to capital include availability of strategic capital funding to support the capital plan included in the IMTP.



Click to access further detail in the latest Finance Board Report

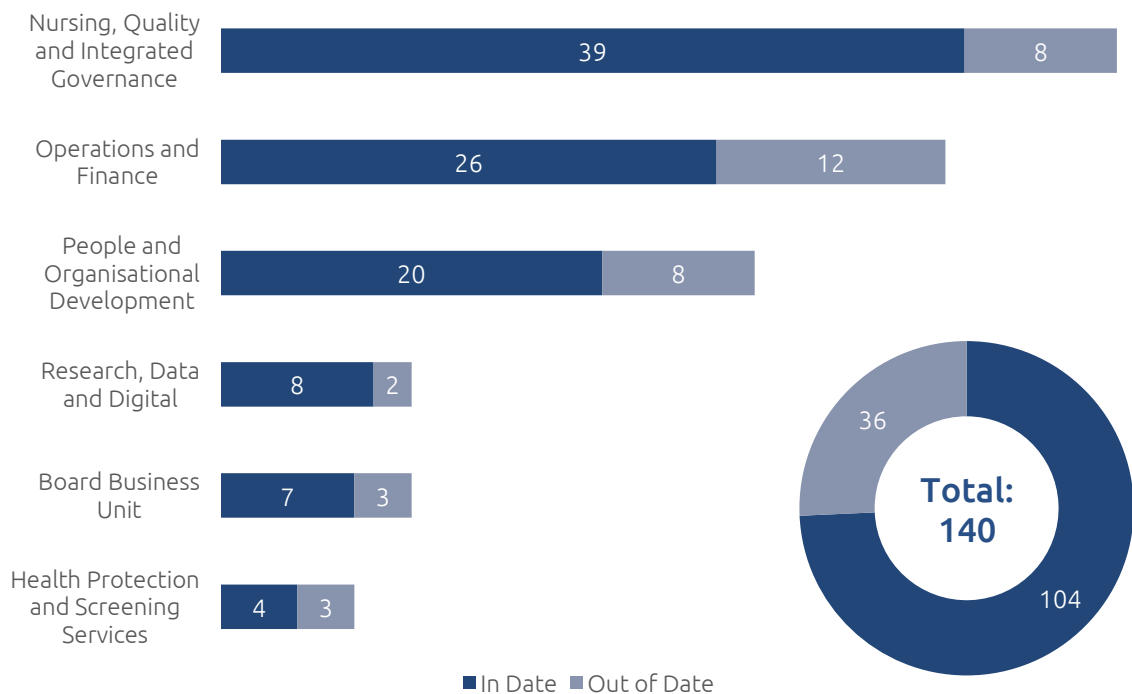


Corporate and Information Governance



Corporate Governance

Corporate Policies Compliance

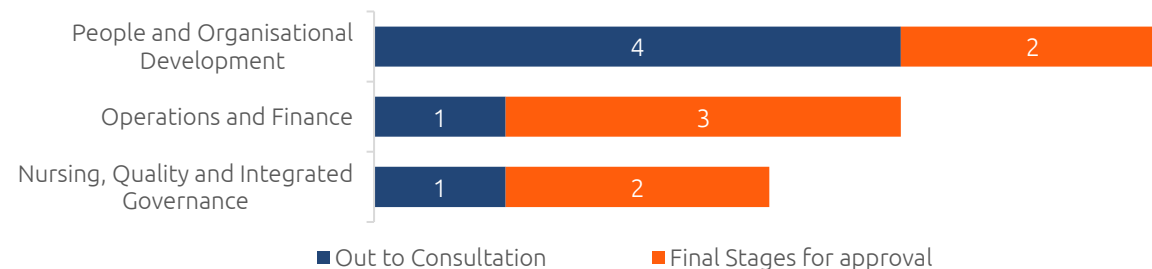


In December 2025:

- 1 Existing People and Organisational Development Procedure was approved.

Review of Policies - Out of date

- Of the 36 Policies out of date, 13 policies / procedures are currently out to consultation/ going through the approval process (numbers that are either out to consultation, or awaiting a meeting for final approval)



In date Policies

- 3 in date policies are in the final review stages, and 2 out for consultation.



New Policies being developed

- 3 new policies are being developed.



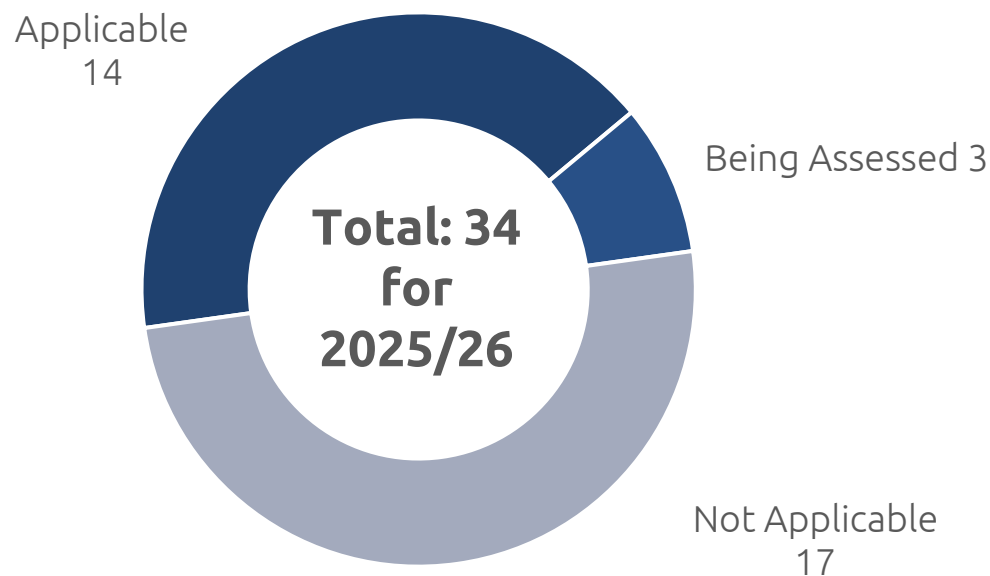


Corporate and Information Governance



Corporate Governance

Wales Health Circular (WHC) Compliance 2025/2026



Of those applicable:



For the Period 01 - 31 December 2025:

5 WHCs were received:

- 3 WHCs being assessed:
 - WHC 2025 (024) – NHS Wales hearing care: future approach to audiology services
 - WHC 2025 (054) – A change of vaccine product for the routine adult pneumococcal vaccination programme, and those with certain clinical risk conditions
 - WHC 2025 (049) – Welsh Health Circular in respect of development and implementation of a Patient Travel Policy
- 2 WHCs assessed as not applicable:
 - WHC 2025 (051) – Safety netting discharge leaflets for adults and children
 - WHC 2025 (055) – Health Board allocation



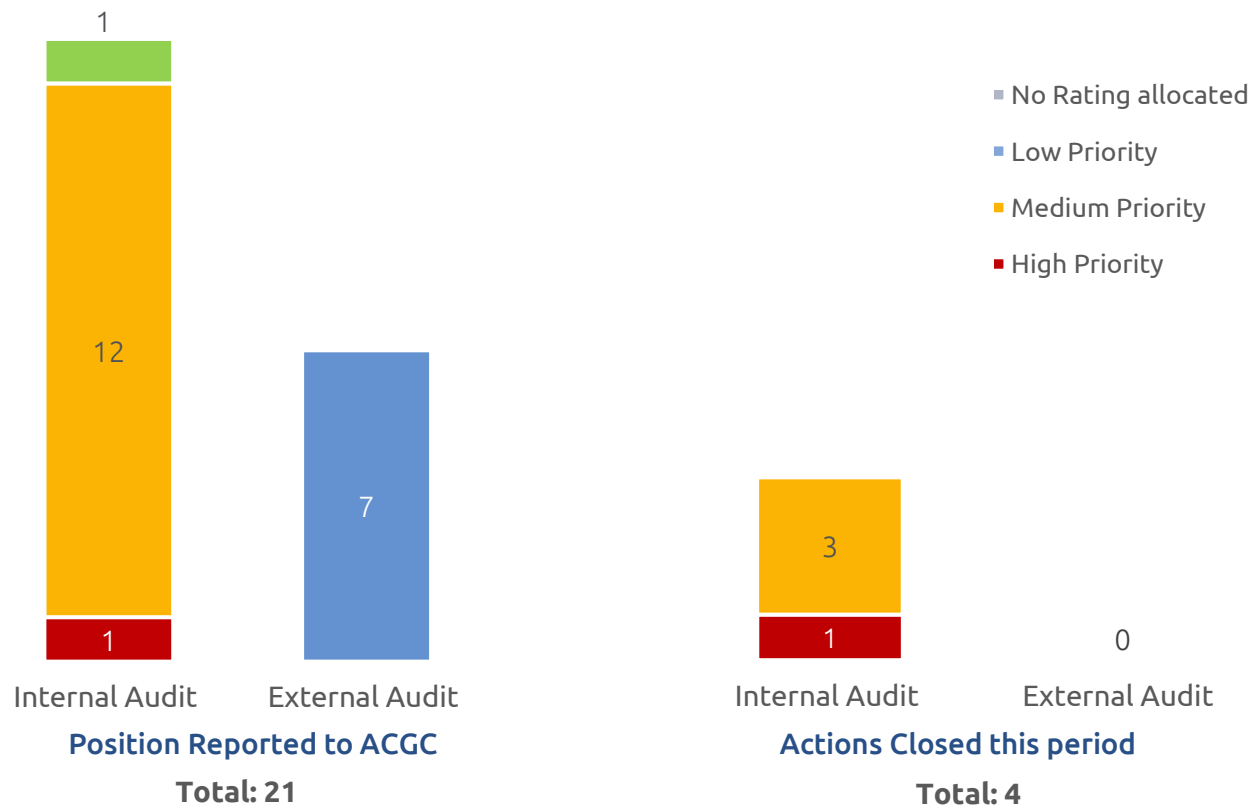
Corporate and Information Governance

Audit data updated quarterly
(Next update in March 2026)



Corporate Governance

Audit Tracker – Position Reported to ACGC as of 21 November 2025:



Summary:

- A total of 21 audit actions were reported to Audit & Corporate Governance Committee (ACGC) meeting on 21 November 2025, down from 25 reported to the meeting on 1 October 2025.
- The 4 Internal Audit actions closed during the period related to 3 medium priority actions and 1 high priority action.



Corporate and Information Governance

Audit data updated quarterly
(Next update in March 2026)

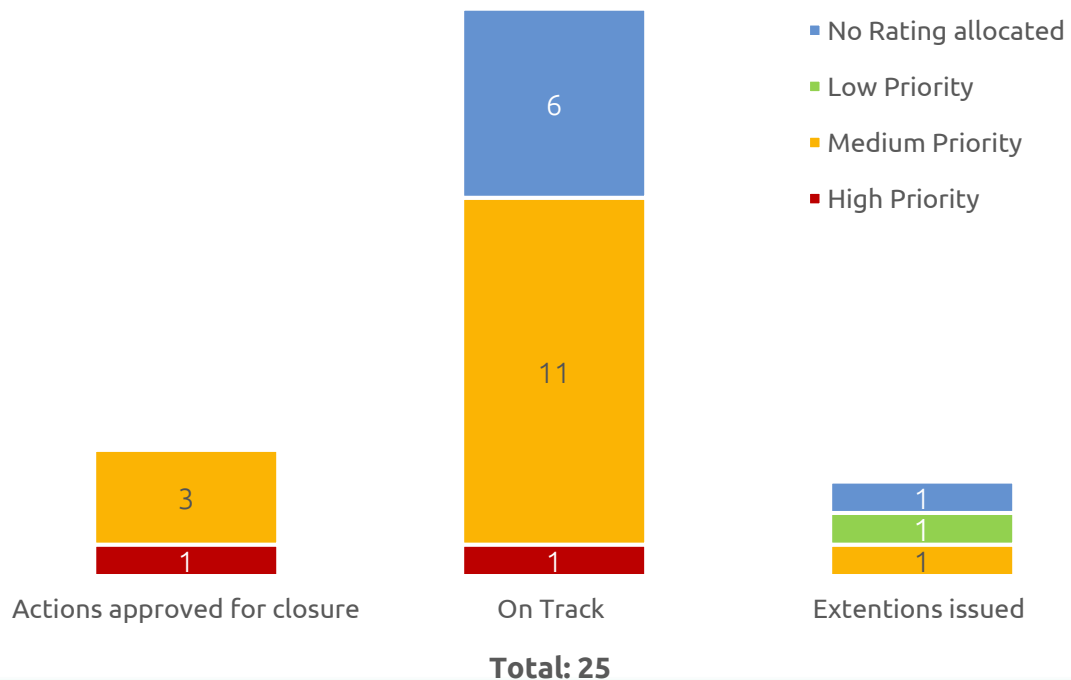


Corporate Governance

Audit Tracker – Review by Leadership Team

- The Leadership Team considered updates at its meeting on 20 November 2025. The following provides a summary of the requests approved at the meeting:

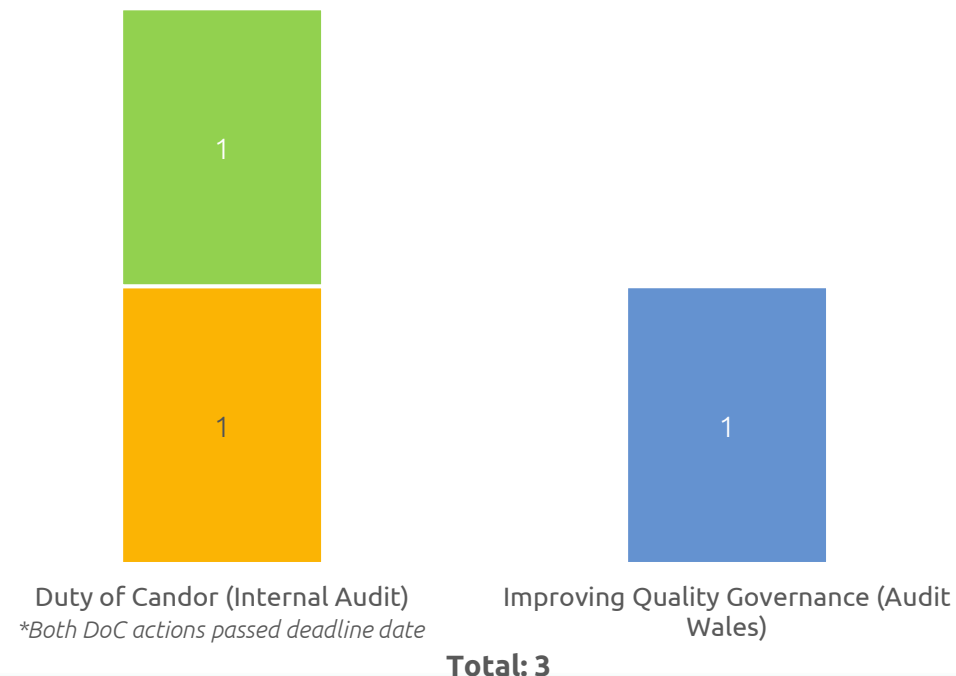
Overall Position of Actions on 20 November:
(Broken down by Priority rating of the action)



Breakdown of Extensions Issued:

(Broken down by Priority rating of the action)

Further detail on these actions are provided on [these slides](#).





Corporate and Information Governance

Audit data updated quarterly
(Next update in March 2026)

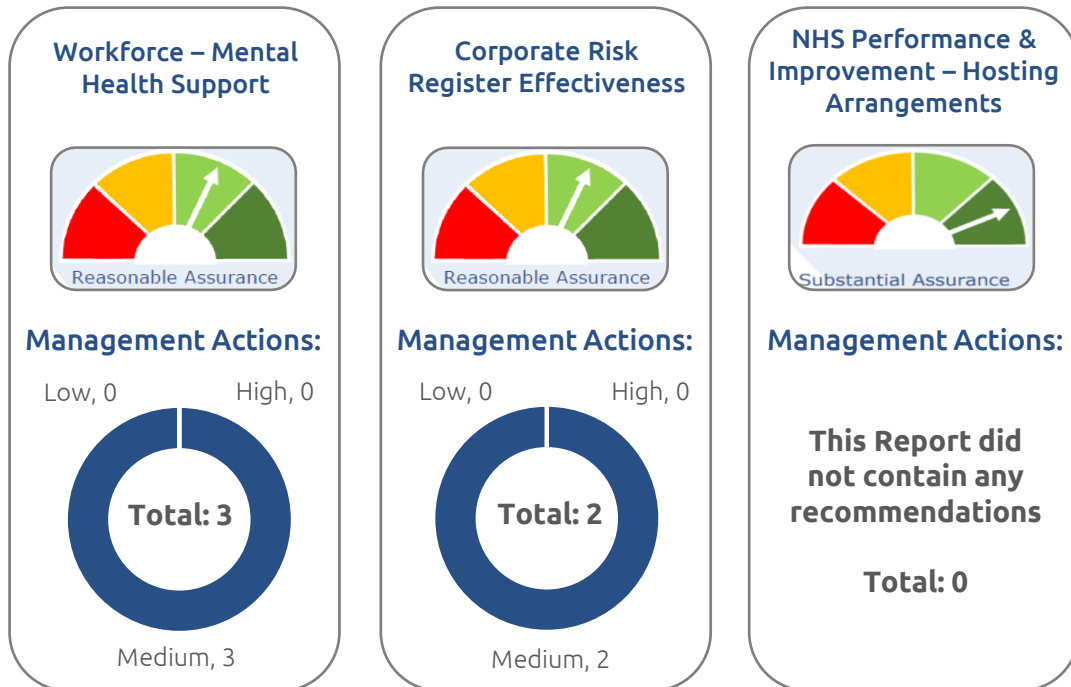


Corporate Governance

Audit Tracker – New Audits Received by ACGC

Internal Audit

The following Internal Audits were presented to the ACGC on 16 December:



External Audit

The following External Audits were presented to the ACGC on 16 December:
Structured Assessment Management Actions: **None**
(Assurance Ratings not included on External Audit Reports)

Following the last Committee meeting, 5 new medium priority recommendations were added to the tracker:

(Broken down by Priority rating of the action)





Corporate and Information Governance



Information Governance

Data Protection (Subject Access) Requests

Please be aware, this data is currently only recorded as far back as October 2023.

6 Received

1 Month

0 Exceeded

In November 2025, 6 Subject Access Requests was received. All were compliant, and the response was sent within 1 calendar month.

Freedom of Information Act

Non-compliant refers to the number of requests out of compliance with the legislation. Certain requests can be compliant and be over the 20-working day target.

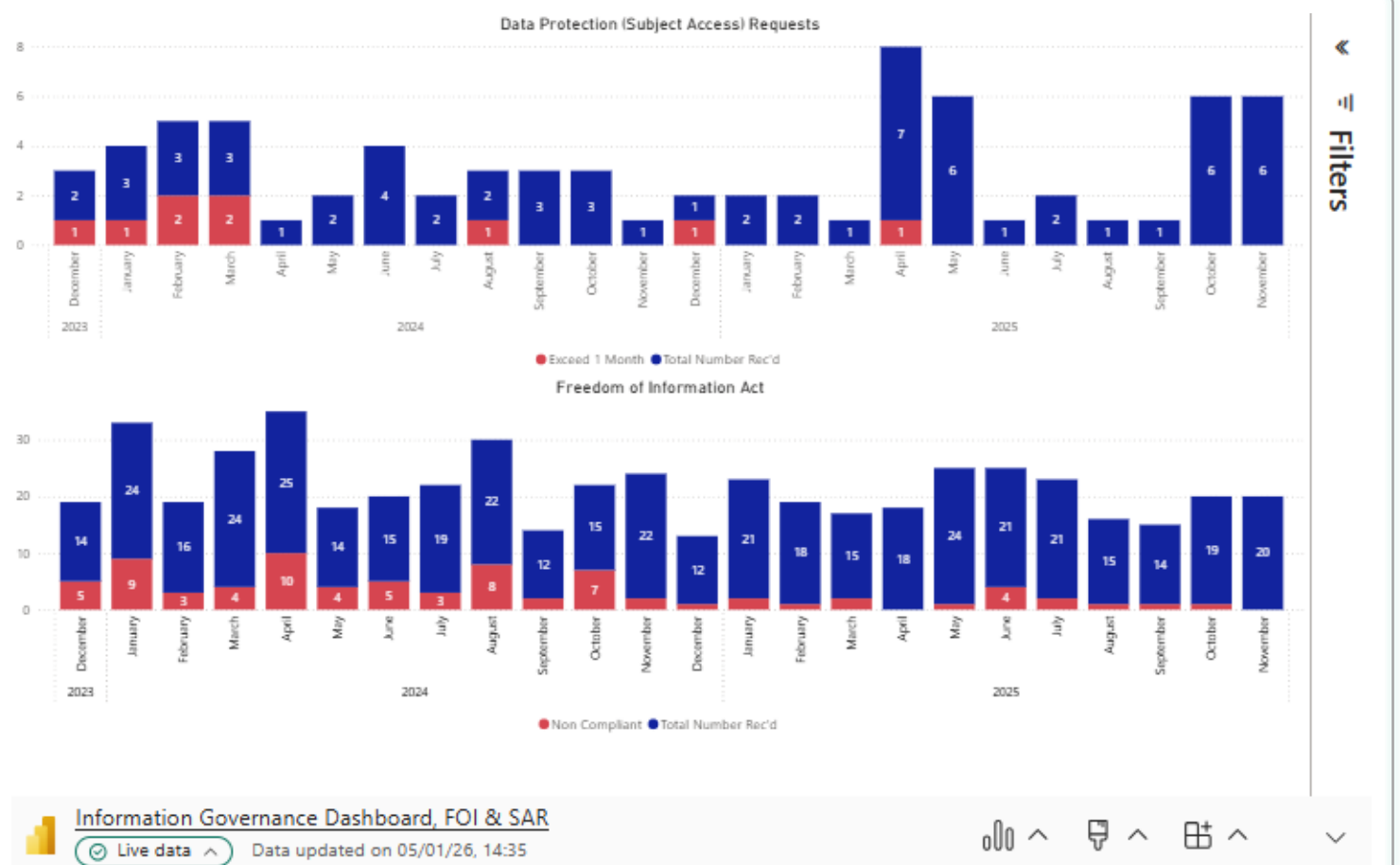
20 Received

20 days

0 Non-Compliant

Of the 20 FOI requests received in November 2025, there have been 0 non-compliant requests in November 2025.

2 requests are currently on hold, awaiting clarification. Of the 18 requests completed the average days to complete is 10 days.



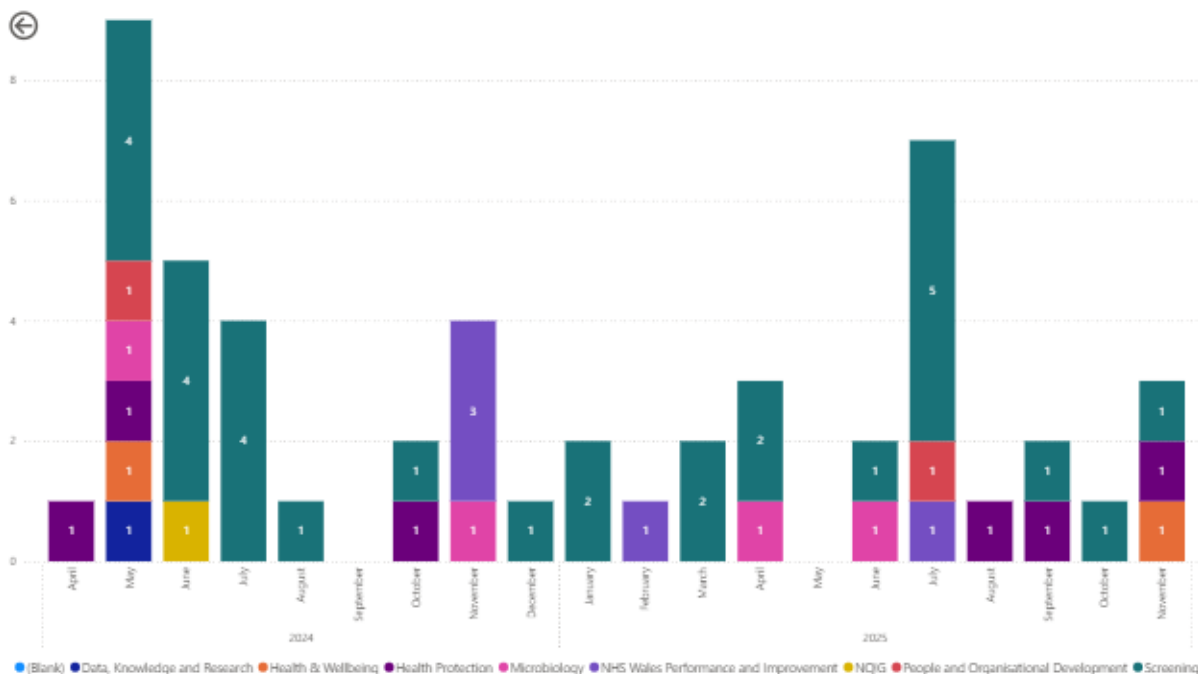


Corporate and Information Governance



Information Governance

Personal Data Breaches

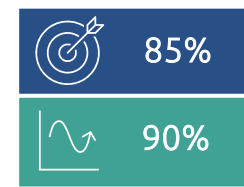


Reported	Escalated
3	2

There were 3 PDBs in November 2025:

- **Screening** - This was due to a confidential personnel document scanned into a file that was left in a shared access folder, this was reported to the ICO and the data subject.
- **Health & Wellbeing** - A personnel file was accessible in a non-restricted folder; this was non-reportable and affected one data subject.
- **Health Protection** - Breach related to multiple incidents and has been reported to the ICO as one entity.

Mandatory Information Governance Training



Organisation-wide compliance with Information Governance mandatory training **exceeds** the national target in December-25.



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



Clinical Governance, Quality, Safety and Improvement



Externally Reportable Incidents - December update

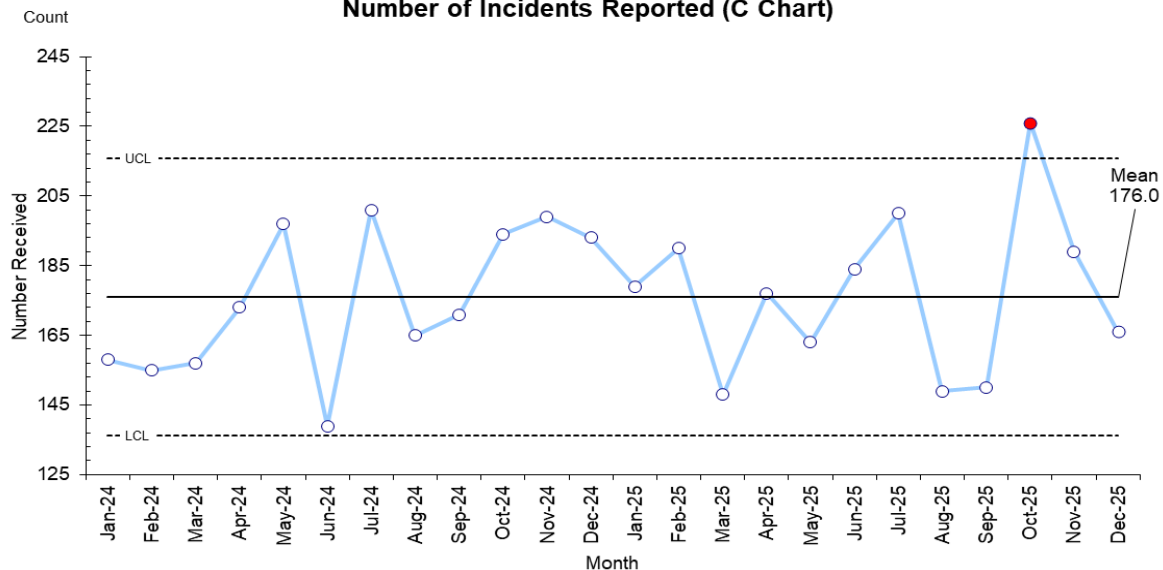
- 0 Nationally Reportable Incidents reported
- 1 Early Warning Incident reported
- 0 Duty of Candour Incident reported
- 1 Post Investigation Harms (Moderate or above)

Additional assurance is provided in the focus area on pages 19



No. Incidents Reported Over Time

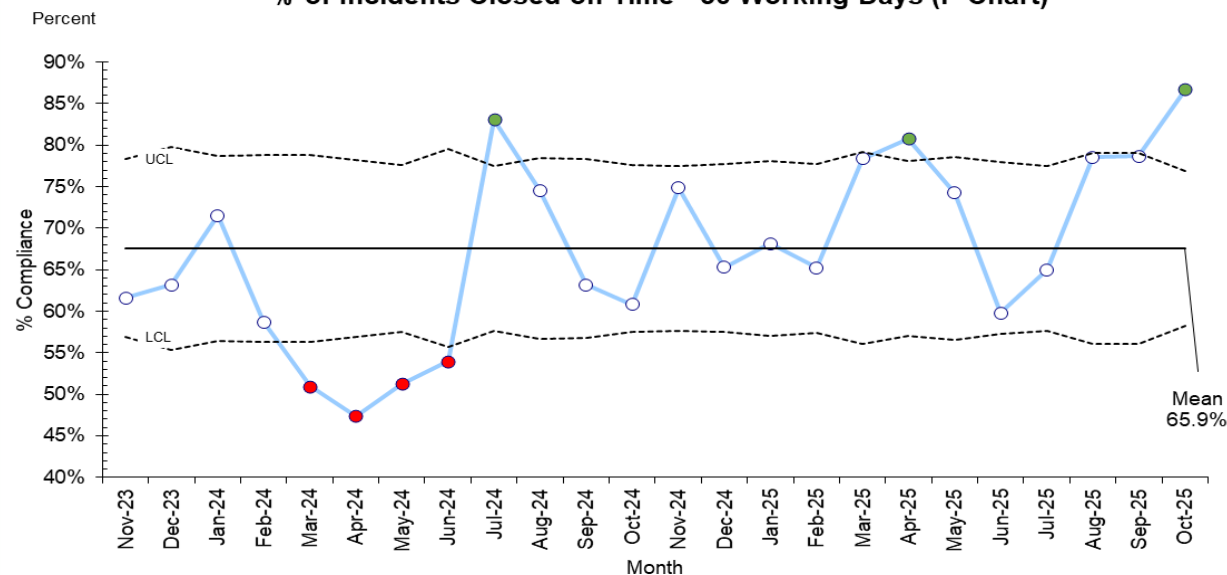
Number of Incidents Reported (C Chart)



There has been a decrease in the number of incidents reported across all areas this month although it remains within normal variation.

Percentage of Incidents Closed within 30 Working Days

% of Incidents Closed on Time - 30 Working Days (P Chart)



Improvement in closure rates noted for 3 consecutive months. Normal variation.



In Focus: Externally Reportable Incidents



1 Early Warning Incident was reported in December 2025 by Health Protection:

The incident is in relation to the Health Protection Division (HPD) identifying concerns regarding data collection and sharing processes within the Sexual Health Service in Public Health Wales.

2 RIDDOR incidents were reported in December 2025:

One incident was reported by Diabetic Eye Screening Wales involving a staff member who experienced a slip, trip or fall resulting in an injury.

The second incident was reported by Facilities and relates to a staff member who sustained an injury following a slip, trip or fall.

1 IR(ME)R incidents was reported in December 2025 by Breast Test Wales:

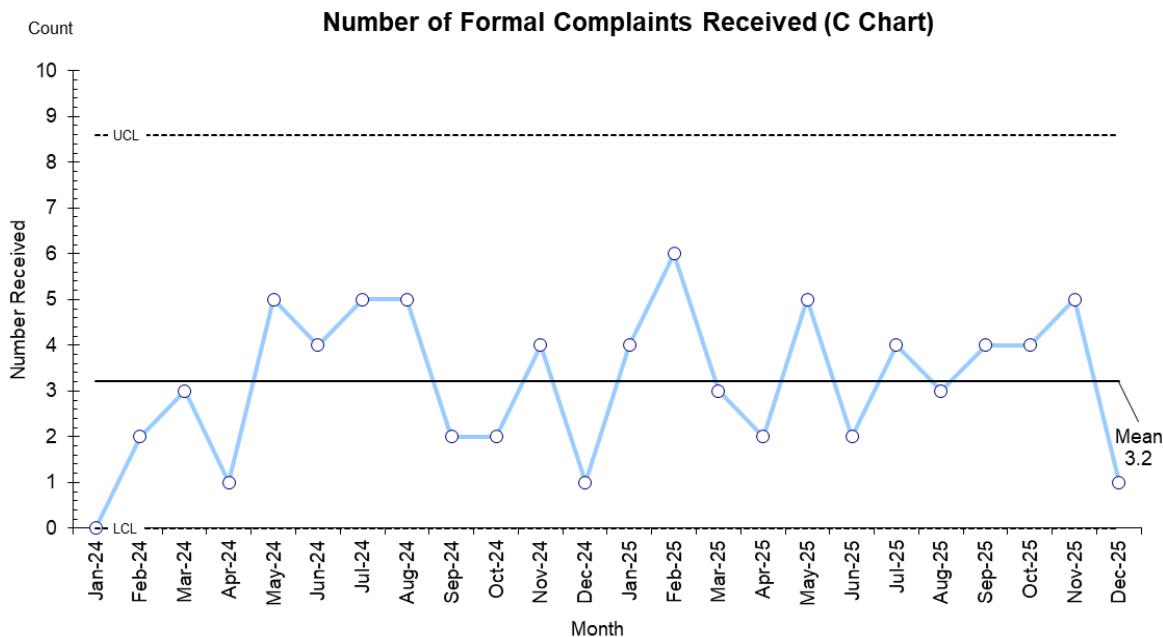
The incident relates to a participant receiving an accidental or unintended dose of radiation, Breast Test Wales were not made aware that this participant was under care with the health board.



Clinical Governance, Quality, Safety and Improvement

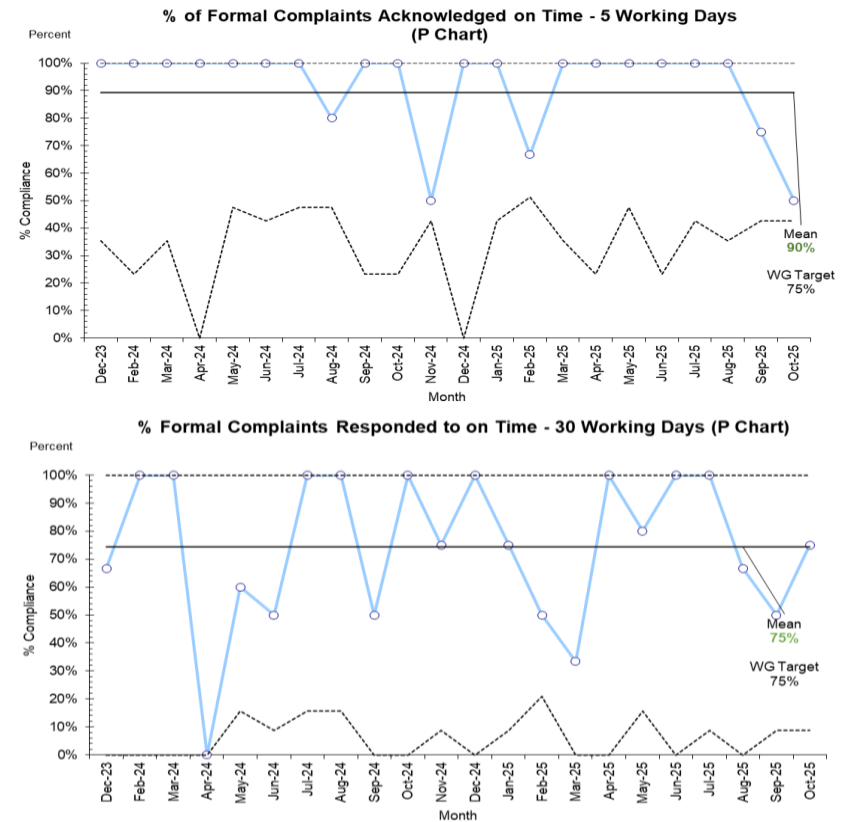


Number of Formal Complaints Received



Normal variation, no special cause identified.

Formal Complaints Compliance



Reduction in performance for number of formal complaints acknowledged in 5 working days. 2 BTW complaints missed the required timeframe, from not informing PTR team when the complaints were received.

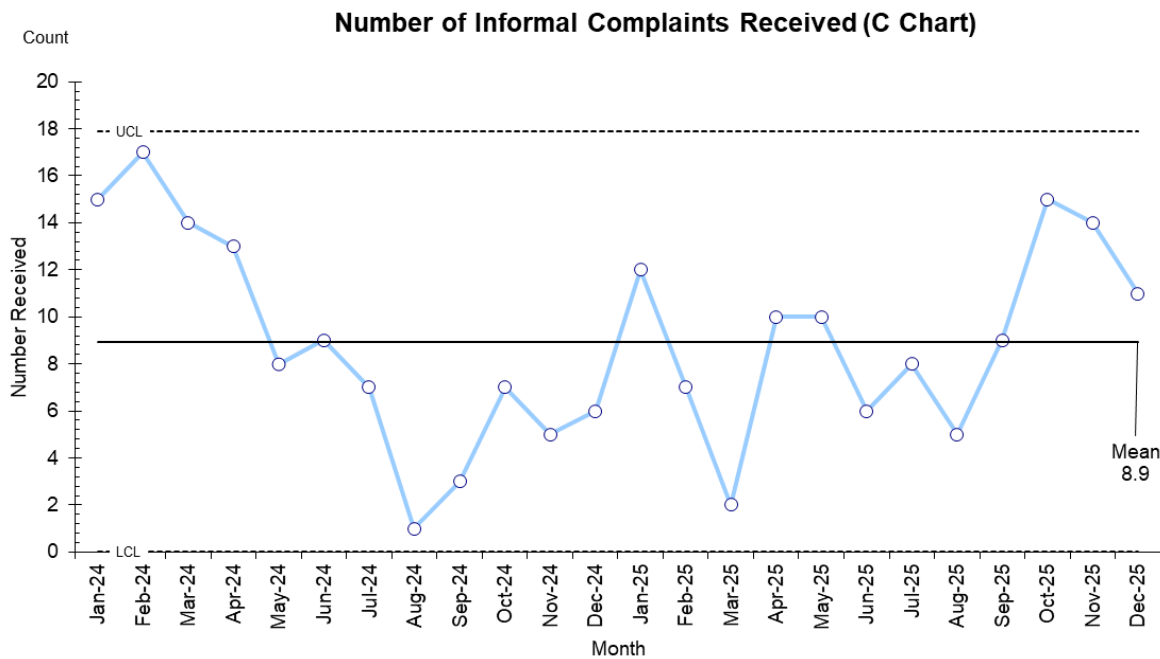
*NB Nov 23 and Jan 24 data points hidden as nil complaints received those months.



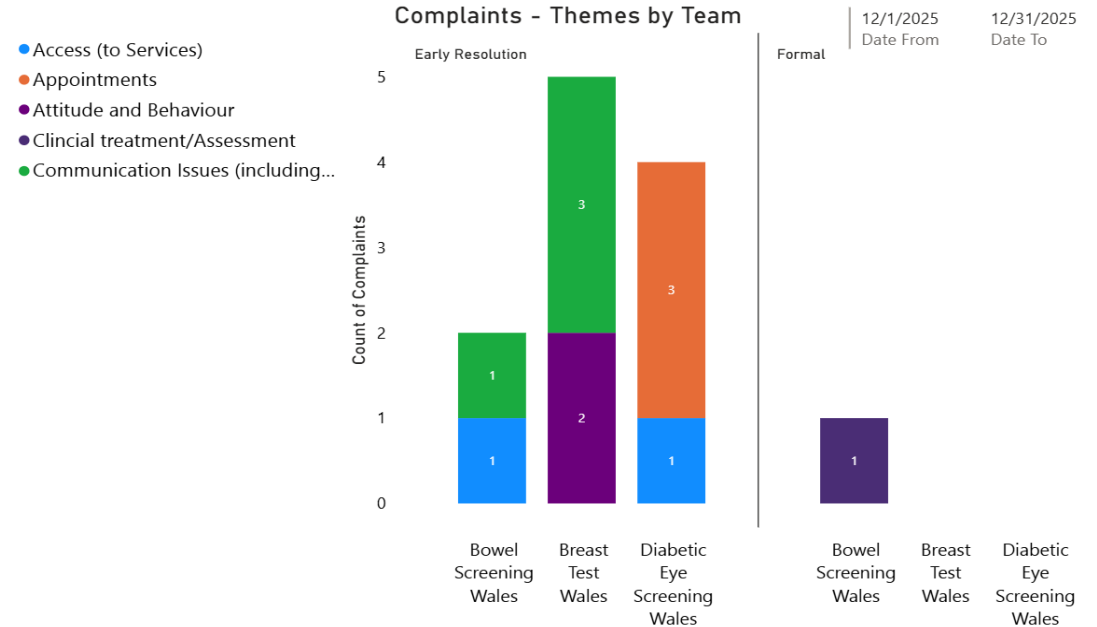
Clinical Governance, Quality, Safety and Improvement



Number of Informal Complaints Received



Themes and Service Areas – December 2025



1 Formal complaint and 11 Early Resolution complaints received in December.

Claims

December 2025

1

1 new potential claim was received in December. Of the 30 ongoing claims, 26 are confirmed claims and 4 are potential claims.

Redress

December 2025

0

No new Redress cases were received in December.

There are 8 ongoing Redress cases, 4 in Breast Test Wales and 4 in Cervical Screening Wales. All Redress cases are being progressed in line with the PTR regulations in a timely manner.



Section 2 Service Delivery





Key Performance Indicator Summary



Screening Services	Target	12 Month Look Back	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
Bowel Screening Wales – Waiting time for index colonoscopy (Health Board Delivery)	90%		15.2%	20.5%	8.4%	6.9%	3.9%	4.9%	8.8%	14.1%	10.5%	19.7%	22.5%	
Cervical Screening Wales – Waiting time for colposcopy appointment (8 weeks) (Health Board Delivery)	90%		97.9%	98.9%	98.9%	98.2%	98.4%	98.8%	98.4%	98.8%	95.3%	98%	98.3%	
Breast Test Wales – Assessment invitations (3 weeks)	90%		26.3%	11.1%	23.1%	8.8%	16.7%	19.6%	24.1%	24.6%	31.6%	17.4%	41%	28.3%
Diabetic Eye Screening Wales – Coverage (12 Months)	80%		40.6%	40.7%	40.3%	40.2%	40%	39.3%	38.9%	38.4%	39.6%	39.6%	38.4%	38.4%
Abdominal Aortic Aneurysm – Timely referral to elective vascular network (MTD)	100%		75%	100%	50%	100%	75%	100%	66.7%	100%	100%	100%	100%	100%
Infection Services														
Total Microbiology Rejection Rates	<5%		5.4%	5.2%	4.9%	5.2%	5.2%	5.1%	5%	5%	4.8%	4.8%	4.8%	
Total Microbiology Diagnostic Sample Requests	*TBC		184,046	154,804	167,166	160,143	162,735	162,252	178,612	156,429	168,719	184,730	167,313	
Blood Culture - Collected to Incubation SMI <4hrs	<4hrs		68.7%	69.2%	71.4%	67.3%	68.8%	68.5%	68.3%	68.1%	68.3%	70.3%	69.9%	
Blood Culture - Received (PHW Laboratory) to Incubation	*TBC		99.9%	99.5%	99.7%	98.7%	99.4%	99.7%	98.4%	99.6%	99.6%	99.3%	99.2%	
Health Protection														
Test and Post (STI self-sampling) – Test Turnaround Times	99%		99.9%	100.0%	99.9%	99.9%	99.9%	99.7%	99.9%	100%	100%	100%	100%	
Response times by priority - Urgent (<4 hours)	90%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Response times by priority - High (<24 hours)	90%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Response times by priority - Medium (<48 hours)	90%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Compliance to surveillance reporting schedules	90%		92%	97%	100%	100%	100%	100%	100%	75%	87%	79%	92%	
Health & Wellbeing														
JUSTB – Number of Schools with 2-day training completed by month**	35 Schools		5	2	7	1	6	4	N/A	N/A	2	3	5	1
JUSTB – Number of Schools with 2-day training completed YTD**			20	22	29	30	36	40	N/A	N/A	2	5	10	11
Whole School Approach – Percentage of schools with an Action in Place (All schools)	80%		74%	78%	83%	83%	85%	87%	88%	88%	89%	90%	92%	93%
Whole School Approach – Percentage of schools with an Action in Place (Secondary schools)	100%		96%	97%	98%	98%	98%	99%	99%	99%	99%	99%	99%	99%
Help Me Quit - Benchmark for timely first contact (NTSS)	90%		94%	90%	86%	96%	92%	94%	89%	96%	93%	95%	95%	
Help Me Quit – 4-week self-reporting quit rate (NTSS)	35%		64%	71%	82%	83%	73%	48%	72%	75%	72%	59%	66%	
Research Data & Digital														
Number of Major Breaches	0 Major Breaches		Quarter 4 (24/25)			Quarter 1 (25/26)			Quarter 2 (25/26)			Quarter 3 (25/26)		
Percentage of publications without breaches	100%		0 Breaches			0 Breaches			0 Breaches			0 Breaches		
Percentage of user follow up to RD&D products	100%		76%			76%			76%			76%		
			20%			33%			33%			33%		
Policy and International Health														
Indicators and targets to be developed where applicable														

*N.B. Additional performance indicators reported on the Performance & Assurance Dashboard, including screening and turnaround times for infection services

**N.B. JUSTB data is only collected and reported during school term time. As a result, data will not always be available.

Key: RAG Status

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



Health Protection and Screening Services



Screening Services

Latest activity

- Completion of workforce planning templates
- Letter to BCU CEO on constraints round assessment waits to reduce backlog and improve flexibility of pathway and improve resilience in line with other regions.
- Responded to HIW report on IR(ME)R incidents
- Winter planning – keeping staff and participants safe during flu season - masks recommended.

Breast Screening - Assessment invitations within 3 weeks of screen

This remains below the 90% standard in December 2025.

Breast Screening assessments waits remain outside of standard of within 3 weeks for screening. There is a backlog in the North which has increased due to leave. West and South-East have reduced timeliness in December due to sick leave. There remains a critical clinical shortage in North Wales and lack of resilience of the surgical support which is impacting assessment capacity in North. Discussions are ongoing with BCU.

Key steps being taken:

- West region supporting reading for North and some additional hours agreed to improve reading timeliness
- Radiology lead assessment clinics in Wrexham able to continue despite surgical leave
- Letter to BCU CEO to improve resilience.



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



Timeliness remains above the 90% standard in November 2025.



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



Bowel Screening - Colonoscopy within 4 weeks of booking SSP appointment



Timeliness remains below the 90% standard in November 2025. Colonoscopy is a commissioned service from the Health Boards.



As of 9th January 2026, the average waiting time for a screening colonoscopy has improved and is at 8 weeks and 3 days. The waiting time ranged from 3 to 17 weeks across the 14 screening centres. Average Specialist Screening Practitioner waiting time is 6 days which is within standard.

To deliver improvements in colonoscopy waiting times, themes that were identified following collaborative discussions with Health Boards have been shared with Health Boards and actions within Screening Programme being scoped. Two screening colonoscopist mentorship days are planned by March 26, with an assessment day to follow in April/May 26.

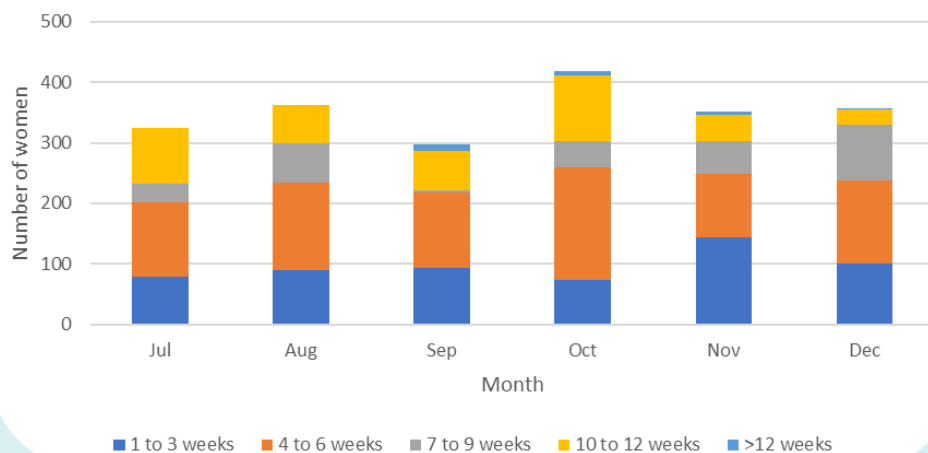




In Focus: Breast Test Wales Assessment Waits



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

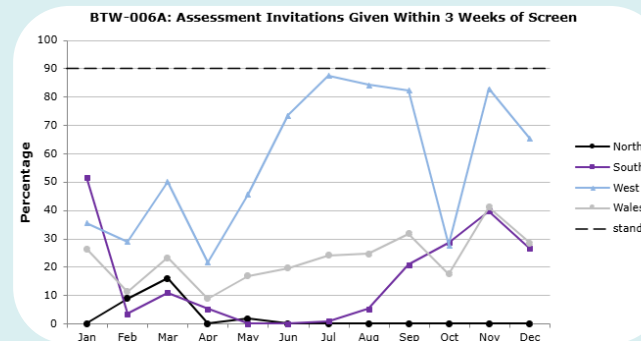
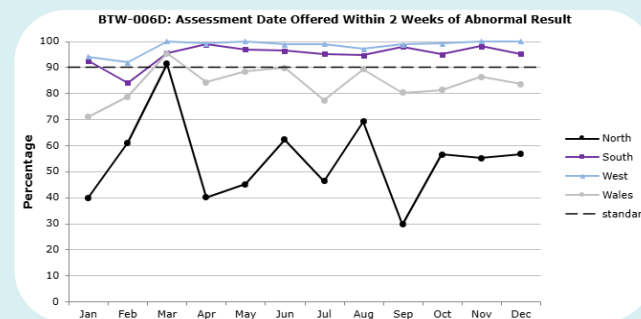
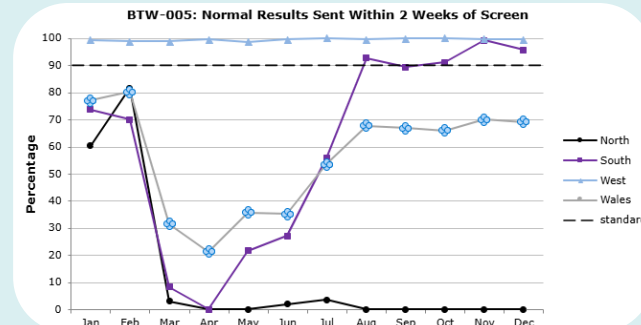


Assessment invitations given within 3 weeks has not met the standard over the last 12 months. There was a reduction in timeliness this month with 28.3% achieving standard. There are two other standards that are key to understanding this pathway, this includes 'Timeliness of reading mammograms which is measured in normal results sent within 2 weeks of screen' and 'Assessment date offered within 2 weeks of abnormal results'.

The West and South consistently meet standard for results within 2 weeks, including the standard for women having assessment date within 2 weeks of abnormal result. The North region is not meeting timeliness standards and currently has the longest waiting times for assessments, currently 11 weeks. Reading is not within two weeks however; the primary issue is insufficient capacity within assessment clinics.

Shortages in the medical workforce at the Breast Screening North Centre has limited capacity for image reading, result reporting and clinic assessments. One member of medical staff is now trained and undertaking reading with two other members of staff expected to be trained by May 2026. The West and the South region are supporting the North with the readings.

Constraints in how assessment clinics can be staffed in the North has impacted backlog recovery, which was introduced after there were no assessment clinics in Wrexham for 6 months due to surgical leave. The backlog and steps needed to address constraints has been urgently raised with BCU MD and CEO for resolution. The backlog has worsened over the Christmas period with leave and bank holidays. BCU are currently scoping and planning to fund additional assessment clinics to reduce backlog by March 2026.





In Focus: Breast Test Wales Assessment Waits



Current Issues and Challenges:

- There is only one substantive Radiologist across BTW in North Wales and two consultant radiographers. BTW clinical staffing in North Wales are currently in training with one member of staff recently achieved sign off for film reading and two more staff expected to be qualified by May 2026
- There was surgical sickness absences resulting in the cancelation of assessment clinics in BTW Wrexham for 6 months which were reinstated in July. This created a large backlog which has not yet been resolved.
- There are constraints with the pathway in Llandudno as radiology lead assessment clinics are not able to be put in place when there is surgical leave, resulting in cancelled clinics.

Impact:

- Women are anxious waiting for their screening results longer than expected in North Wales.
- Increased number of calls of women asking for screening results that pathway staff take, which increases workload.
- Decreased morale of staff who are managing delay and workload.
- Delay to cancer diagnosis and treatment, not in line with single cancer pathway targets.

An action plan for improvement is in place:

- West and South region is supporting the North with readings within usual hours. The new PACs has enabled this ability.
- Additional hours were agreed to help reduce waiting times for readings; however, due to IT constraints over the weekend, this could not be implemented. This is being scoped again.
- Film readers are in training in the North region. A Radiologist Fellow in training is now signed off for reading. This will improve capacity and resilience. Three other staff are undertaking training with two staff expecting to be trained by May 2026.
- Clinic bookings are optimised to ensure all slots are booked and short notice appointments are offered.
- Meetings with Betsi Cadwaladr UHB (at MD level) as they were not able to confirm onward surgical pathway for radiologically lead clinics. This was to reduce current backlog for assessment especially to reduce impact of surgical annual leave. This has not been resolved yet. Letter escalated to CEO awaiting response.
- There was further impact on assessment clinics over the Christmas period. The current backlog has been communicated to BCU with a further request to improve resilience of surgical support
- BCU currently scoping out funding additional assessment clinics to reduce backlog.
- NHS Wales Performance and Improvement team scoping out tracker for breast screening, taking a similar approach to bowel screening.
- A service review of the BTW programme is being undertaken to identify other areas of improvement in line with delivering excellent services.



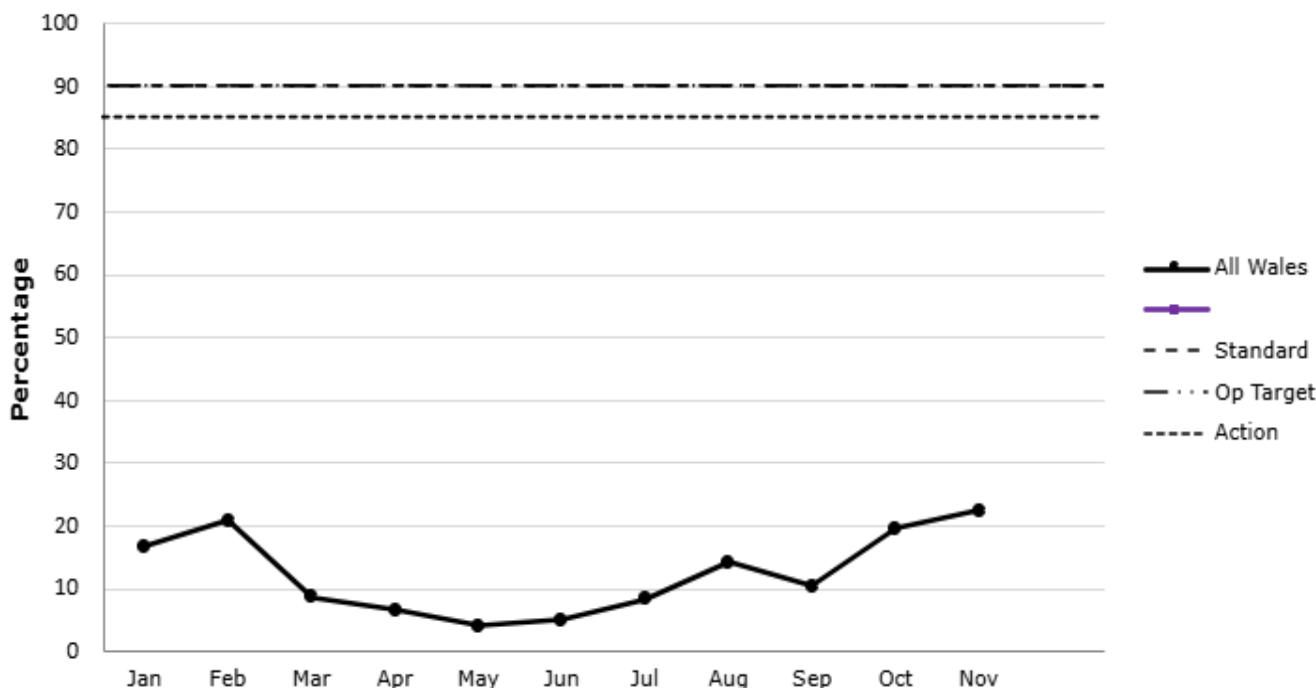
In Focus: Bowel Screening Wales Colonoscopy Waits



Waiting times as of Friday 9 January

Trend data and latest waits – November 2025 Colonoscopy is a commissioned service from the Health Boards

BSW-007: Waiting Time for Index Colonoscopy/Flexi -Sig Procedure Within 4 weeks of Booking SSP Appointment - Looking back



Local Assessment Centre	Waiting time SSP assessment	Waiting time colonoscopy	Total waiting time
1	0 weeks 6 days	9 weeks 0 days	9 weeks 6 days
2	0 weeks 6 days	13 weeks 4 days	14 weeks 3 days
3	1 weeks 4 days	15 weeks 5 days	17 weeks 2 days
4	0 weeks 4 days	6 weeks 3 days	7 weeks 0 days
5	0 weeks 3 days	5 weeks 6 days	6 weeks 2 days
6	1 weeks 0 days	5 weeks 0 days	6 weeks 0 days
7	1 weeks 3 days	3 weeks 5 days	5 weeks 1 days
8	0 weeks 6 days	13 weeks 4 days	14 weeks 3 days
9	0 weeks 6 days	15 weeks 0 days	15 weeks 6 days
10	0 weeks 6 days	2 weeks 6 days	3 weeks 5 days
11	0 weeks 4 days	4 weeks 3 days	5 weeks 0 days
12	0 weeks 4 days	4 weeks 5 days	5 weeks 2 days
13	0 weeks 4 days	4 weeks 5 days	5 weeks 2 days
14	0 weeks 3 days	2 weeks 0 days	2 weeks 3 days



In Focus: Bowel Screening Wales Colonoscopy Waits



Current Issues and Challenges:

- Colonoscopy capacity across Wales is challenged, with insufficient Colonoscopists, theatre space and nursing staff to meet demands and reduce the existing backlogs. Since 2021, BSW has successfully optimised the screening programme, with the final phase in October 2024 seeing invites sent to 50-year-olds with FIT sensitivity increased from 120µg/g to 80µg/g.
- Whilst the increase in demand from screening optimisation has been funded (via BSW) for Health Boards, there has also been an increase in demand from other sources. Colonoscopy capacity has not kept pace with demand.
- Colonoscopy Insourcing and Waiting Time List (WLTs) are being used across many Health Boards to support the increased demand, but these do not provide a long-term solution.

Impact:

- Waiting times for screening colonoscopy remain outside the BSW 4-week standard in most local assessment centres in Wales. There is improvement in the number of participants seen within 4 weeks standard.
- As of 9 January 2026, the average waiting time for a total wait is 8 weeks and 3 days. The waiting time ranged from 2.5 weeks to 17 weeks across the 14 screening centres.

Current Actions:

- BSW meets monthly with all the endoscopy teams to discuss screening waiting times, screening capacity and to agree recovery plans.
- CEO to CEO meetings have taken place over July and August with all Health Boards, which have been constructive solution focused discussions. Communication has been sent to Health Board with specific actions and feedback of themes, learning from other Health Boards discussions. An action plan is being developed to take forward issues identified in these meetings.
- The screening programme is expanding the pool of accredited Screening Colonoscopists and has increased SSP resources to meet screening demand. BSW are looking at ways to streamline the accreditation process further, which was a theme from the Health Board discussions. Two Mentorship days are planned to be delivered by March 26. Accreditation assessment day to follow in April or May 2026 with 5 candidates.
- BSW is working closely with the Health Boards to enable quality assured insourcing colonoscopy.
- The Business Team routinely meet with the health boards to monitor activity aligned to commissioned capacity via the Long-Term Agreements.
- The release of the Patient Tracking List, the Bowel Screening-specific dashboard, and planning tool to the Health Board cancer tracking team has enhanced visibility of the screening pathway to bowel cancer diagnosis.



Health Protection and Screening Services



Screening Services

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



Coverage at 12 months for annual recall remains below standard at 38.5%. However, coverage at 24 months for the low-risk recall pathway is higher at 72.5% though below standard of 80%.



Uptake of eye screening above standard at 81.7% demonstrating that participants are taking up their screening appointments. This is also reflected in positive service user experience elicited through the SMS (text message) pilot.

The number of inadequate images captured in Diabetic Eye Screening has continued to be much reduced since introducing the new cameras. The inadequate rate was 5.8% in December 25. To further benefit from the introduction of new cameras an evaluation framework is being developed to explore the safety, feasibility and effectiveness of adopting a staged mydriatic approach to eye screening which is being planned for April 2026.



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



A key measure for referring men once a large or very large aneurysm has been detected during a scan. Timeliness is 100%.



A six-month evaluation of an intervention to increase participation in AAA screening through the use of telephone calls to non-responders is demonstrating positive outcomes with increased appointment uptake for a population group with higher positivity rate

Positively, the service continues to achieve its target for December 2025.





In Focus: Diabetic Eye Screening Wales Coverage



Current Issues and Challenges:

- Prevalence of diabetes across Wales increasing. New referrals prioritised as higher risk participants. Over 99% of new referrals, approximately 1,350 a month are appointed within 90 days.
- Service delivery model reliant on provision of suitable venues by Health Boards in appropriate locations, on required number of days and with adequate venue opening hours. Mismatch between staff availability and HB venue availability.
- Staff sickness levels above PHW average which is impacting on clinic cancellations.
- High volume of cancellations of fixed time appointments and non-attendance of approximately 20% at scheduled clinic appointments
- Image capture failure rate impacted by participants with cataracts who are awaiting Hospital Eye Service review.
- New technology which has the potential to modify usage of eye drops and improve efficiency but requires evaluation to enable a change to delivery model.
- Transformational lead on 3-month secondment within Directorate.

Impact:

- Delayed offer of appointment on one year recall pathway with improvement over the last 3 months. New referrals and two-year recall pathway not delayed.
- Increase in population cohort from 175,314 participants in 2018/19 to 200,843 eligible active participants - growth rate of over 14%. Prioritisation of new referrals reduces capacity for recall participants
- Inadequate clinic appointments in suitable locations resulting in geographical inequities in access.
- Staff sickness leading to short notice clinic cancellations, resulting in ongoing demand due to need to re-book participants.
- Clinic utilisation below target resulting in poor staff utilisation and inefficiencies in service delivery.
- Failsafe of participants awaiting Hospital Eye Service review back into DESW recall cohort.
- Modifying usage of eye drops could result in an increased appointment capacity.

Current Actions:

- Piloting three different clinic models to explore feasibility of improving capacity by increasing efficiency. Two models have piloted well – drop-in appointments and low risk recall pathway and these will be now considered for implementation roll out where feasible.
- Implementation of e-referral form to improve data quality and data processing of high volume of new referrals has released screening pathway admin capacity to backfill clinic appointments. Prioritising the backfilling of clinic appointments in high demand areas.
- Provision of extended hours clinic on evenings and weekends in place to provide service outside of working hours.
- Development of 'Culture Club' within DESW led by Senior Management and engaging across all staff groups to develop a Culture Action Plan to support staff in the workplace.
- Implementation of new business rules to manage repeat cancellations and frequent non-attenders.
- Planning evaluation of new technology and modified usage of eye drops now expected to be in April 2026 which would be step change to improve efficiency and potentially reduce inequity.

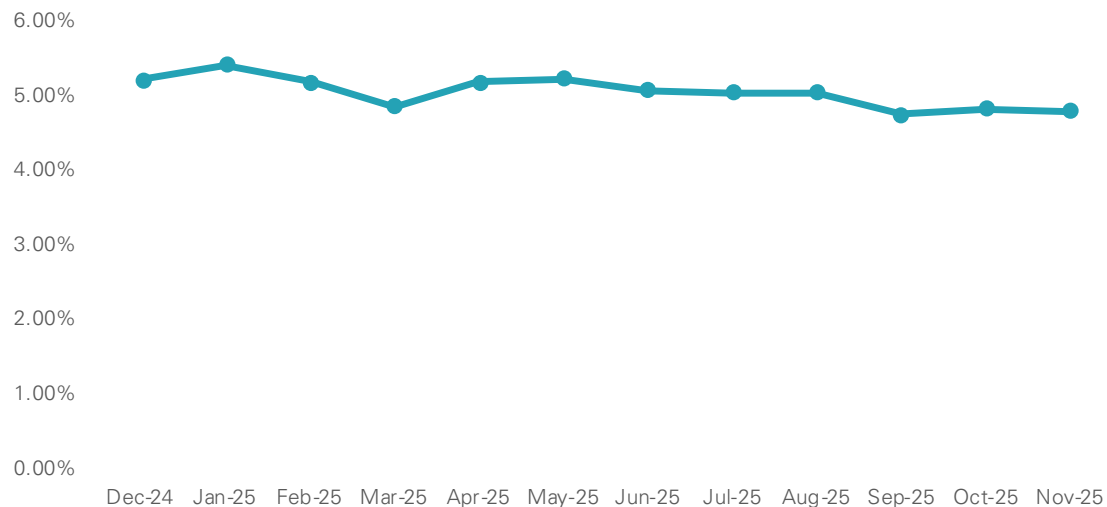


Health Protection and Screening Services



Infection Services

Total Microbiology Rejection Rates



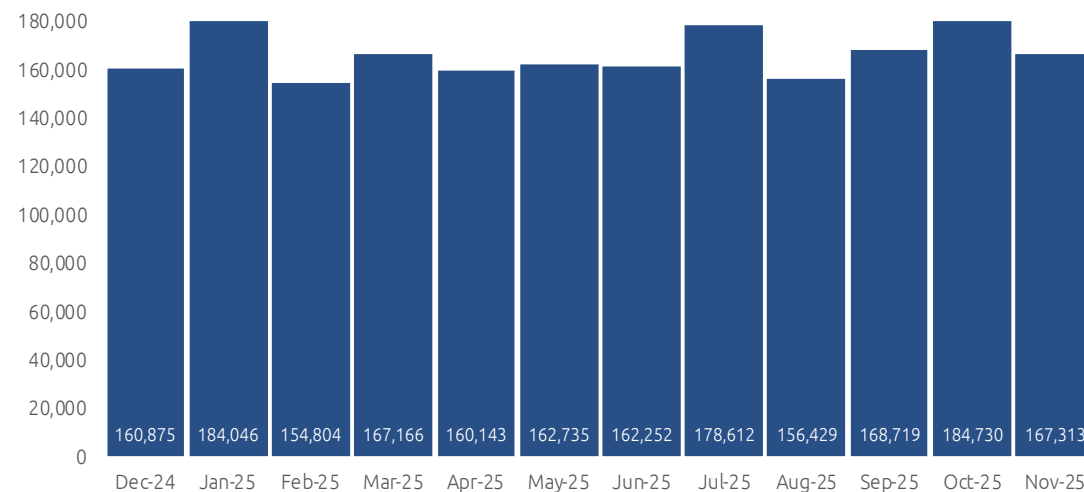
<5%

4.8%

In November, 8,031 out of 167,313 sample requests for diagnostic testing were rejected, a rate of 4.80%, representing a slight improvement from the previous month. The Specimen Acceptance Policy outlines clear criteria for accepting or rejecting samples, with most rejections due to broken, leaking, contaminated, or improperly contained specimens. Rejection rates differ among health boards, and no single primary cause has been identified.

Infection Quality Leads monitor these trends monthly and collaborate with service users to identify patterns and promote best practices through health board portals and Pathology newsletters. The forthcoming LIMS 2.0 system will support the creation of tailored test sets and facilitate more comprehensive and efficient data collection.

Total Microbiology Diagnostic Sample Requests



Monthly requests for microbiology diagnostic samples have stayed above 156,000 over the past year. In November 2025, these requests dropped by 9.43% to 167,313 compared to the prior month.

Working together with Health Board colleagues is crucial for launching targeted efforts that make sure diagnostic tests are clinically necessary and resources are used efficiently. These actions help maintain high service quality and responsiveness, especially when demand peaks.

Request numbers are expected to keep changing due to seasonal trends and outbreaks from respiratory viruses, gastrointestinal bugs, and healthcare-associated infections (HAIs). As a result, proactive planning and flexible resource management will remain essential to help manage these regular shifts in demand.

*Target to be developed

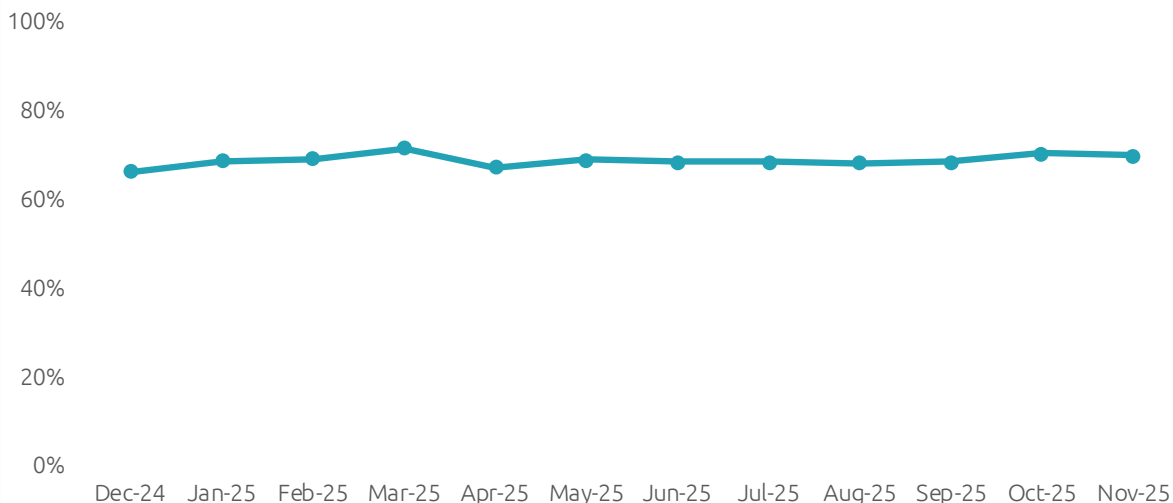


Health Protection and Screening Services



Infection Services

Blood Culture - Collected to Incubation SMI <4hrs

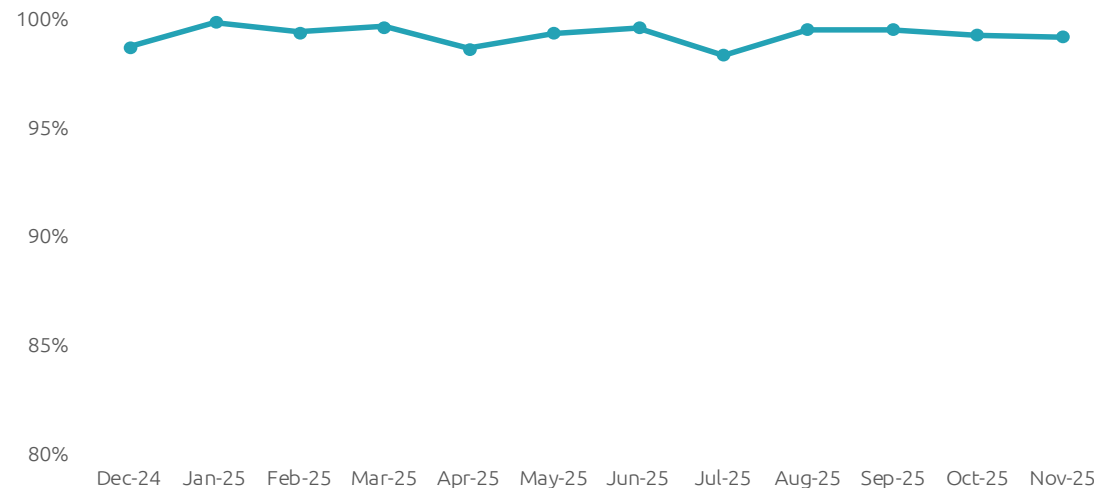


<4 hrs

69.9%

- The UK SMI requires that blood culture samples be incubated within four hours of collection. In November, compliance with this standard slightly declined by 0.65%, dropping from 70.34% to 69.88% of samples meeting the specified timeframe. Maintaining the 4hr limit is essential for accurate and timely clinical diagnosis, especially in sepsis management.
- Meeting this target relies on efficient procedures within Health Boards to facilitate rapid transport of samples from various collection points, a challenge that can be difficult to control. These operational issues are regularly reviewed in partnership with key stakeholders and are supported by educational programmes, retraining to emphasise the importance of adherence.
- Nonetheless, the lack of collection time data in the laboratory information system restricts the capacity to fully assess compliance with the four-hour window, indicating a need for improved data capture and monitoring.

Blood Culture - Received (PHW Laboratory) to Incubation



>95%

99.2%

- The evaluation of the four-hour incubation target for blood culture samples is based on how quickly specimens are received and placed into laboratory analysers. In November, the rate experienced a slight decrease of 0.06%, reaching 99.24%. This minor monthly change demonstrates ongoing compliance with the recommended four-hour standard and indicates steady operational efficiency and robust internal processes.
- Our laboratory's scheduling and staffing are designed to support this target, although further gains may be limited given the already high level of compliance. The primary operational challenge continues to be the prompt transport of specimens from clinical wards to the laboratory.



Health Protection and Screening Services

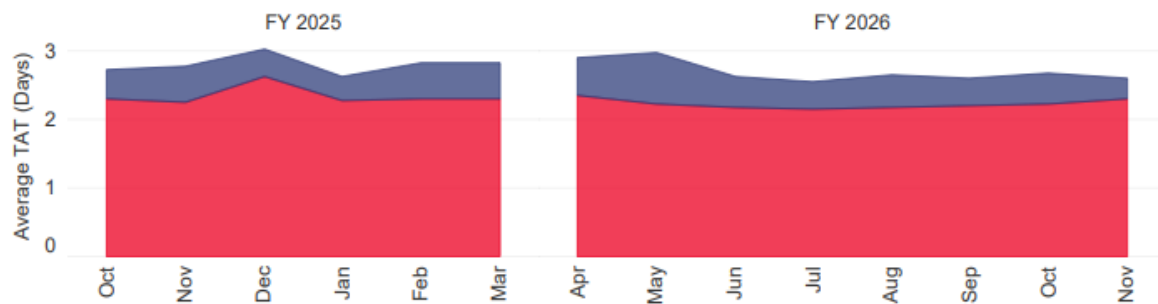


Health Protection

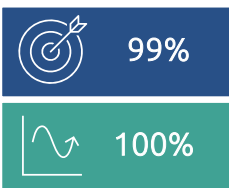
Test and Post – STI self-sampling

Test Turnaround Times (TAT)

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



- Turnaround times for STI testing are important in identifying infection as soon as possible so that it can be treated to prevent damage to the individual's health and onward transmission to partners.
- In November 2025, 100% met the 7-day turnaround standard.
- 0 requests of 5,366 total requests (0.0%) did not meet the 7-day TAT standard.



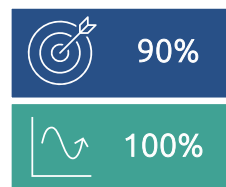
Actions to improve:

- Ongoing monthly monitoring
- LGV TAT – Secondary Testing

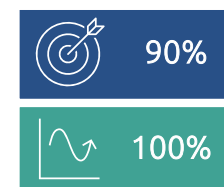
*N.B. Target changed from 100% to 99% due to rounding issues in multi-test results. Approved by the Directorate Management Team on 09/09/25.

AWARe Response Times by Priority

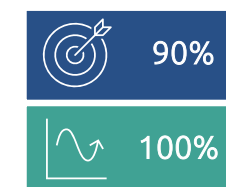
Urgent (<4 hours)



High (<24 hrs)

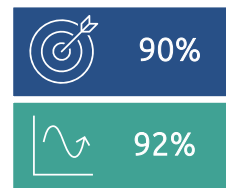


Medium (<48 hrs)



- Driven by the expert rules, responding to communicable disease cases within these priority level timescales is an important performance indicator because it ensures the necessary public health actions are initiated in a timely manner.
- In November 2025, response times performance has currently exceeded all priority level targets.
- Over the past 12 months, these indicators have consistently met their targets.

Compliance to Surveillance Reporting Schedules (%)



- For November 2025, this is the second month on the bounce. We have been above target since we changed the reporting method.
- The delayed reports were due to delays with digital uploads and awaiting data from UKHSA



Research, Data and Digital



Statistical and Analytical Publications - Quarterly

Quality and compliance with the Code of Practice for Statistics

	2024/25				2025/26			
	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar
Number of publications	3	7	7	5	7	4	5	
Number of major breaches	0	0	0	0	0	0	0	
Number of minor breaches	1	0	1	0	1	0	0	

Major breaches are:

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

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

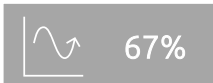
Breaches addressed by:

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

0 Major Breaches

0 Breaches

Satisfaction and Impact



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



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



8 RDD products have had individualised user follow up in 2024/25, up from 5 in 2023/24. RDD aims to achieve a 100% user follow up rate for its major products going forward as part of the PHW approach to monitoring impact.



Organisational Research & Evaluation - Quarterly

	2024/25				2025/26			
	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar
No. research grant applications submitted (PHW is Chief Investigator or partner).	3	3	6	9	11	9	3	
Research grant income to PHW (£)	550k	125K	369K	66K	112K	21k	378K	
No. personal development research awards.	0	0	0	2	2	0	0	
No. peer reviewed publications (PHW affiliated).	28	14	24	24	23	30	45	
No. evaluations completed.	1	1	1	2	2	1	3	

*N.B. Research grant income to PHW (£) figure covering Apr-Jun has been adjusted from 522K following further clarification



Policy and International Health



Behaviourally Informed Communications Initiative 2.0 (BICI 2.0)

Strategic Priority: Delivering Excellent Public Health Services and Enabling the Delivery of our Long-Term Strategy

Overview

- Our organisation sends hundreds of thousands of direct communications each year. Established in 2024, BICI uses behavioural science to improve their effectiveness and build staff capability. BICI 2.0 builds on the pilot's success to maximise impact and support better health outcomes.

Our Impact

- **Leadership and advocacy:** Engaged 75+ public health stakeholders across Wales, with learning shared alongside WHO Euro colleagues.
- **Direct support:** Delivered monthly workshops and ongoing peer exchange through a 100+ member Teams network, with 1:1 evaluation support from Bangor University. Self-reported knowledge and confidence in developing behaviourally informed communications increased by ~40%.
- **Evidence for action:** Used behavioural science to generate behavioural insights across key areas including screening, vaccination, medicines management and diabetes, developing 50+ behaviourally informed communications.

Applied in Practice

- Participants reported making significant changes to their communications interventions: simplifying language and layout, sharpening calls to action, tailoring communications for different audiences and routinely applying behavioural science principles and techniques across a wide range of communications.
- Impact has extended beyond individuals, with learning shared across teams and directorates, influencing forms, internal communications and engagement approaches.

Ongoing work

- Providing 1:1 support to help stakeholders implement and evaluate improved communications, including analysis of pre/post data to understand what works for different behaviours and populations. Findings will be published in an evaluation report with contributions from Bangor University.

Next steps to build impact

- Explore health economic evaluation to better understand impact across priorities such as screening and vaccination; develop a train-the-trainer model for health board delivery; and refine an annual BICI offer to provide ongoing support and skills development for Public Health Wales colleagues.



Policy and International Health



Futures and long-term thinking

Strategic Priority: Enabling the Delivery of our Long-Term Strategy

Overview

- Public Health Wales has been developing its capability and capacity on futures and supporting other public bodies to do the same, since 2018. A full report on the impact of this work is being developed and can be read [here](#).

Our Impact

Leadership and advocacy

- PHW is regularly invited to international forums to share experience of using and promoting futures approaches, e.g. the UK Government Futures Network.
- The [3 horizons toolkit](#) is recognised as the best practical guide, which is promoted internationally by the creator of the 3H approach and is recommended by the UK Government Office for Science's futures team.
- The [Beyond the present](#) report reached 4500+ people on launch day via email and social media; a UK Government Senior Strategy Advisor called it 'well worth' a look and 'packed with practical guidance'.

Direct support for stakeholders

- Joint futures work with the Office of the Future Generations Commissioner (FGC) seeks to upskill other public bodies in Wales, e.g. Social Care Wales, Welsh Ambulance Service Trust.
- Creation of the Hwb Dyfodol, which has over 60 members from 30 organisations and has delivered 18 sessions to external stakeholders.

Embedding futures in PHW, 2025-26

- Implementing [recommendations](#) on how to embed futures across PHW.
- Over 400 staff reached through training and awareness raising. Feedback shows this has increased confidence, and that futures thinking is "definitely now embedded" and "integral to our work".
- Two webinars with Public Health Network Cymru for staff and wider stakeholders.
- 14 teams provided with tailored support to take a futures approach.
- Application of 'backcasting' in PHW, e.g. to develop the route maps for the six strategic priorities; to shape publications designed to inform Welsh Government's housing and regeneration strategy; and to inform the long-term vision of the Primary Care Division.

Ongoing work

- Curation of resources developed to date e.g. facilitation guides for methods.
- Internal and external training sessions to build capacity and capability.

Next steps to build impact

- Joint event with FGC and Welsh Government, January 2026.
- Workshop to share foresight lessons from the Netherlands, February 2026.
- Continue working with the FGC and Hwb Dyfodol to make Wales the most future-literate country in the world.
- Explore options on how to continue to embed futures and long-term thinking, moving beyond dedicated staff capacity.

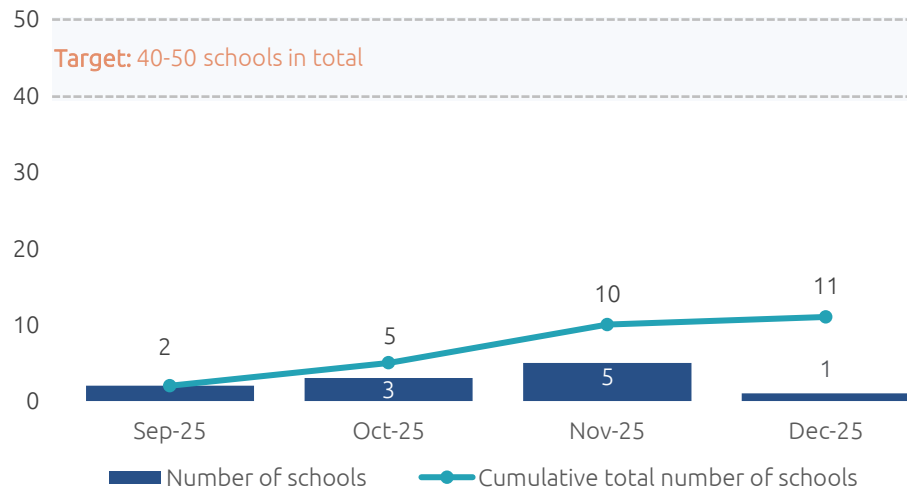


Health and Wellbeing

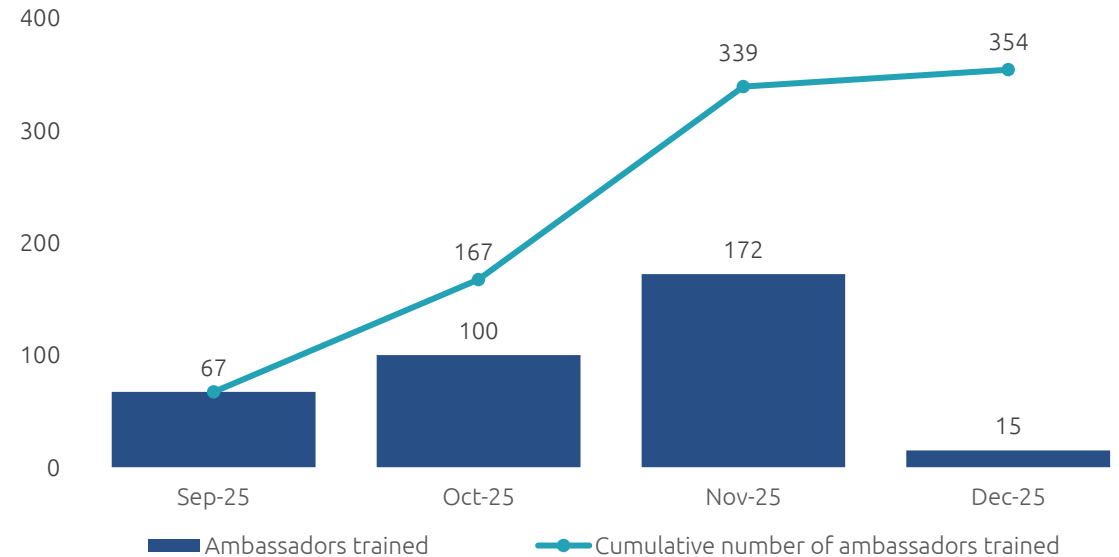


JUSTB / BYW BYWYD

Number of Just B Schools with 2-day training completed by month for 2025-26 academic year (year to date)



Number of Just B Ambassadors trained by month for academic year 2025-26 (year to date)



- JUSTB / BYW BYWYD is an evidence-based smoking prevention programme that utilises peer influence and networks to disseminate smoke-free norms.
- The programme is delivered during term-time to Year 8 pupils in secondary schools with the highest smoking rates.
- The 2025/26 academic school year is planned to progress to normal delivery levels of **40-50 schools in total**.
- During 2024/25, recruitment was challenging with schools perceiving smoking to be less of an issue than vaping.
- A review of the JUSTB programme focus will be carried out during this academic year.
- This monthly report is designed to show progress over the academic year from September to June.
- In December 2025, 15 Ambassadors were trained from 1 school.

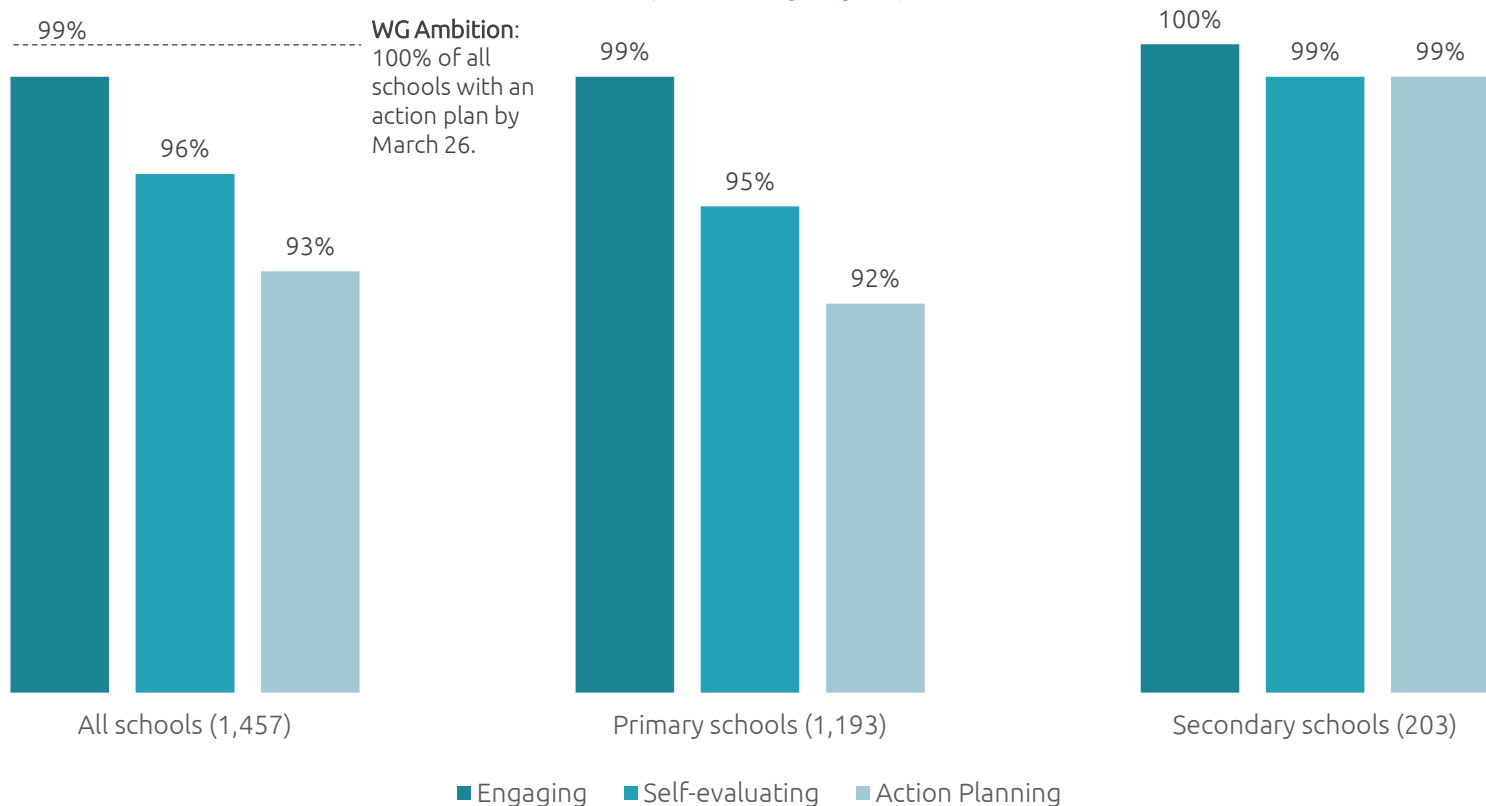


Health and Wellbeing



Whole School Approach to Emotional and Mental Wellbeing

Percentage of schools 'on-board', 'self-evaluating', or 'action planning' as part of their Whole-School Approach to Emotional and Mental Well-being (WSAEMWB) (Date: 05/01/26)



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

'Engaging' is where a school has responded to an offer of support and been advised on implementing the WSAEMWB framework, either in a 1:1 meeting with their Implementation Coordinator (or Health Promoting Schools Coordinator) or in a briefing session.

'Self-evaluating' means that the school has at least started self-evaluating against the WSAEMWB using either the Public Health Wales self-evaluation tool (SET) or an alternative tool.

'Action Planning' is where a school has identified actions and at least is planning implementation. Some schools have entered a continuous improvement cycle of scoping, action planning, implementing, and evaluating.

Welsh Government ambition: 100% of all schools will have an emotional and mental well-being action plan in place by March 2026.



Health and Wellbeing



Help Me Quit

In November 2025, the Hub was responsible for contacting 981 new referrals representing a 18% decrease compared to November 2024 (1,196). This is potentially due to a spike in referrals in November 2024 as a result of publicity around the NHS "stop-smoking" pill that was announced. There were several news articles that went viral around this time, and we received a spike in direct website traffic and referrals.

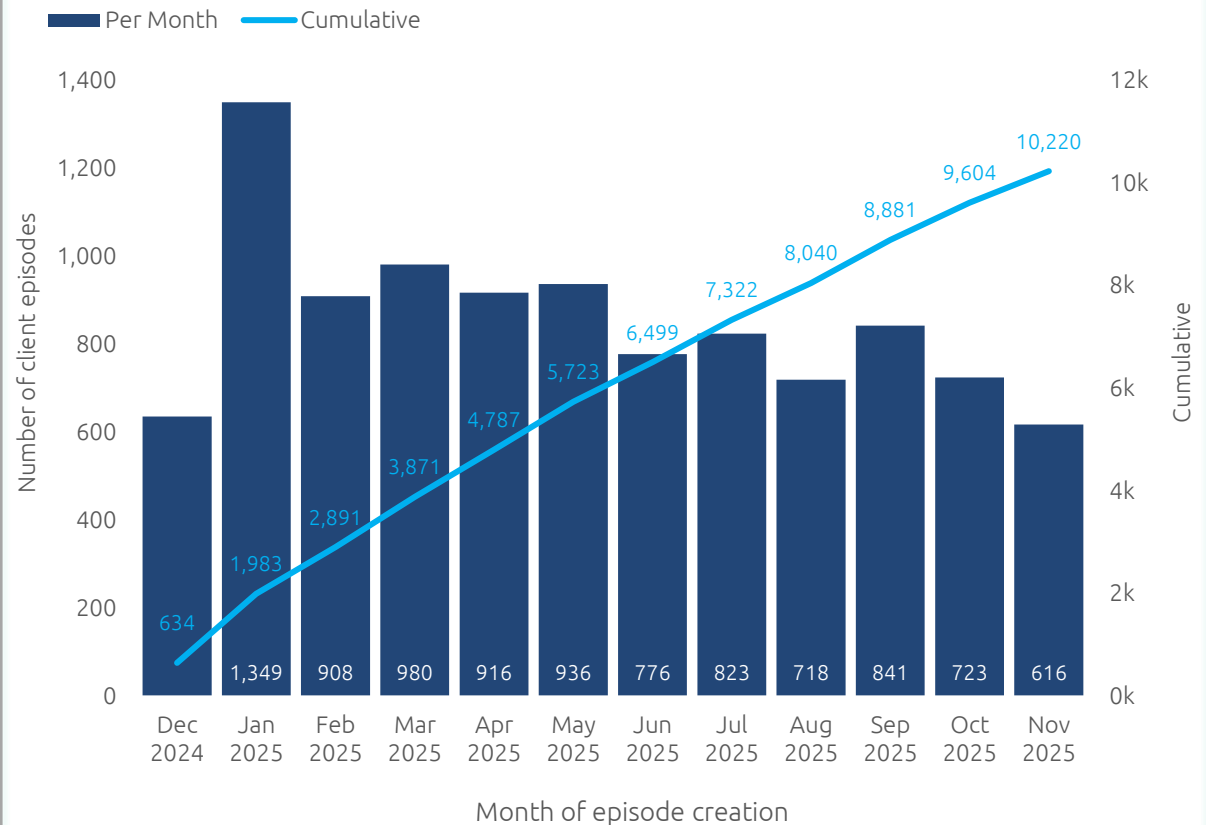
The Help Me Quit team handled 667 inbound calls, a reduction from 918 in the same month last year.

The Hub created 616 new client episodes in November 2025, a reduction from 940 in November 2024.

Timeliness of first contact: 95% received their first call attempt within two working days, exceeding the target of 90%. This is the same figure as reported in November 2024.

National Telephone Support Service (NTSS): The proportion of NTSS client episodes meeting the target of scheduling an assessment within 14 days of initial contact has increased from 81% in October 2025 to 90% in November 2025.

Number of client episodes created by the Hub



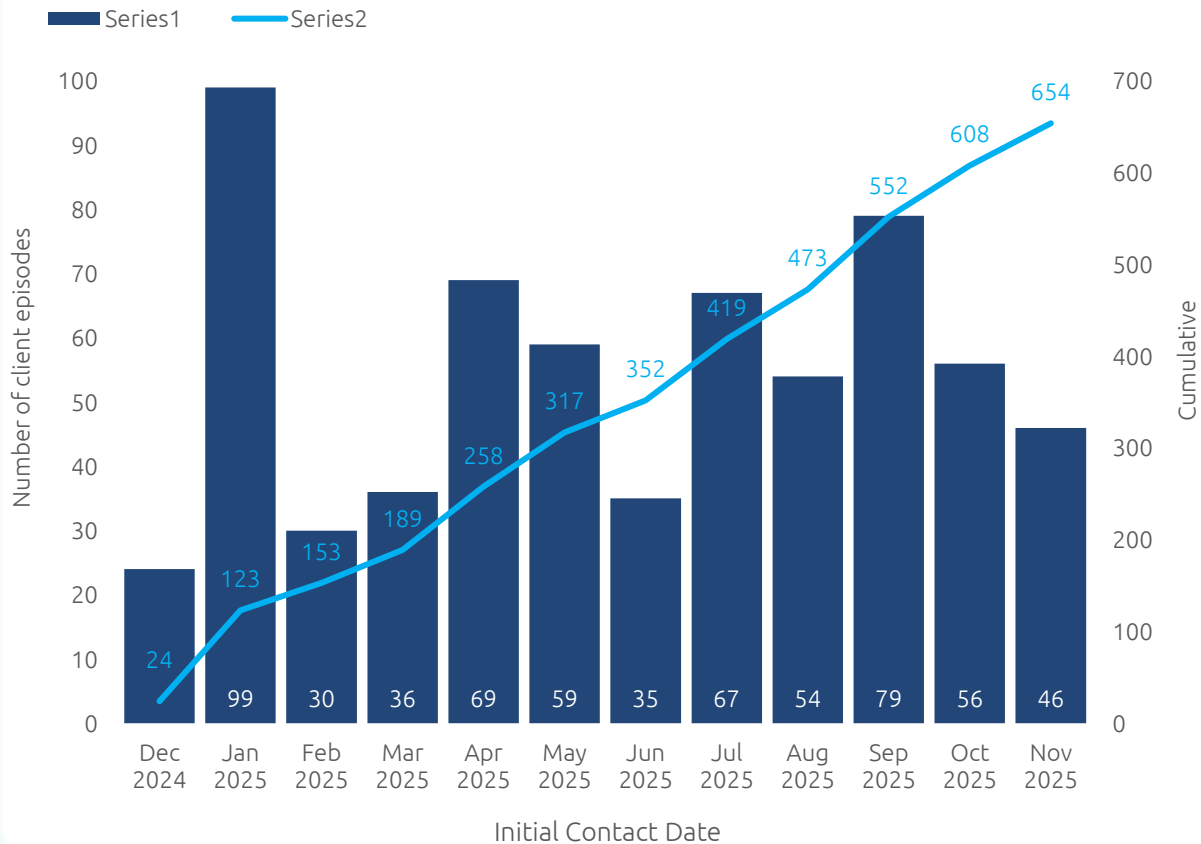


Health and Wellbeing

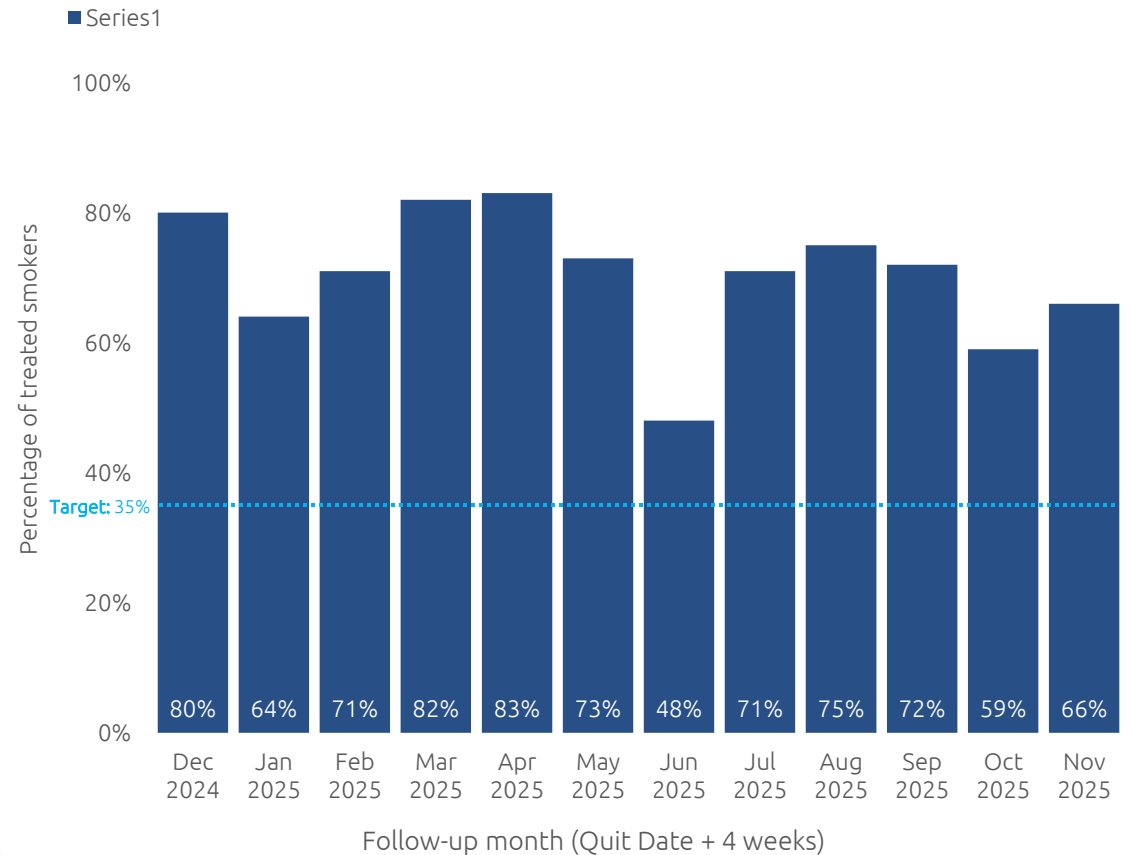


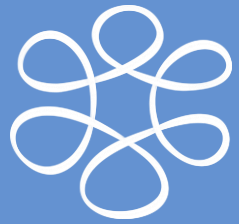
Help Me Quit

Number of clients who attend an assessment session (NTSS)



4-week self-reporting quit rate (NTSS)





Section 3
Strategy Delivery



Key Performance Indicator Summary



Strategic Plan	12 Month Look Back	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
Strategic Plan – Percentage of milestones currently green or complete		86.4%	87.9%	84.6%	96.1%	93.5%	91.8%	90.2%	89.3%	89.8%	88.5%	86.5%	85.2%
Strategic Plan – Percentage of milestones currently red		3.8%	2.6%	3%	0.9%	1.2%	2.1%	2.1%	0.8%	2.9%	1.6%	1.2%	2.9%
Request for Change (RFC) – Number of milestone changes submitted for approval		5	4	7	4	3	8	5	5	7	5	7	8
Strategic Priority 1 – Wider determinants		77.8%	77.8%	77.8%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Strategic Priority 2 – Promoting mental and social wellbeing		100%	100%	100%	100%	100%	81.8%	81.8%	81.8%	81.8%	81.8%	72.7%	72.7%
Strategic Priority 3 – Promoting healthy behaviours		71.4%	74.1%	67.9%	94.1%	92.1%	89.5%	89.5%	86.8%	89.5%	86.8%	84.2%	84.2%
Strategic Priority 4 – Sustainable health and care system		93%	95.2%	92.9%	100%	93%	93%	88.4%	88.4%	86%	91%	88%	91%
Strategic Priority 5 – Excellent public health services		83.3%	83.3%	83.3%	91.1%	93%	93.1%	91.4%	91.4%	91.4%	82.8%	77.6%	77.6%
Strategic Priority 6 – Climate change		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Enabling delivery of our plan		87.4%	89.1%	94.4%	97.2%	92.5%	91.3%	90%	88.8%	90%	91.3%	92.5%	87.5%
Strategic Change Programmes – Percentage of milestones currently green/amber		87.5%	75%	62.5%	75%	100%	100%	88%	88%	88%	89%	89%	88%
Strategic Change Programmes – Percentage of milestones currently red		12.5%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%



Strategic Plan Milestone Delivery



Strategic Priority Delivery Status

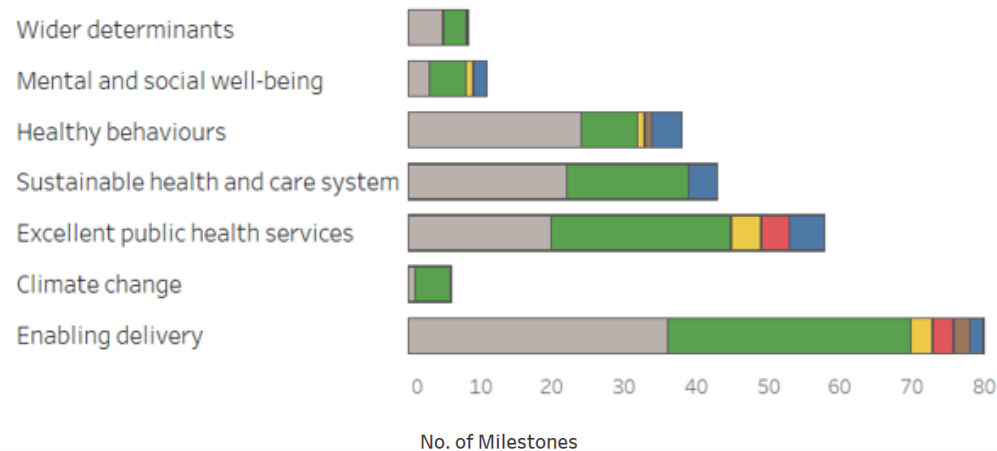


Request for Change

A total of 8 Requests for Change were submitted for approval in December 2025.



By Strategic Priority



At Month 9, 111 milestones have been completed, and 97 milestones are reporting as Green. This indicates that 75% of the remaining plan is on track.

The number of milestones indicating an early warning, with a total of 16 amber and red milestones. 9 of these sit within HPSS, who have also submitted 4 RFCs for approval. Themes include capacity issues linked to competing priorities, external dependencies on UK legislation changes, system delays and delays within Welsh Government. 3 milestones are also dependant on upcoming BET discussions.

A total of 8 RFCs have been submitted this month, with reasons including re-prioritisation, resource issues, and external dependencies on Health Boards, Welsh Government and UK legislation. 4 milestones have requested to extend the delivery date into 2026/27.

One previously suspended milestone, 'action plan to improve adult vaccination take up', is requesting to be closed and re-planned in next years' plan. This is due to a system delay across NHS Wales putting the programme on hold.

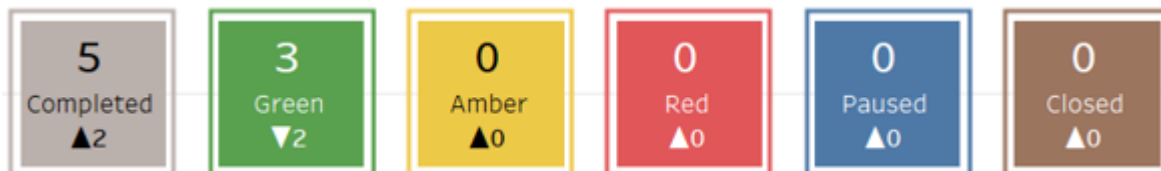


Strategic Plan Milestone Delivery



Strategic Priority 1 – Wider determinants

Current Delivery Status



By Directorate



Changes to Plan

No requests for change received in month 9

Strategic Priority Overview

- **Tackling Poverty:** Cross organisational work programme on worklessness of public health concern established and priority actions identified. Advocated on inclusive growth to Local Growth Fund consultation.

Better join up, better outcomes for child poverty: a Needs Assessment around Collaboration for Child Poverty communications plan in development. Housing and Child Poverty workshop held, identifying collaborative solutions.

- **Partnership Implementation:** Shaping Places Programme team leading on testing PSB sharing learning locally and nationally. Engaging Gwent and Powys PSBs to scope bespoke support.
- **Policy and health impact assessment:** HIA statutory regulations were approved in the Senedd in November 2025. Building a Healthier Wales considering future approach for better health and equity, in light of changing landscape.
- **Routemap:** Ensuring IMTP 2026/9 is deliverable and strategically coherent with Routemap. Refinements identified to strengthen assurance and evidence of impact.
- **Risks and Issues:** Ambition of Routemap remains a challenge within resource

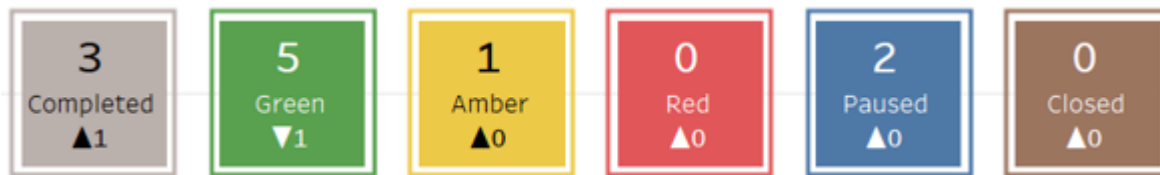


Strategic Plan Milestone Delivery



Strategic Priority 2 – Promoting mental and social wellbeing

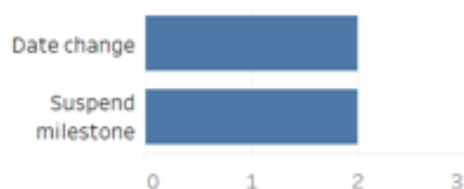
Current Delivery Status



By Directorate



Changes to Plan



3
Total RFC's YTD
2025/26

No requests for
change received in
month 9

Strategic Priority Overview

- Children and Young People's Mental Health and Wellbeing:** Joint statement published on the epidemiology of mental health difficulties in children and young people with key factors driving changes in prevalence over the last 15-20 years: [Joint Statement of CYP MH&WB](#). Findings shared with over 100 NHS professionals as part of the Child Health Network Webinar series: [News and events - NHS Wales Performance and Improvement](#)
- Delivering the Mental health and wellbeing strategy:**
Internally: Initiated cross-organisational group to strengthen coordination of PHW's contribution to both the MH&WB Strategy and the M&SWB Routemap.
Externally: PHW worked with 2 Health Boards (CTM and C&V) to deliver events bringing together system partners (MH Services, Public Health and the Voluntary and Community Sector) to support the development of local action that builds on existing assets and aligns with strategy ambitions.
- Implementing a Trauma-informed Wales:** Publication of co-produced research with EYST Wales on the experience of racial trauma in Wales to meet the inclusive principle of the Trauma-informed Wales Framework.
- Healthy Working Wales:** Healthy Working Wales event hosted over 70 employers and partner organisations to introduce new HWW products and resources. The event included a workshop on how organisations can better support young people in the workplace, with a focus on mental health and wellbeing.
- MECC e-learning:** Level 2 module launched with mental wellbeing included as a key topic for health-promoting conversations.
- Risks & Issues:** A greater than expected draw on staff time to support web transformation processes over recent months has impacted on the timeliness of updating content on the Hapus website. A lack of dedicated WG funding for public health approaches for mental health and wellbeing risks limiting progress against the MH&WB strategy ambitions for prevention and promotion at both a national and local level.

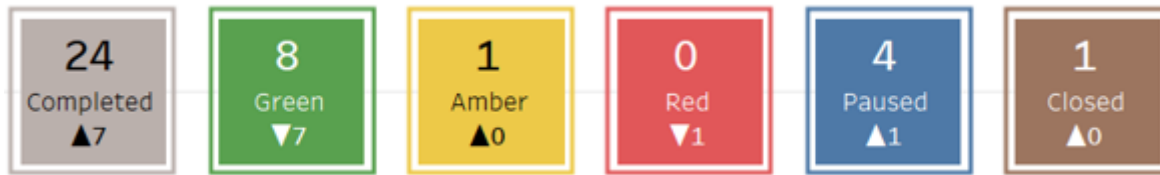


Strategic Plan Milestone Delivery



Strategic Priority 3 – Promoting healthy behaviours

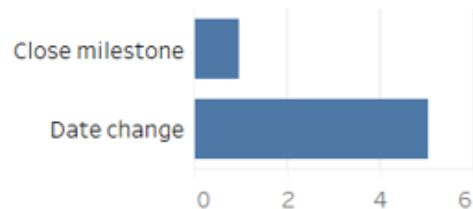
Current Delivery Status



By Directorate



Changes to Plan



7
Total RFC's YTD
2025/26

No requests for
change received in
month 9

Strategic Priority Overview

- **TVNAP:** Launched new brand platform and social marketing campaign 'Break Its Hold' to drive referrals to the Help Me Quit service as well as its website, which hosts the digital self-help toolkit 'Your Quit Plan'. The campaign, which is insights-driven and was tested extensively with target groups, is running from Boxing Day through to mid-January. Initial results indicate a high level of referrals with the Help Me Quit team geared up to be able to offer timely support.
- **HWW:** Employer survey tool, workplace advisor support service, and peer mentoring programme now live and operational. Evidence review and insights focus groups with 16–24-year-old employees underway around mental health. Social marketing and promotion key priority currently.
- **NERS:** Operational oversight ongoing. Adherence review complete. ROI research with HCRW ongoing. Priority is identifying support to complete NERS dashboard, which required a data warehouse in PHW for HIPAS data.
- **Physical Activity:** Assessing responses to the tender for the development of the Daily Active whole school approach to physical activity 8 Domain Resource. Further development of the "Test and Learn" Phase of the Daily Active programme, including assisting Sport Wales in the appointment to the post of Daily Active Advisor. Commencement of final part of Phase 2 of the place-based approach for active school travel, including a focus on the feasibility of a national rollout.
- **Children's Nutrition and Healthy weight:** Integration of CN&HW with the First 1000 Days team will begin from 19th January, while Healthy Weight priorities continue. Work is progressing on the permanent National Breastfeeding Lead post. A landscape review of food provision in early years settings commencing.
- **Gambling, drugs and alcohol:** Ongoing work for programmes for Gambling, drugs and alcohol related harm. Whole Systems Healthy weight and Pathway: Hosted national engagement with partners to support roll out of healthy advertising and healthier planning, OPIC submission for healthy weight pathway funding.
- **Issues/Risks:** A greater than expected draw on staff time to support web transformation processes over recent months alongside risks to programme deliverables if upgrades to systems are delayed. Costs Risks to pathway work if funding applications are not supported.

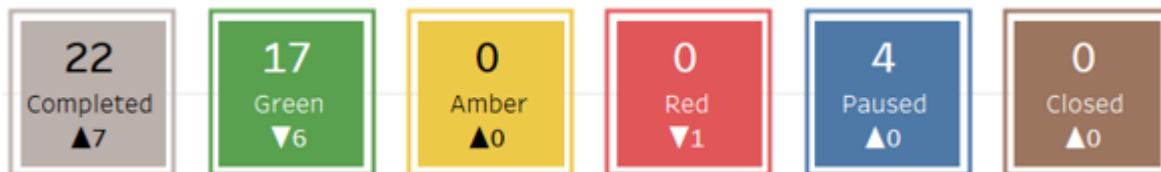


Strategic Plan Milestone Delivery



Strategic Priority 4 – Supporting a sustainable health and care system

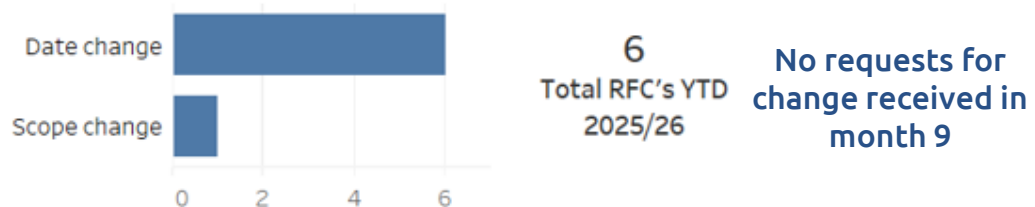
Current Delivery Status



By Directorate



Changes to Plan



Strategic Priority Overview

- [Teg I Bawb / Fair for All Strategic Action Plan to address health Inequalities through Primary Care](#) launched in December. The plan sets out clear actions across five priority areas: **leadership and culture, data and population health management, finance and resources, workforce, and community involvement**. Resources have been published on PCONW website to support implementation: [Reducing Health Inequalities through Primary Care Resources](#).
- [Mouth Cancer Incidence in Wales 2025](#) report and infographic published - reveals that people living in the most deprived areas of Wales are more likely to be diagnosed with mouth cancer, and less likely to survive five years after diagnosis, when compared to those living in more affluent areas.
- The **MECC programme** launch a new Level 2 e-learning module, supported by a newly developed performance dashboard. This dashboard will enable stakeholders to track training uptake, geographical reach, and engagement across professional groups, supporting targeted promotion and quality improvement efforts.
- **National Safeguarding week (10-14th Nov)** developed a programme of train-the-trainer events and [associated resources](#) designed to support reflective, high-impact safeguarding learning across agencies in Wales. A portfolio of drama-based video scenarios, produced by training experts *AftaThought*, explore key themes covering professional curiosity, managing disclosures, strategy discussions, mental capacity, home invasion, disguised compliance, and hearing the voice of families and carers.

Issues/Risks

- Cross-organisational coordination and workforce capacity to deliver ambitions of the strategic priority and route map
- Ambition of route map remains a challenge within resource
- System capacity to engage in prevention & long-term thinking vs operational pressures
- Alignment of PHW to the new national Community by Design Programme.

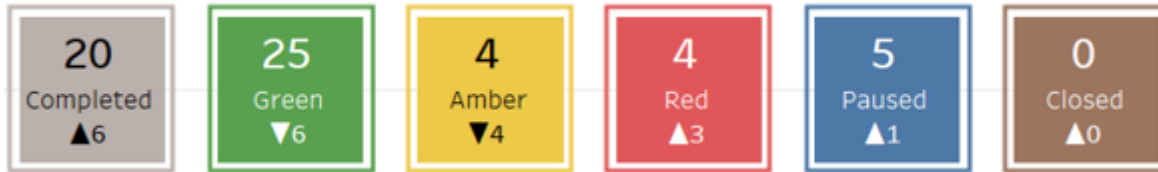


Strategic Plan Milestone Delivery

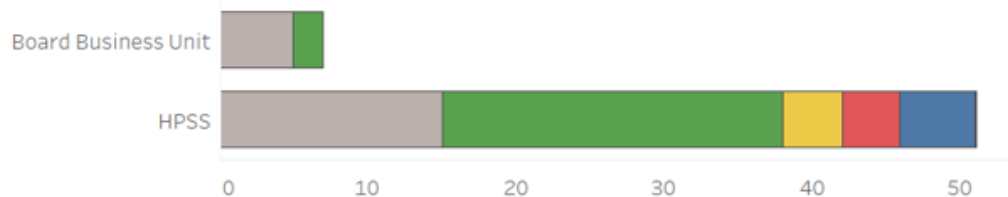


Strategic Priority 5 – Delivering excellent public health services

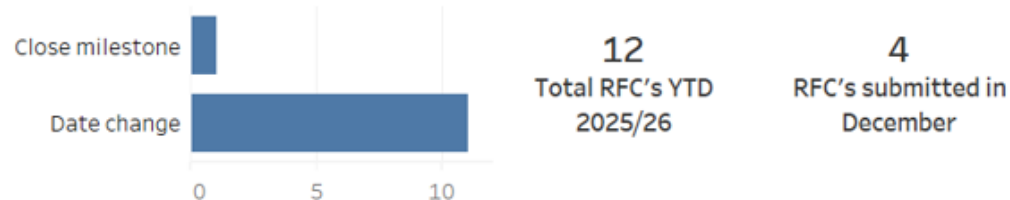
Current Delivery Status



By Directorate



Changes to Plan



Strategic Priority Overview

- Using a variety of agreed engagement methods, data collection for the BTW review is now complete. The review team is conducting in-depth analysis and preparing the first draft report for senior manager and stakeholder review in January.
- Following an initial review of IMTP milestones to identify key work aligned with the 2035 route map's enabling objectives, a workshop is being planned to explore how to capture activity outside HPSS within excellent public health services.
- A paper has been reviewed in KRIC that describes the programme of innovation work across Infection Services, ranging from the implementation of technical innovations around bone and joint infections through to workforce innovation. The paper has also been shared with the Chief Healthcare Science Officer for Wales.
- The members of the Winter Pressures and Planning Group works to strengthen national communications, enhance flu surveillance, maintain flexible health protection plans with surge capacity, enforce infection control measures, promote staff vaccination, and engage stakeholders through toolkits, webinars, and coordinated messaging.

Issues/Risks

- Alignment and co-ordination of cross directorate and cross organisational capacity to adopt, plan and deliver the ambitions of the strategic priority.
- External and internal dependencies on the current route map objectives for directly delivered services.

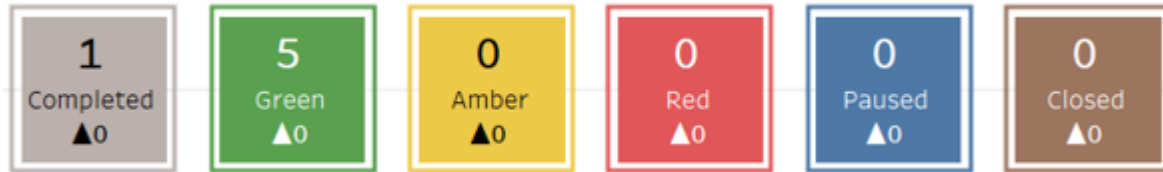


Strategic Plan Milestone Delivery



Strategic Priority 6 – Climate change

Current Delivery Status



By Directorate



Changes to Plan

No requests for change received in month 9

Strategic Priority Overview

- Work is underway to finalise our Climate Response Plan for submission to Welsh Government (WG) by 31st March 2026. An initial draft Climate Risk Assessment has been completed and shared with WG on 15th January; workshops will be held shortly with senior staff in key areas to identify suitable adaptation actions. Encouragement of attendance at these workshops is appreciated.
- New sub-groups of climate change programme board have been launched to enable delivery of the route map.
- [Heat Morbidity Annual Report 2024](#) was published in November 2025 and identified three main areas of concern:
 - Heat affects health beyond heatwaves. Moderate heat, hot nights, and cumulative exposure all contribute to increased risks of cardiovascular, respiratory, renal, and mental health conditions, even when heatwave thresholds are not met.
 - Vulnerable groups face disproportionate risks. Older adults, children, people with chronic conditions, and those in socioeconomically deprived or urban areas are consistently shown to be more affected by heat-related health outcomes.
 - Wales needs tailored, routine heat-health surveillance. The review recommends adopting advanced modelling (DLNM), expanding exposure metrics, and establishing annual reporting to support climate adaptation.
- Work is underway to finalise the 2024-2025 cold morbidity annual surveillance report.

Issues/Risks

- The 2013 MoU between PHE (now UKHSA), WG and PHW is currently being renegotiated with UKHSA propose replacing with six service schedules and have invited comments. UKHSA have proposed including a service schedule with their Centre for Climate and Health Security which would be a new addition. The need and opportunities for this are being explored via Climate Change Programme Board.

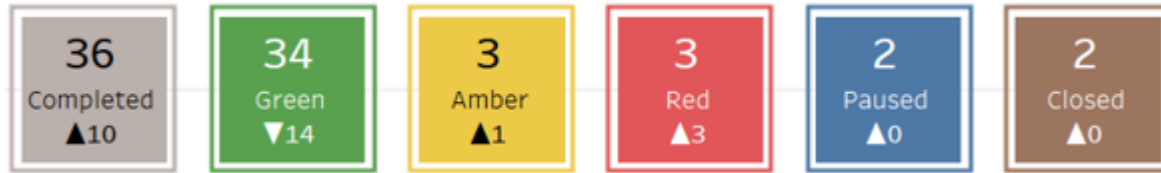


Strategic Plan Milestone Delivery

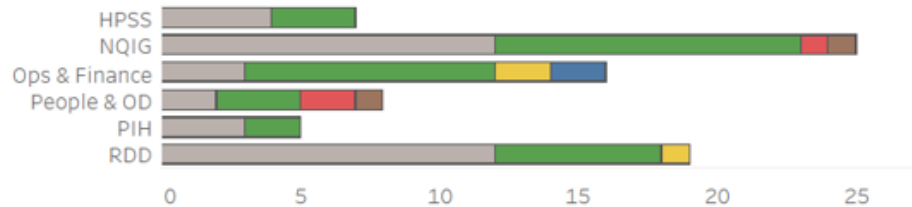


Enabling delivery of our plan

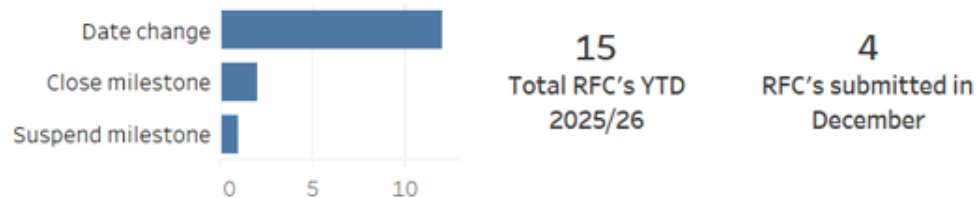
Current Delivery Status



By Directorate



Changes to Plan





Strategic Change Programmes



Strategic Change Programmes Overview

Detail on all programmes is available on the Performance and Assurance dashboard. A high-level summary of the DCA status for Tier 1 & 2 programmes, as of December 2025, is provided below.

Green	Green/Amber	Amber	Amber/Red	Red
1	3	3	1	0

Key Information

DESW Transformation has moved from **Amber to Amber-Red** due to a pausing of the business case for mobile clinics, delays with implementing automated booking, upgrading the Optimise patient system and online booking, and a continuing lack of programme capacity. The programme is currently re-prioritising and replanning but is continuing to face significant challenges in increasing service capacity and clinic utilisation.

Three of the Tier 1 programmes are awaiting key Welsh Government approvals by the end of March but are continuing to make good progress in the meantime. There is a risk of running into the Senedd pre-election period if any of these approvals are delayed.

- **Lung Screening** has received Welsh Government acknowledgment of its Business Justification Case and revised April 2028 go-live date. The programme is currently responding to Welsh Government queries on assurance, change management, and integrated approval planning. Procurement activity is also progressing, and several key roles have recently been appointed to.
- **Digital Health Protection** is now in detailed planning with the supplier, completion of which should enable the programme to return to green status. Welsh Government approval of the Full Business Case is pending.
- **Tackling Diabetes Together** is facing a risk that the All-Wales Diabetes Prevention Programme will not be funded across each Health Board beyond 2026. However, the programme is now performing more strongly due to a more prioritised approach and with an Operational Delivery Manager now in post. Diabetes has been confirmed as a DHCW priority for 26/27 and has now been included in the GMS Contract for 26/27 also.

The **DARC Programme** has moved from **Amber/Red to Amber** now the programme board has approved an integrated programme plan covering Azure and NDAP migrations, and a programme brief. Progress on planning and migration has been made with CDSC and RDD, whilst the initial migration of Azure DevOps has been completed.

Web Transformation has delayed the Public Beta launch to early January 2026 due to Welsh language compliance issues. Future ways of working are now being designed through workshops. Replanning is now underway to establish whether the 31/3 implementation deadline is still achievable.

Programme Detail

Programme Name	Oct	Nov	Dec
1 Diabetic Eye Screening Transformation	A	A	A/R
	A	A	A
	G/A	G/A	G/A
	G/A	G/A	G/A
2 Automation and AI	A	A	A
	A/R	A/R	A
	G	G	G
	G/A	G/A	G/A

Further detail on the individual Programme DCA and commentary can be found on the dashboard.





Inequalities



Our Approach to Health Inequalities Programme

- Our Approach to Health Inequalities Steering group brings together colleagues across PHW delivering health inequalities projects, showcasing good practice, identifying and addressing gaps and co-ordinating reporting activity.
- The [group](#) has developed a narrative and a single organisational definition of health inequalities. The narrative sets out the role PHW plays in tackling health inequalities which is intended to facilitate engagement and discussion.
- The narrative has guided the development of key PHW documents e.g. the Health Protection Best Practice Guidance and the Screening Equity Strategy.
- The Steering group and Strategy team have strengthened the focus on health inequalities in the development of the Long-Term Strategy Route maps and IMPT planning process.
- The 'Data, Analysis and Evaluation Subgroup' aims to improve how data, evidence and evaluation are used across PHW to understand, monitor and reduce health inequalities. The Subgroup has highlighted opportunities for learning and co-ordination, e.g. in relation to the NHS Wales App and progressing work around understanding of Healthy Life Expectancy data.

Health Inequalities | Framework subgroup

- A Task and Finish group developed a Health Inequalities Framework and a supplementary document which includes more detailed information, a tool and resources.
- The [Framework](#) provides evidence-based ways for teams throughout PHW to tackle health inequalities, when considering their set-up, planning and decision-making. It includes examples of good practice, a health equity checklist and evidence-based health equity actions for teams to use to inform decisions and identify innovative solutions.
- The Framework's development followed co-production and engagement principals. It has been compiled with input from PHW staff and included user testing workshops with support from Llais, our PHW behavioural science unit and the PHW engagement team.
- The Narrative and Framework have been highlighted and promoted to key stakeholders at the Welsh Public Health Conference. It will be launched in early 2026, followed by a communications and engagement phase to increase awareness and knowledge, gain insights and build further collaborative partnerships.
- For the Framework, we will develop an evaluation plan to measure our contribution and impact. Insights and baseline data will be collated to inform a lessons-learned report at the end of the engagement phase.



Inequalities – New Data and Analysis



Strategic Priority 5: Cancer incidence by stage at diagnosis – inequalities by area deprivation, WCISU

- The [Cancer Reporting Tool](#) has been updated with cancer incidence by stage at diagnosis and WIMD areas deprivation to 2022
- In 2022, lung cancer incidence was 2.3 times higher in the most deprived fifth of areas compared to the least deprived.
- Both lung and colorectal cancer were more likely to be diagnosed at a late stage than an early stage across all area deprivation fifths in Wales, throughout the period 2011 to 2022.
- For colorectal cancer, the gap in rates between early and late-stage diagnoses widened in 2022. In 2022, in the most deprived areas, the late-stage colorectal cancer incidence rate was 1.3 times higher than early-stage. In the least deprived areas, it was 1.1 times higher than early-stage diagnosis.
- In 2022, 72% of all women who were diagnosed with breast cancer were diagnosed at an early stage. This was similar across all deprivation fifths throughout 2011-2022
- Prostate cancer diagnoses fell by 23% during 2020 because of pandemic measures. By 2022, late-stage diagnosis rates had returned to pre-pandemic levels in all area deprivation fifths, apart from the most deprived. But the rate of early-stage diagnoses made no recovery by 2022 in the most deprived fifth, with only slow recovery in the other deprivation fifths. In fact, in the most deprived fifth of areas, unusually for prostate cancer, the late-stage rate of diagnosis had overtaken that for early-stage in 2021 and 2022.

Strategic Priority 2: Secondary School Children's Health and Well-being Dashboard– new ethnicity breakdowns and cannabis

- Comprehensive ethnicity insights and full year group by local authority breakdowns are available from PHW's [School Health Research Network survey data dashboard](#), and other indicators have been updated for 2023.
- Data are collected every two years from maintained comprehensive secondary schools in Wales, which is run every two years. In 2023, 95% of eligible schools took part.
- In 2023 almost 50% of girls from white or mixed ethnicities showed high levels of emotional problems compared to around 20% for boys of the same ethnicity. Girls from black and Asian ethnic groups showed lower levels of emotional problems at 35% and 37% respectively.
- Almost 6% of pupils from black ethnic groups in 2023 report smoking at least once per week, compared to around 4% of pupils from mixed and other ethnicities, 3% of pupils from Asian ethnic groups and 2% of pupils from white ethnic groups. This pattern is different from UK-wide adult smoking prevalence by ethnicity, which finds the highest rates in adults from mixed and other ethnic groups ([ONS, 2025](#))
- Pupils from mixed ethnicities are most likely to report e-cigarette use and alcohol consumption, pupils from Asian ethnicities are least likely.
- A new indicator shows that in 2023, pupils from mixed and black ethnic groups are most likely to report ever taking cannabis, at 10.7% and 9.4% respectively. This compares with 7% of those from white ethnicities, 4.8% from Asian ethnicities and 6.6% of pupils from other ethnicities.



Section 4 Outcomes Measurement





Outcomes Measurement



Strategic Priority	Indicator	Latest value	Time period	Recent trend	Most deprived fifth	Least deprived fifth	Recent trend in deprivation gap
Overarching outcomes	Healthy life expectancy – males	60.3 years	2021-2023	↓	51.6 years*	68.0 years*	↑
	Healthy life expectancy – females	59.6 years	2021-2023	↓	47.9 years*	68.1 years*	↑
Mental wellbeing	Average mental wellbeing score – adults	48.4	2024/25	▬	46.1	50.0	More time required to establish trend
	Average mental wellbeing score – adolescents	23.5	2023	↑	22.1	24.1	↑
	Feel a sense of community	57.8%	2024/25	↓	47.5%	63.9%	↓
Healthy behaviours	Smoking prevalence – adults	10.0%	2024/25	↓	21.8% ***	7.5% ***	More time required to establish trend
	Smoking prevalence – adolescents**	2.6%	2023	↓	4.0%	2.1%	↓
	Healthy weight – adults	36.1%	2024/25	▬	33.7% ***	39.5% ***	More time required to establish trend
	Healthy weight – adolescents**	65.0%	2021	More time required to establish trend	71% ****	82% ****	More time required to establish trend
	Meeting physical activity guidelines – adults	59.2%	2024/25	↑	47.7% ***	61.4% ***	More time required to establish trend
	Meeting physical activity guidelines – adolescents**	18.3%	2023	↑	15.3%	20.4%	↑
	Alcohol consumption above guidelines – adults	15.4%	2024/25	More time required to establish trend	14.6% ***	21.3% ***	More time required to establish trend
	Alcohol consumption – adolescents**	35.6%	2023	↓	32.4%	37.6%	↓

Notes: *Values for deprivation fifths are from 2020-2022. **For adolescent measures, values for the most and least deprived fifths represent the values for low and high affluence families respectively, measured on the Family Affluence Scale (see [SHRN dashboard](#) for more information) ***values for deprivation fifths are from 2023/24 ****Values include adolescents with healthy weight and underweight. We are currently working on disaggregating these



Outcomes Measurement



Strategic Priority	Indicator	Latest value	Time period	Recent trend	Most deprived fifth	Least deprived fifth	Recent trend in deprivation gap
Sustainable health and care system	Avoidable mortality rate	283 per 100,000	2021-2023	—	In development	In development	In development
	Prevalence of cardiovascular disease	5129.9 per 100,000	2023	↑	Awaiting dataset updates*	Awaiting dataset updates*	Awaiting dataset updates*
	Prevalence of diabetes (ages 17+)	7.694.2 per 100,000	2023	↑	Awaiting dataset updates*	Awaiting dataset updates*	Awaiting dataset updates*
	Prevalence of respiratory disease	4603.9 per 100,000	2023	↑	Awaiting dataset updates*	Awaiting dataset updates*	Awaiting dataset updates*
	Prevalence of cancer	3,268.0 per 100,000	2023	↑	Awaiting dataset updates*	Awaiting dataset updates*	Awaiting dataset updates*

Notes: *Non-communicable disease prevalence by deprivation fifth can be calculated from disease registers, however there are currently changes being made to the disease register datasets available to us. We will progress developing these indicators once these changes are complete



Outcomes Measurement



Strategic Priority	Indicator	Latest value	Time period	Recent trend	Most deprived fifth	Least deprived fifth	Recent trend in deprivation gap
Excellent public health services	'6 in 1' vaccination coverage at age 1	94.1%	2024/25	▬	Not available	Not available	Not available
	MMR coverage at age 2	93.0%	2024/25	▬	Not available	Not available	Not available
	HPV coverage at age 15	73.1%	2024/25	↓	Not available	Not available	Not available
	All routine immunisations coverage at age 1	93.3%	2024/25	▬	90.4%	94.7%	↓
	All routine immunisations coverage at age 2	91.2%	2024/25	▬	87.4%	94.5%	↑
	All routine immunisations coverage at age 4	85.3%	2024/25	↑	79.7%	90.7%	↓
	All routine immunisations coverage at age 5	87.6%	2024/25	▬	82.5%	92.2%	↑
	All routine immunisations coverage at age 15	60.7%	2024/25	↓	48.1%	71.3%	↑
	Early-stage cancer diagnosis – all cancers	46.0%	2022	↑	42.9%	49.0%	▬
	Early-stage cancer diagnosis – female breast cancer	71.9%	2022	▬	73.7%	73.1%	▬
	Early-stage cancer diagnosis – colorectal cancer	41.3%	2022	↓	39.9%	44.0%	▬
	Early-stage cancer diagnosis – cervical cancer	57.1%	2022	↑	59.0%	66.7%	▬



Outcomes Measurement



Strategic Priority	Indicator	Latest value	Time period	Recent trend	Most deprived fifth	Least deprived fifth	Recent trend in deprivation gap	
Climate change	PHW carbon emissions – direct emissions (kgCO2e)	245,021	2024/25	↓	Not applicable	Not applicable	Not applicable	Updated
	PHW carbon emissions – indirect emissions from energy (kgCO2e)	288,009	2024/25	↑	Not applicable	Not applicable	Not applicable	Updated
	PHW carbon emissions – indirect emissions (kgCO2e)	11,909,698	2024/25	↑	Not applicable	Not applicable	Not applicable	Updated
	All-cause heat-associated deaths	557	2024	More time required to establish trend	105	97	More time required to establish trend	
	Difference in average daily deaths during heat episodes compared to non-heat period days	+9	2024	More time required to establish trend	Not available	Not available	Not available	
	Deaths from all causes occurring in summer months	10,310	2024	↑*	Not available	Not available	Not available	

Note: *This represents whether this indicator value is higher than the mean value across 2016-2023 (excluding 2020, 2021, and 2022)



Outcomes Measurement



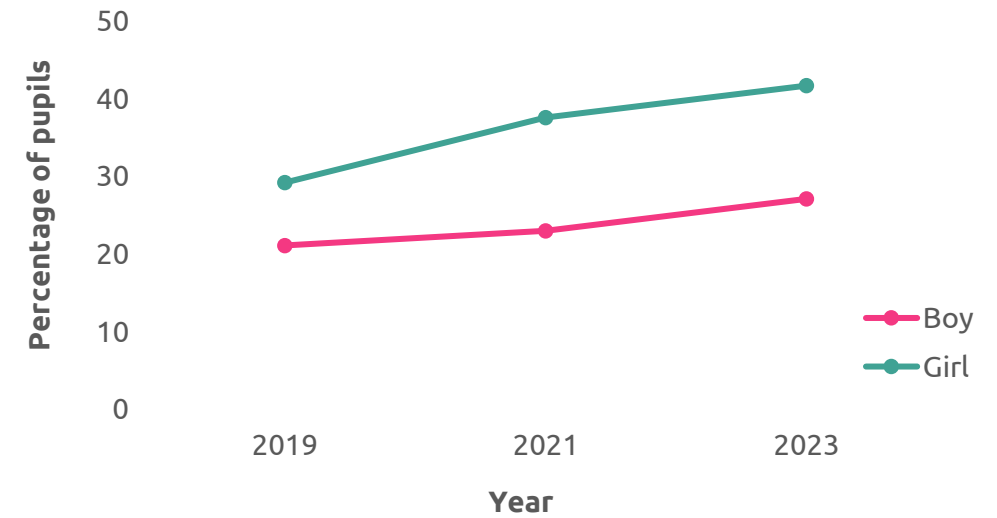
Deep dive – School Health Research Network data on secondary school children, young people’s mental health and emotional wellbeing Strategic Priority 2

- The Public Health Wales [dashboard](#) of the School Health Research Network’s secondary school survey now includes new data on mental health and emotional wellbeing
- Increase between 2019 and 2023 in pupils with high Strengths and Difficulties Questionnaire (SDQ) scores
- Pupils from low affluence families are twice as likely to have low mental wellbeing scores than pupils from high affluence families
- 22% pupils in 2023 have mental wellbeing scores indicative of probable clinical depression
- Girls and pupils from low affluence families are much more likely to report poor mental health and emotional wellbeing
- More pupils reporting **frequent difficulty sleeping** – 31.2% in 2017 to 39.6% in 2023. Our research shows difficulty sleeping has the strongest independent association with both mental health difficulties and lower wellbeing

What are we doing?

- [Mental Health and Wellbeing Strategy for Wales 2025-2035](#)
- Detailed report on the mental health and wellbeing needs of babies, children and young people
- [Whole School Approaches to Emotional and Mental Wellbeing](#) and evaluation of the programme
- Working with partners, including Estyn and Directors of Education, aligned to the Hapus approach
- [Trauma Informed Wales Framework](#)
- Supporting action to reduce child poverty and improve access to protective wellbeing activities
- [The Best Start in Life: An Early Years Framework for Action](#)
- Supporting NHS P&I to transform pathways to mental health support
- [Joint Statement on Children and Young People’s Mental Health and Wellbeing](#)

Percentage of pupils who score high or very high in the total combined score for problems with peers, hyperactivity, emotions and conduct (SDQ)





Evaluation



- **HAPUS National Conversation and Strategic Partnership (2023-27)**
 - **Outcome evaluation** using YouGov to capture national data on exposure and impact
 - **Process evaluation** to explore reach and acceptability
 - **What we found (to date): [Baseline Report: National Conversation](#)**
 - Fewer than half of adults take part in activities to support mental wellbeing, despite most recognising its importance
 - Partnership is building shared understanding but requires deeper collective action
 - Final reports focused on learning and accountability to inform will be published after the evaluation ends
- **[Welsh Network of Health and Well-being Promoting Schools programme \(2026-30\)](#)**
 - **Outcome evaluation** taking a natural experiment approach to examine the health outcomes effect of attending a school which is meeting the national standards
 - **Process evaluation** to examine implementation of standards and contribution to system change, using an equity lens
 - Will report in 2026 to 2028
- **Health Information for Parents resources: 'Your Pregnancy and Birth' and 'Newborn to Age 2' in Wales**
 - **Outcome evaluation** to assess impact on knowledge, confidence and behaviour
 - **Process evaluation** to examine implementation and accessibility, acceptability, engagement and impact
 - **What we found :**
 - High level of awareness and trust in healthcare but varied use. Barriers include supply issues, varied integration, motivation challenges, reach concerns
 - Evaluation will be completed in 2026.
- Partnered the NHS P&I research funding application to the NIHR PGfAR Fast Track programme to evaluate the transformation of pathways to mental health support. The funding proposal was not successful, but this facilitated new connections and joint areas of interest, beneficial for future programmes.



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*Gweithio gyda'n gilydd
i greu Cymru iachach*

**Working together
for a healthier Wales**