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Iechyd Cyhoeddus
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Public Health
Wales

Performance and Insight Report – 2024/25 Overview

May 2025



Report Overview

Our **Performance and Insight Report 2024/25** provides an overview of the organisation's performance against our key activities and programmes in 2024/25. It provides a summary of data across the year, highlighting key trend information and where we have met agreed target levels as well as where we have experienced challenges.

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**



Section 1

Governance and Accountability



Key Performance Indicator Summary



People Governance	Target	12 Month Look Back	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
12m Rolling Sickness Absence FTE %	<3.25%		3.96%	3.96%	4.00%	4.00%	4.01%	4.00%	4.10%	4.10%	4.20%	4.30%	4.33%	4.36%
Statutory and Mandatory Training	85%		90.1%	90.4%	90.6%	91.1%	91.4%	91.4%	91.4%	91.8%	92.3%	92.7%	92.6%	92.8%
Appraisal Compliance	85%		79.2%	78.4%	80.9%	84.3%	85.6%	85.6%	84.3%	84.5%	84.8%	81.4%	83.5%	83.2%
Diversity ESR Data	N/A		74%	74%	74%	75%	75%	75%	75%	75%	76%	76%	76%	76%
Financial Governance														
Revenue Position Forecast	Breakeven		£0K	£0K	£0K	£0K	£0K	£0K	£0K	£0K	£0K	-£200K	-£200K	-£195K
Capital Year-End Position	£3.653m		£0k	£2k	£2k	£147K	£210K	£1.063K	£1.203K	£1.362K	£1.423K	£1.700K	£2.058K	£3.578K
Agency Spend, % of Total Pay Bill	≤2.1%		1.4%	1.6%	1.4%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.6%	1.7%	1.7%
Public Sector Payment Policy (PSP)	95%		N/A	97.9%	98.0%	97.8%	98.0%	98.0%	98.2%	98.3%	98.4%	98.2%	98.1%	98.1%
Information Governance														
Freedom of Information Request Response*	Within 20-Days		10	4	4	3	7	3	6	3	1	2	1	2
Subject Access Request Response*	1 Month Avg		0	0	0	1	1	0	0	0	0	0	0	0
Personal Data Breaches Reported	N/A		1	10	4	3	0	0	2	6	1	2	1	2
Personal Data Breaches Reported - Escalated			0	3	0	0	0	0	0	0	0	1	1	0
Mandatory Information Governance Training	85%		89%	89%	89%	90%	89%	89%	88%	89%	89%	90%	90%	91%
Clinical Governance														
Moderate or above harm incidents - monthly	N/A		6	7	11	8	6	3	3	9	5	6	4	4
Moderate or above harm incidents - YTD**			6	13	24	31	37	28	43	52	60	62	66	70
Number of externally reported incidents (NRI's, EWI, RIDDOR, IRMER) - In Month	N/A		1	2	0	2	2	0	2	0	2	0	2	1
Number of externally reported incidents (NRI's, EWI, RIDDOR, IRMER) - Rolling 12m			5	7	6	8	8	4	11	12	11	11	13	12
Incident Closure Compliance***	85% PHW		59%	51%	47%	51%	54%	82%	74%	63%	61%	74%	65%	69%
Formal Complaints - Acknowledged within 5 working days***	75% WG		100%	100%	100%****	100%	100%	100%	80%	100%	100%	100%	100%	100%
	95% PHW		100%	100%	0%****	60%	50%	100%	100%	67%	100%	75%	100%	75%
Formal Complaints – Responded to within 30 working days***	75% WG		100%	100%	0%****	60%	50%	100%	100%	67%	100%	75%	100%	75%
	95% PHW		100%	100%	0%****	60%	50%	100%	100%	67%	100%	75%	100%	75%
Informal Complaints – In Month	N/A		13	8	8	7	1	3	7	4	4	12	4	3
Informal Complaints – Rolling 12m			126	127	125	120	119	111	107	103	103	101	88	80

* Number that have exceeded target
** This data is YTD from 1 April 2024.

*** Note Incidents and Complaints require 30 working days for closure.
**** 1 received

Key: RAG Status

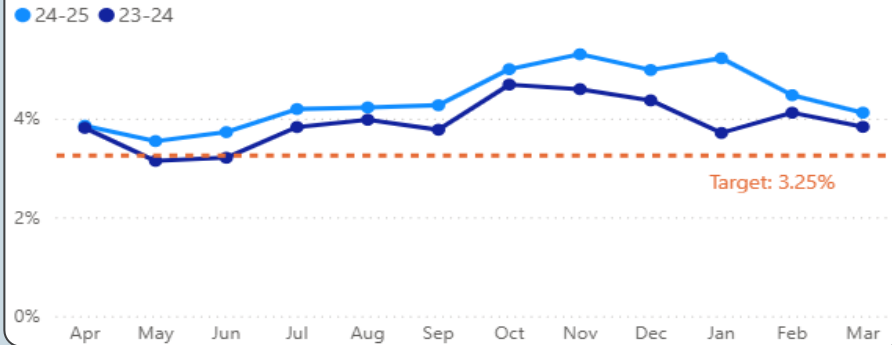
■ >10% outside target
 ■ Within 10% of target
 ■ Achieving target
 ■ Not applicable / TBC



Sickness Absence



PHW Sickness Absence (%)



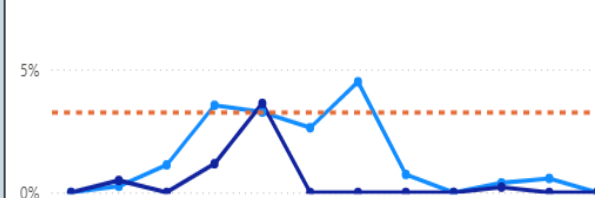
Summary of data:

- Sickness absence for the period 2024-25 is generally higher than when compared with the period 2023-24.
- Noticeable peaks in sickness absence around October and December for both years.
- Primary reason for absence is 'anxiety, stress, depression, and other psychiatric illnesses. These types of illnesses tend to result in longer-term absences, and the impact of these illnesses is significant, accounting for 11,794 FTE days lost during 2024-25.

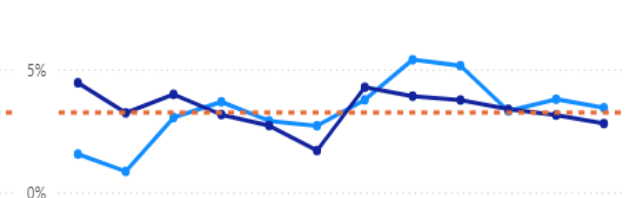
Key actions include:

- Comprehensive wellbeing offer for colleagues, designed to help people stay well and in work; plus, support and development for managers in managing attendance; and timely Occupational Health advice to inform adjustments, and enable a successful return to work following long-term absence.
- People and OD team actively monitors sickness absence data and can offer Directorates further support as required. This provides a basis for tracking the impact of any interventions implemented and offering tailored assistance to specific areas as needed.

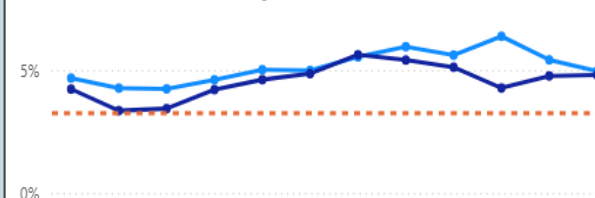
Board and Corporate



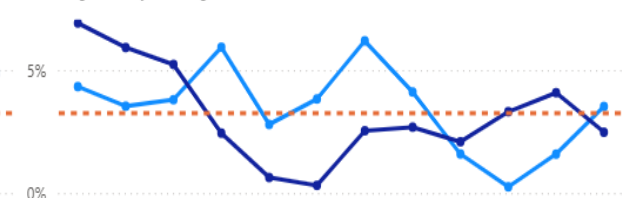
Health & Wellbeing



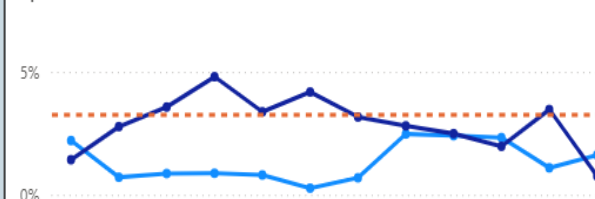
Health Protection and Screening Services



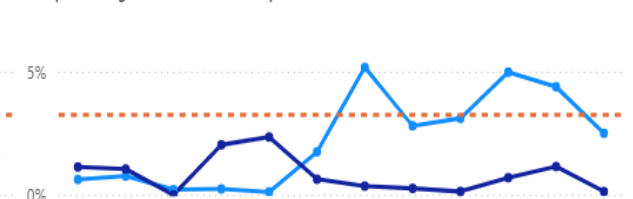
Nursing, Quality & Integrated Governance



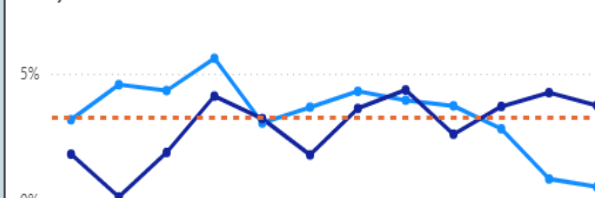
Operations & Finance



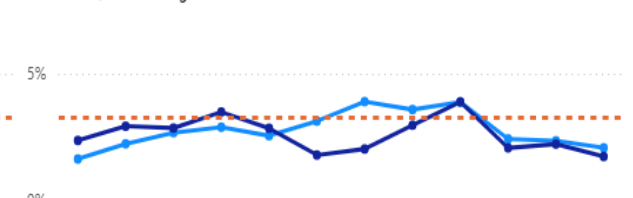
People & Organisational Development



Policy and International Health



Research, Data & Digital



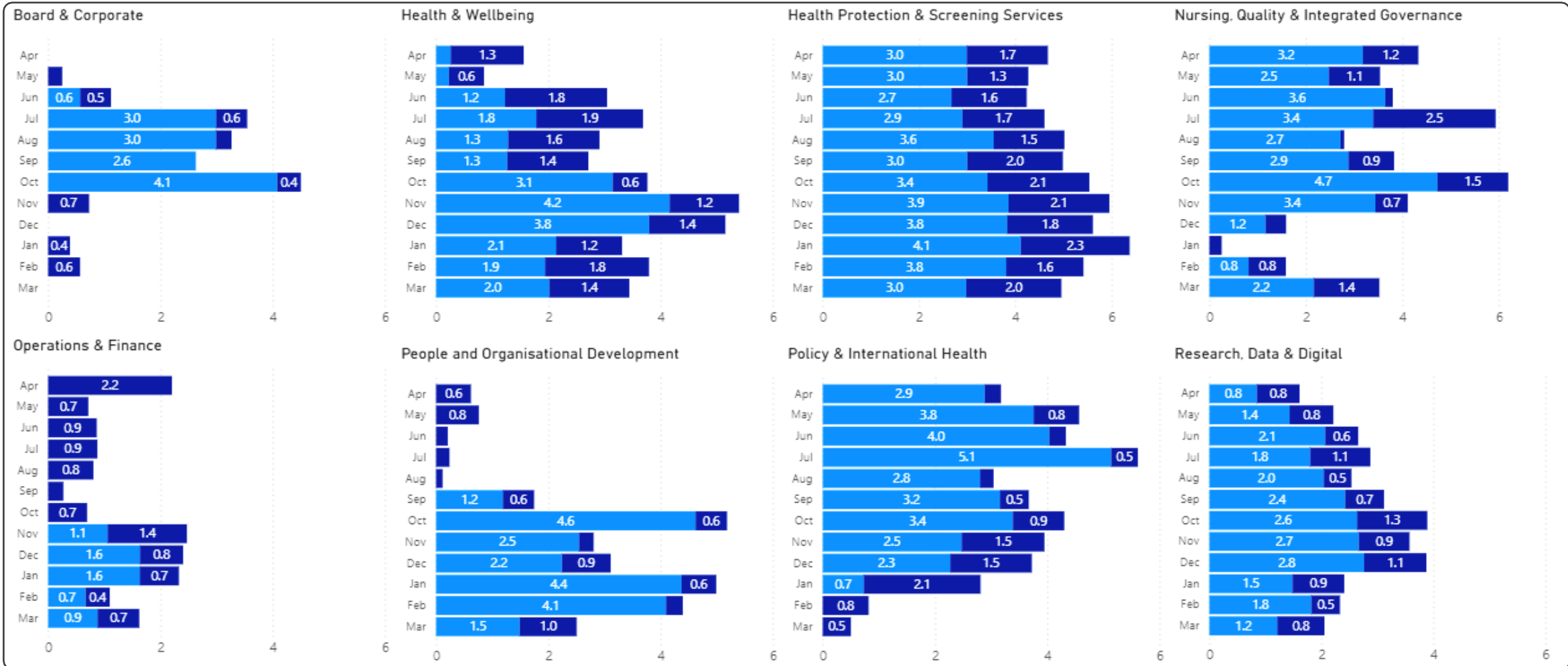
Target: 3.25% 2024-25 2023-24



People Governance: Sickness absence by term (2024-25)



Term ● Long Term ● Short Term

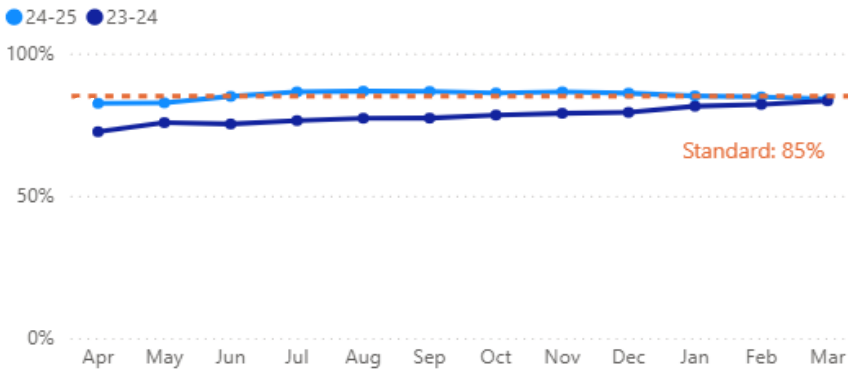




People Governance: Appraisal and Development Reviews



PHW Appraisal Compliance (%)



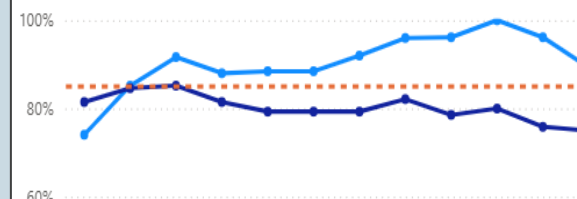
Summary of data:

- Appraisal compliance has been higher between April 2024 and March 2025 compared to the same period in 2023-24.
- Both years show appraisal compliance which is close to or above the national target of 85%.

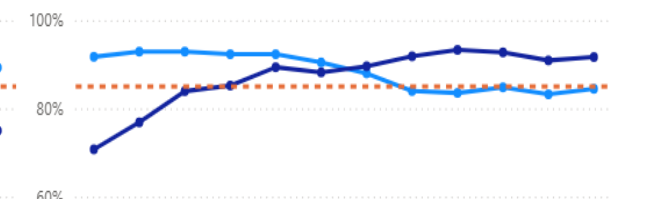
Key actions include:

- Targeted conversations and support with Directorates around low compliance.
- Commitment to review our approach to Performance Management throughout 2025-26.

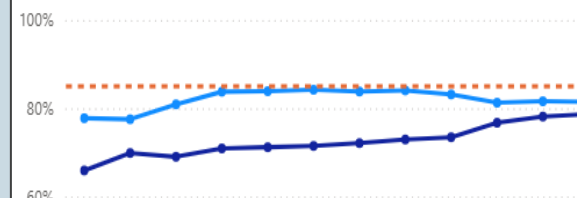
Board and Corporate



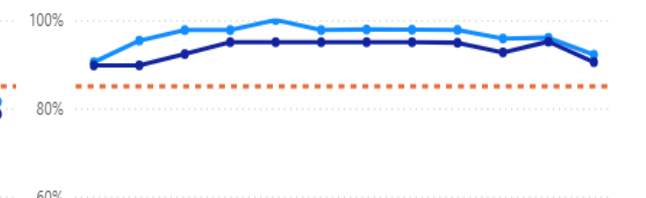
Health & Wellbeing



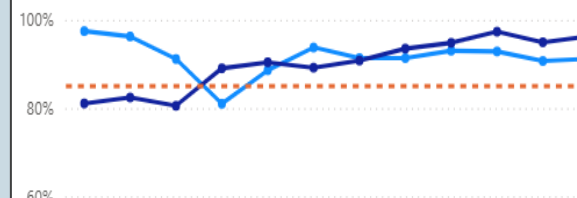
Health Protection & Screening Services



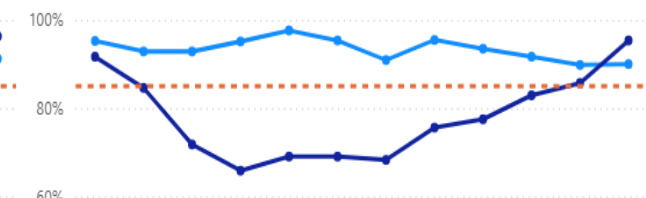
Nursing, Quality & Integrated Governance



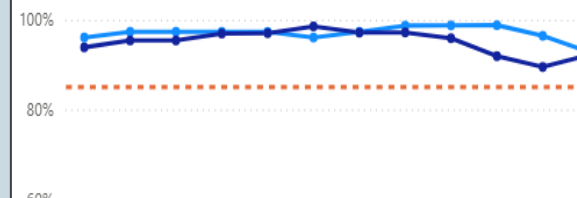
Operations & Finance



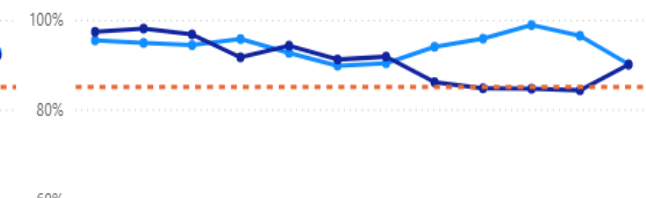
People & Organisational Development



Policy & International Health



Research, Data & Digital



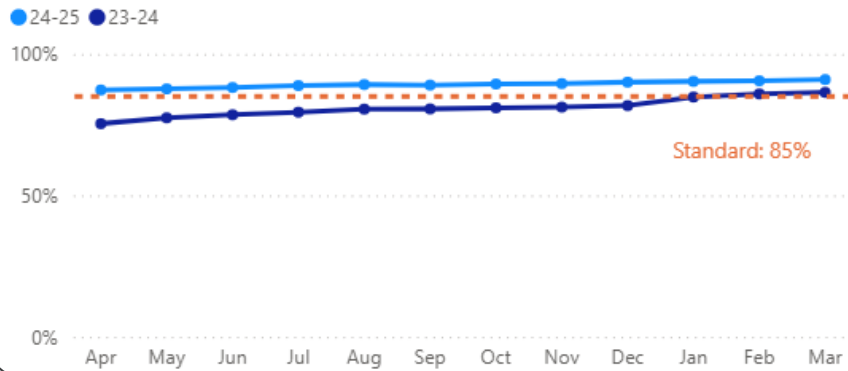
Standard: 85% ● 24-25 ● 23-24



People Governance: Statutory and Mandatory Training



PHW Statutory and Mandatory Training Compliance(%)

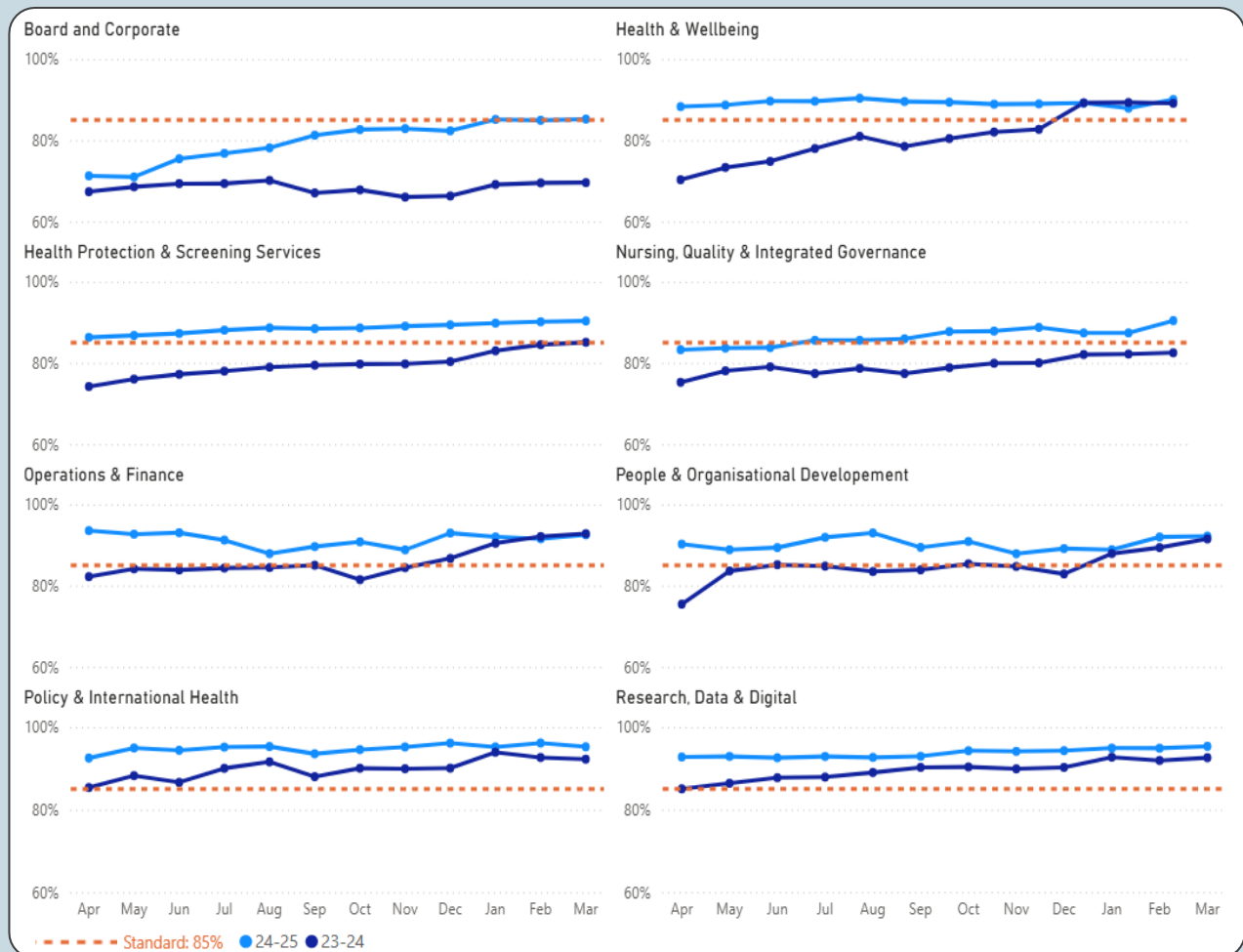


Summary of data:

- Statutory and Mandatory Training compliance was higher between April 2024 and March 2025 compared to the same period in 2023-24
- It remains **above** the national target.
- The module reporting lowest completion is Foundations in Improvement (85.9%), which was introduced as a mandatory training e-learning module from April 2024.

Key actions include:

- Monthly compliance breakdown reports provided to Directorates.
- ESR drop-in sessions held twice a month.

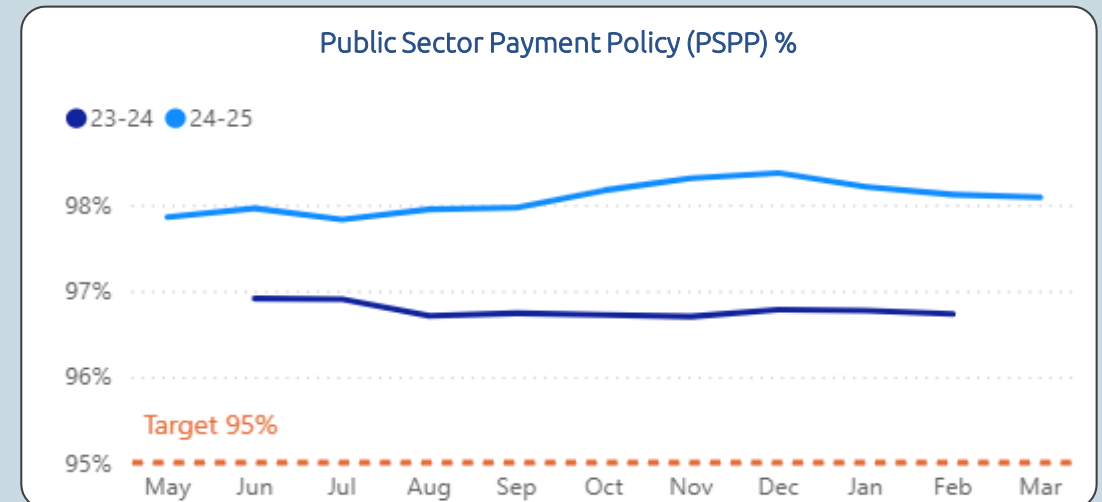
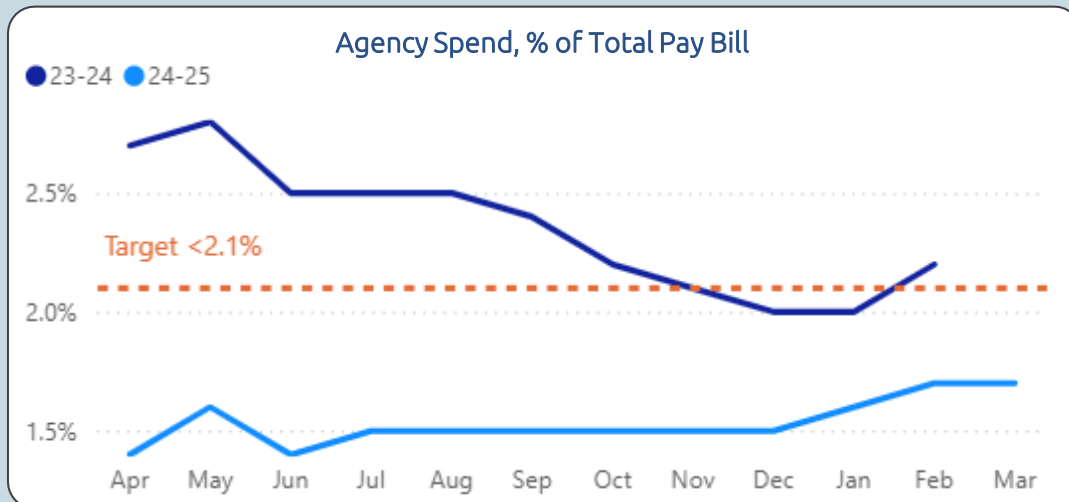




Financial Governance



- The PHW breakeven revenue forecast moved to a £200k underspend forecast in month 10 due to the financial impacts of the COVID-19 Public Inquiry being less than expected, ultimately delivering a £195k under spend at year end. Changes to directorate spending plans and forecasts during the year demonstrated a flexible approach to financial management but also made the planning for the management of in year variances more challenging.
- The capital position was managed through the year to a small expenditure slippage of £75k against our discretionary and strategic allocations at year end. This increased to £113k when taking into account £37k net book value of disposals during the year.
- Agency usage as a % of total pay bill gradually increased during the year, however remained relatively low and delivered the target of a year-on-year reduction from the previous year. The reason for the increase during the year is linked to our utilisation of agency as part of our slippage plans in the latter part of the year.
- PHW consistently delivered the PSPP target throughout the year and were ranked the number one organisation in NHS Wales for compliance across 2024/25.





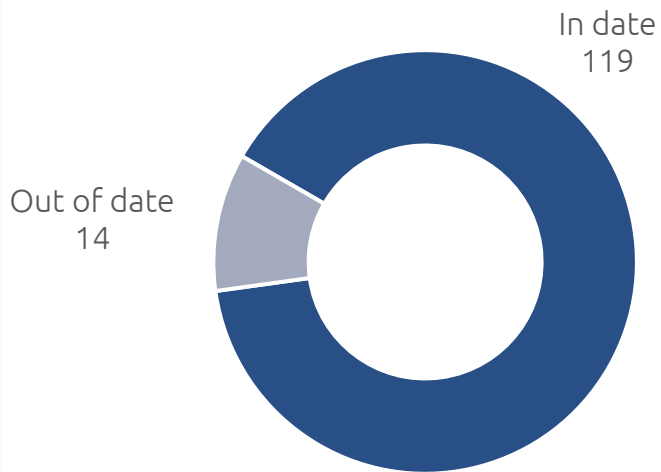
Corporate and Information Governance



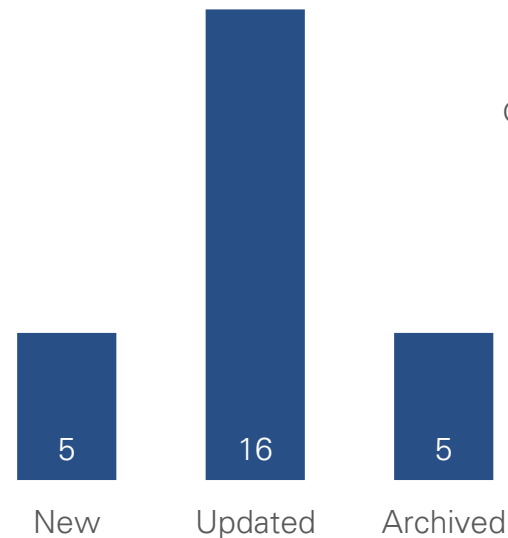
Corporate Governance

Annual Corporate Policies Compliance for 01 April 2024 - 30 March 2025

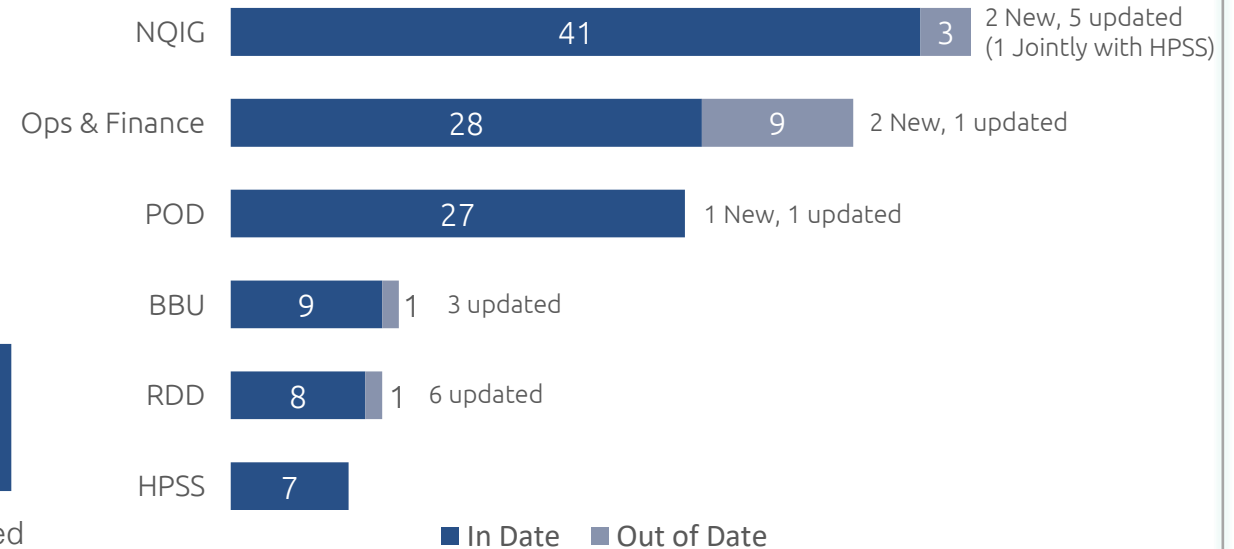
End of Year Position



In Year Policy Progress



Directorate Position at End of Year





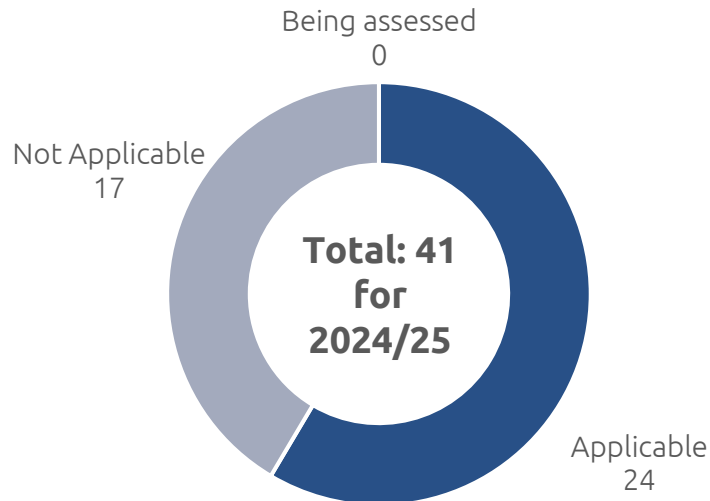
Corporate and Information Governance



Corporate Governance

Wales Health Circular (WHC) Compliance - 2024/2025 Summary

All WHCs received in 2024-2025 have been enacted. Our compliance against each of the WHCs is reported in the Annual Governance Statement.



Of those applicable:



- Confirmed compliance
- In Progress



Corporate and Information Governance



Corporate Governance

External Audit, Audit Wales – 2024/25

Audit Wales issued 2 Reports in 2024/2025

Audit of Accounts 2024/2025

The Audit of Accounts contained 4 recommendations which have been included in the annual summary of Actions.

**All 4
recommendations
closed in year**

**No new
recommendations**

Structured Assessment 2024/2025

The Structured Assessment for 2024/25 contained no new recommendations.

“... Overall, we found that the Trust has effective arrangements to ensure good governance, with sound approaches in place to develop and monitor its plans and manage its finances. However, there remains a need to improve the timeliness of some committee meetings and develop a more comprehensive approach to assurance mapping as part of its Board Assurance Framework.”

“... the Board and its committees continue to operate well, and maintain a good focus on public transparency, hearing from staff and service users, and continuous improvement.”

“...the Trust is continuing to strengthen its corporate systems of assurance related to risk, performance, and tracking recommendations and associated scrutiny. However, the Trust still needs to identify all sources of assurance on the effectiveness of its arrangements to manage its strategic risks and achieve its organisational objectives.”

“...the Trust has a sound approach to developing and monitoring the delivery of Integrated Medium-Term Plans but there is scope to further strengthen its approach to demonstrating impact.”

“...the Trust continues to have a sound approach to managing its financial resources.”

Further work to develop and embed the previous year's recommendations will be taken forward in 2025/26 and reported to the Audit and Corporate Governance Committee.



Corporate and Information Governance



Corporate Governance – Summary of Audits 2024/25

Internal Audit – 2024/25 Head of Internal Audit Opinion

The overall opinion by the Head of Internal Audit on governance, risk management and control is a function of this risk-based audit programme and contributes to the picture of assurance available to the Board in reviewing effectiveness and supporting our drive for continuous improvement. The Head of Internal Audit has concluded:

Reasonable Assurance		The Board can take Reasonable Assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.
Substantial Assurance		Board Assurance Framework Health Protection & Screening Services – Procurement improvement plan Duty of Quality Welsh Risk Pool Claims
Reasonable Assurance		Health and Wellbeing financial planning Research and evaluation strategy Digital and data strategy Health Protection and Screening Services – Performance metrics Records management
Limited Assurance		None
Unsatisfactory		None
Advisory/Non-Opinion		None

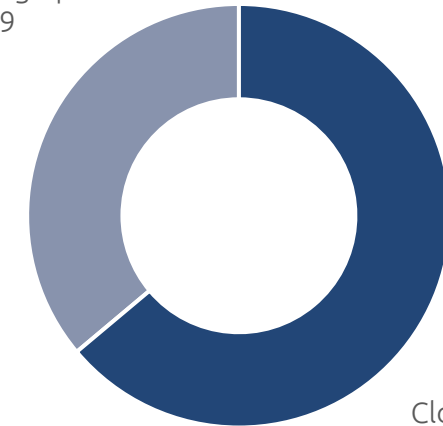
Audit Action Tracker Summary – 2024/2025 Summary End of Year Summary Position

14 Interval Audits received this year

2 External Audits received this year

64 new recommendations added to the register during 2024/25

Remaining open
39



Closed in year
69

Includes all actions including those received in previous years

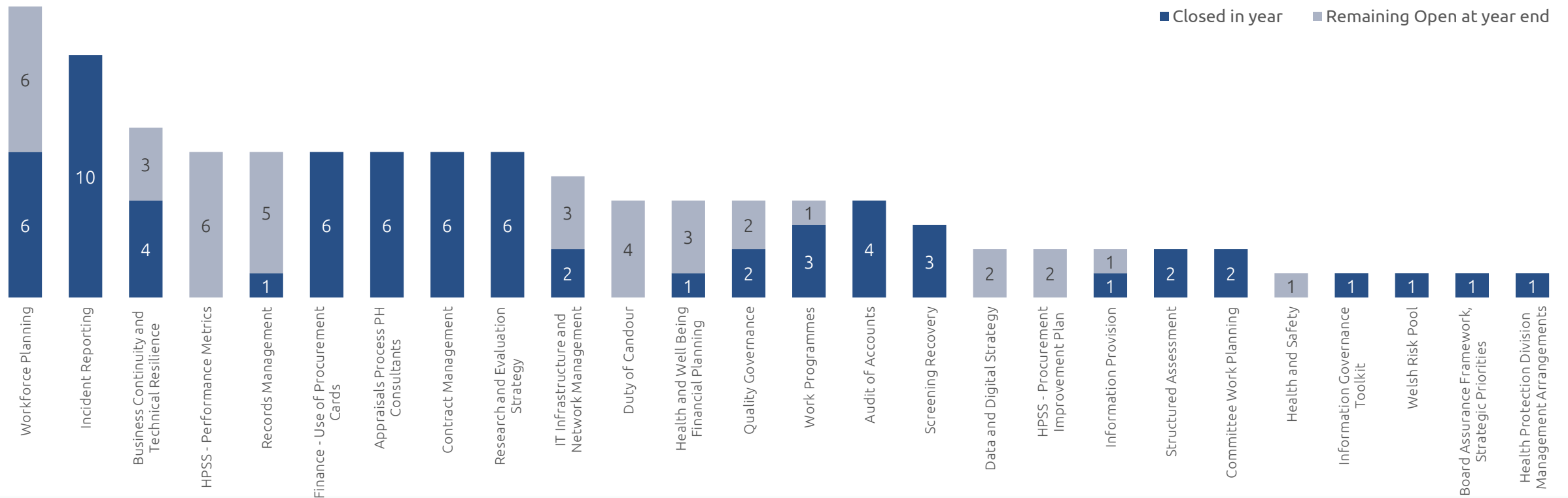


Corporate and Information Governance



Corporate Governance

Audit Action Tracker Summary showing all Actions open and closed in 2024/2025 (as of 31 March 2025)



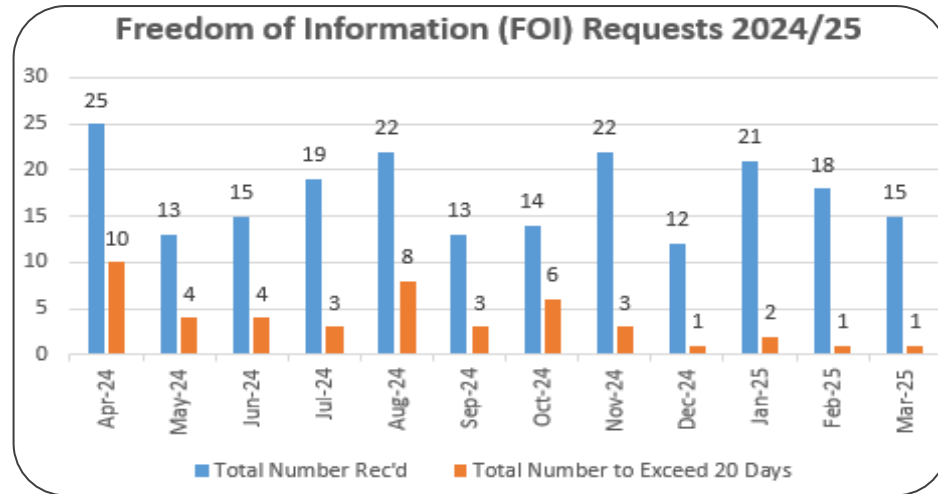


Corporate and Information Governance



Information Governance

Freedom of Information Act



209 requests were received between the period April 2024 to March 2025, of which 46 (22%) exceeded the 20-working day timescale due to respond.

Directorates are consistently reminded of the need to ensure compliance with response deadlines when possible.

* This data currently includes requests that went over 20 working days, but had exemptions applied which meant that they did not breach the mandated target.

Personal Data Breaches

32 requests were received in the period April 2024 to March 2025, of which 5 (15.6%) requests were escalated to the ICO (Information Commissioners Office).

No further action was required from the 5 requests that were escalated.

Data Protection (Subject Access) Requests

23 requests were received in the period April 2024 to March 2025, of which 22 (96%) requests were responded to within the target of one calendar month.

1 (4%) request was extended due to complexity 0 (0%) breached the target.

Mandatory Information Governance Training

Organisation-wide compliance with Information Governance mandatory training has exceeded the national target (85%) throughout the period April 2024 to March 2025.



Clinical Governance, Quality, Safety and Improvement

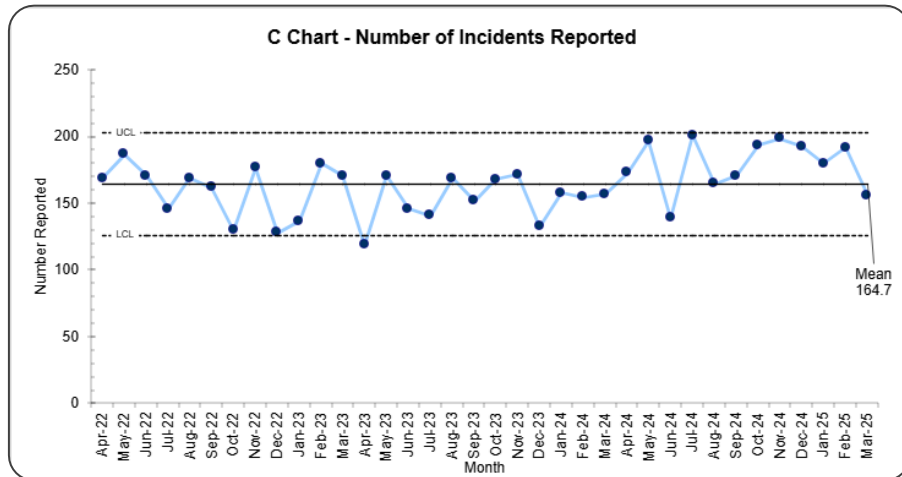


Externally Reportable Incidents

In the period April 24 – March 25:

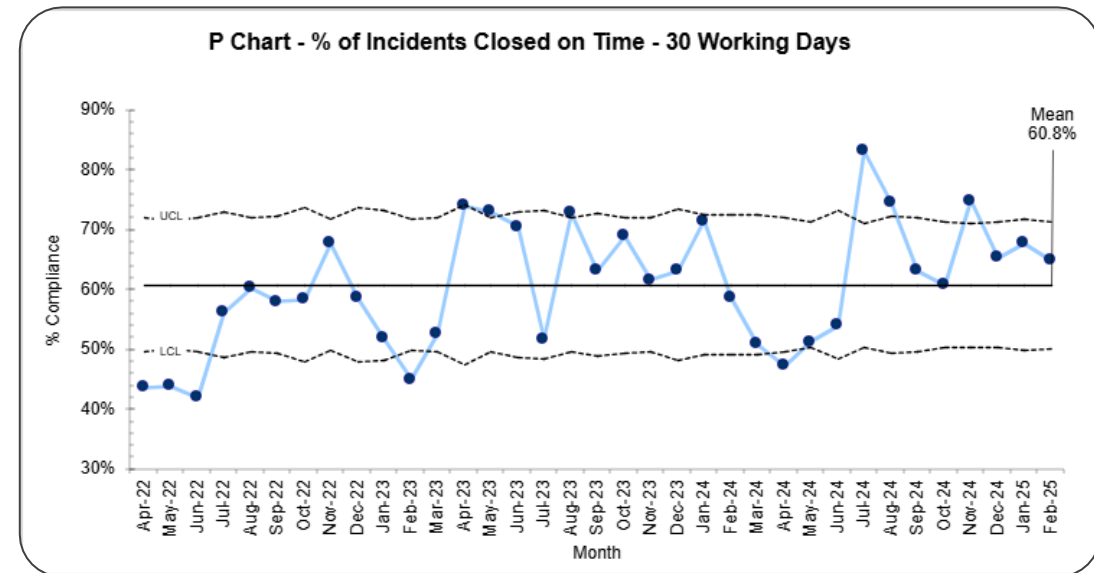
- 3 Nationally Reportable Incidents reported
- 6 Early Warning Incidents reported
- 1 Duty of Candour incidents reported

Incidents Overtime (April 22 – March 25) by Status



The largest numbers of incidents within this period are within Microbiology (703), Cervical Screening Wales (683) and Diabetic Eye Screening Wales (375)

Incident Closure rates (April 2022 – February 2025)



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

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



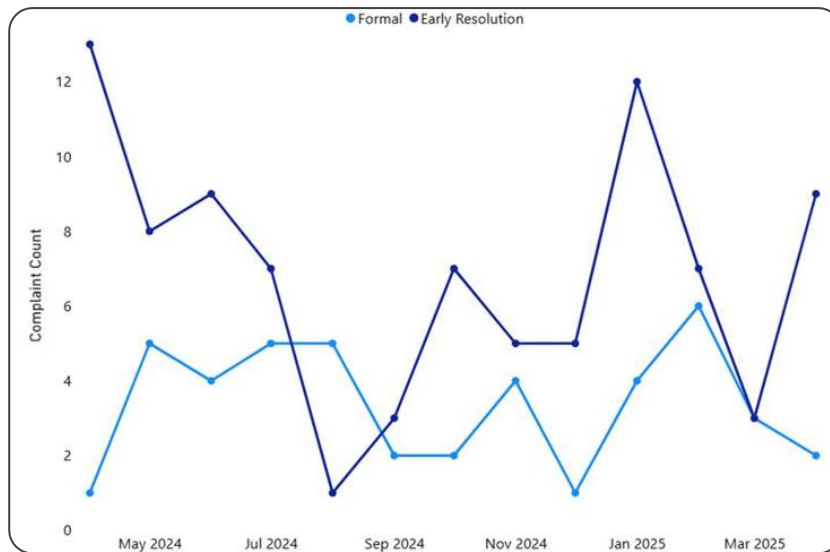


Clinical Governance, Quality, Safety and Improvement

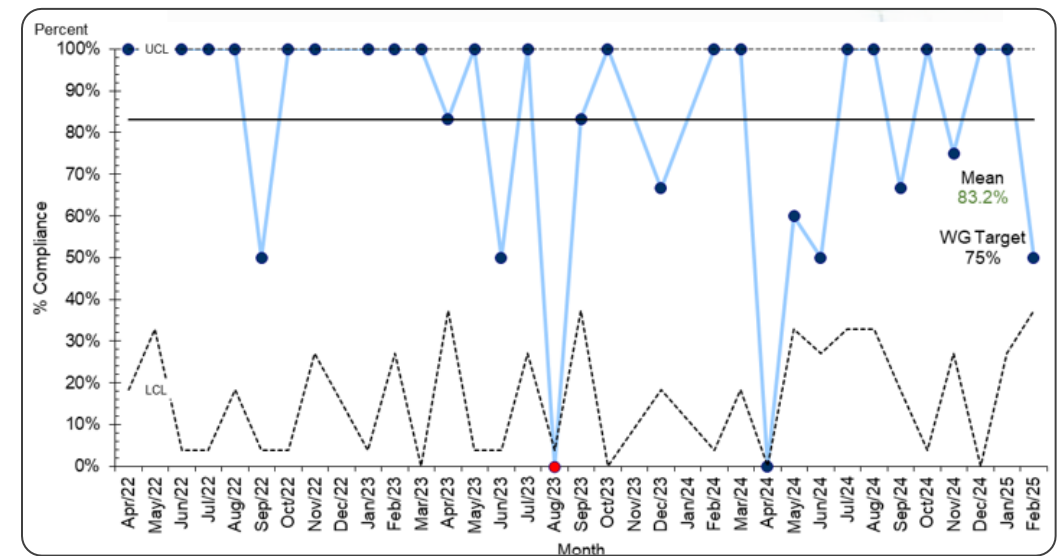


Complaints

Count of Formal and Early Resolution Complaints (Apr 24 – Apr 25)



P Chart - % of Formal Complaints Closed on Time – 30 Working Days (Apr 22 – Feb 25)



Claims

In the period April 24 to March 25:

6 new claims were received.

As of April 25, there are 29 current ongoing claims, 23 are confirmed claims and 6 are potential claims.

Redress

In the period April 24 to March 25:

1 new Redress case was received.

As of April 25, there are 6 ongoing Redress cases, 3 are within Breast Test Wales and 3 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	Standard	12 Month Look Back	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	
Bowel Screening Wales – Waiting time for index colonoscopy (Health Board Delivery)	90%		14.7%	16.4%	14.8%	16.6%	14.6%	20.6%	30.2%	32.5%	19.7%	15.2%	20.5%	8.4%	
Cervical Screening Wales – Waiting time for colposcopy appointment (8 weeks) (Health Board Delivery)	90%		90.3%	86.1%	89.1%	94.1%	96.0%	95.2%	99.2%	99.7%	99.6%	97.9%	98.9%	98.8%	
Breast Test Wales – Assessment invitations (3 weeks)	90%		30.8%	11.6%	20.2%	21.4%	23.9%	4.4%	7.7%	28.3%	37.8%	26.3%	11.1%	23.1%	
Diabetic Eye Screening Wales – Coverage (12 Months)	80%		37.1%	37.8%	38.8%	40.0%	40.6%	40.4%	40.5%	40.9%	40.7%	40.6%	40.7%	40.3%	
Abdominal Aortic Aneurysm – Timely referral to elective vascular network (MTD)	100%		100.0%	50.0%	85.7%	50.0%	100.0%	100.0%	100.0%	100.0%	100.0%	75.0%	100.0%	50.0%	
Infection Services		12 Month Look Back													
Total Microbiology Rejection Rates	<5%		6.3%	5.1%	5.1%	5.2%	5.5%	5.2%	5.4%	5.4%	5.2%	5.4%	5.2%	4.9%	
Total Microbiology Diagnostic Sample Requests	*TBC		168,082	175,664	161,629	176,965	152,541	158,457	180,373	168,181	160,875	184,046	154,804	167,166	
Blood Culture - Collected to Incubation SMI <4hrs	<4hrs		67.5%	69.4%	67.0%	70.3%	69.3%	68.0%	70.3%	67.6%	66.3%	68.7%	69.2%	71.4%	
Blood Culture - Received (PHW Laboratory) to Incubation	*TBC		98.5%	99.5%	99.4%	99.4%	96.7%	99.7%	99.2%	99.8%	98.8%	99.9%	99.5%	99.7%	
Health Protection		12 Month Look Back													
Test and Post (STI self-sampling) – Test Turnaround Times	100%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%	
Response times by priority - Urgent (<4 hours)	90%					97.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Response times by priority - High (<24 hours)	90%					93.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Response times by priority - Medium (<48 hours)	90%					94.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Compliance to surveillance reporting schedules	90%					92.0%	94.0%	98.0%	90.0%	98.0%	92.0%	92.0%	97.0%	100.0%	
Health & Wellbeing															
JUSTB – Number of Schools with 2-day training completed by month	35 Schools								2	6	4	3	5	2	7
JUSTB – Number of Schools with 2-day training completed YTD									2	8	12	15	20	22	29
Whole School Approach – Percentage of schools with an Action in Place (All schools)	80%		84%	72%	53%	56%	61%	61%	61%	65%	66%	74%	78%	83%	
Whole School Approach – Percentage of schools with an Action in Place (Secondary schools)	100%		99%	95%	84%	86%	88%	88%	88%	89%	89%	96%	97%	98%	
Help Me Quit – 4-week self-reporting quit rate (NTSS)	35%		93%	75%	90%	71%	74%	80%	78%	68%	80%	64%	72%	82%	
Research Data & Digital			Quarter 1			Quarter 2			Quarter 3			Quarter 4			
Number of Major Breaches	0 Major Breaches		0			0			0			0			
Percentage of publications without breaches	100%		67%			67%			76%			76%			
Percentage of user follow up to RDD products	100%		20%			20%			20%			*TBC			
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
Some indicators were not collected until later in the financial year.

Key: RAG Status

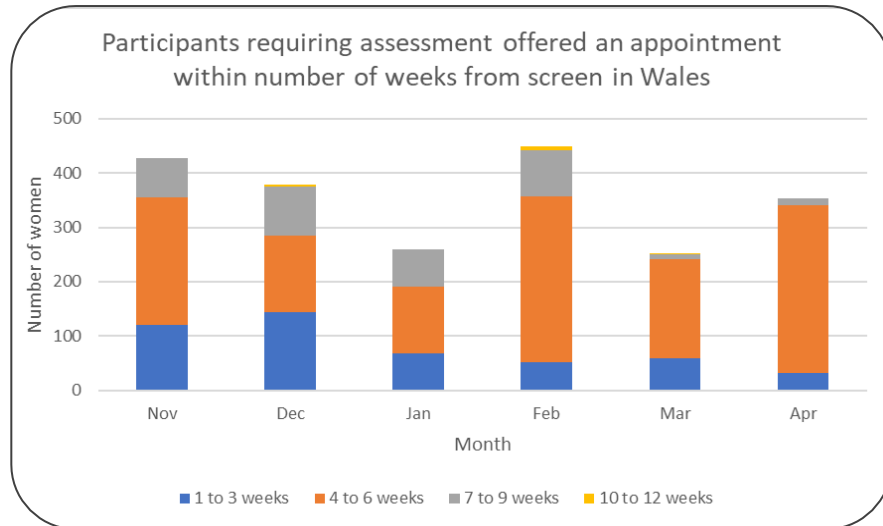
■ >10% outside target
 ■ Within 10% of target
 ■ Achieving target
 ■ Not applicable / TBC



Health Protection and Screening Services



Screening Services: Breast Screening

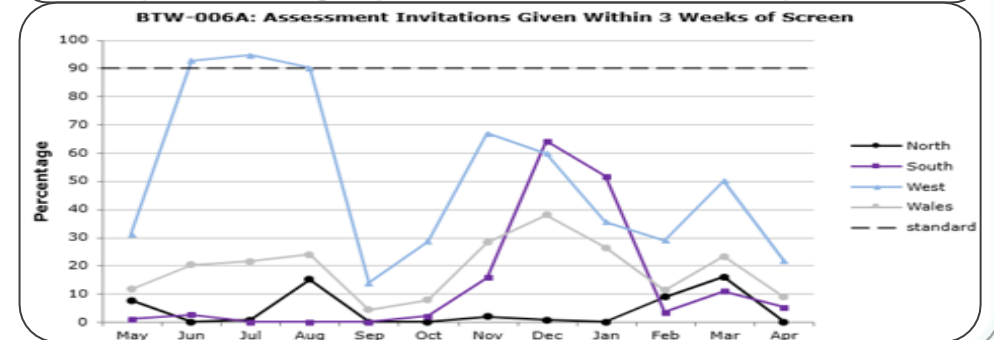
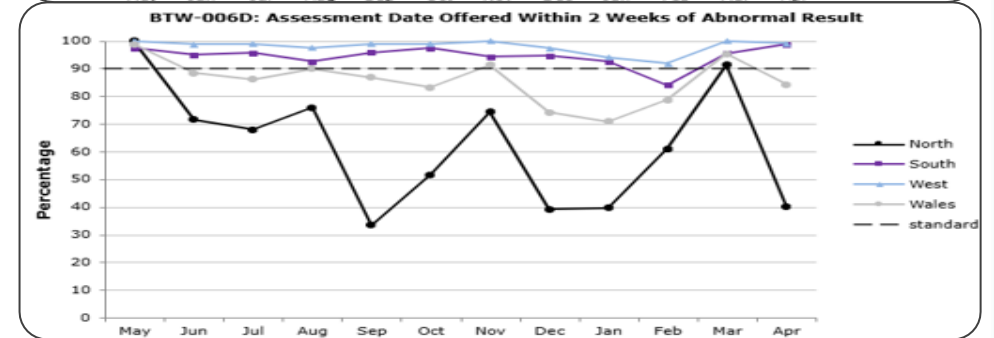
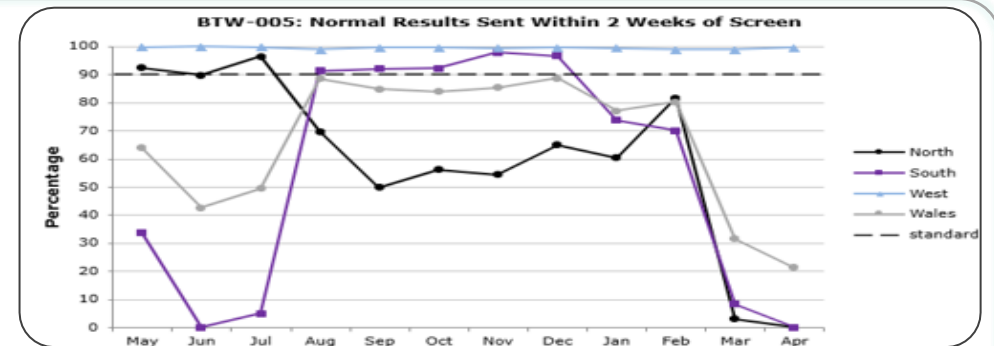


Assessment invitations given within 3 weeks has not met standards over the last 12 months.

There are two other standards that are key to understand this pathway: -- 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.

South and West regions consistently meet standard for women having assessment date within 2 weeks of abnormal result and it is the reading timeliness that is impacting the assessment times. North have recently reduced performance of having assessment within 2 weeks of abnormal results.

All regions have shown a marked reduction in timeliness of reading since March which was due to the implementation of new PACs system and issues with monitors.





Health Protection and Screening Services



Screening Services: Breast Screening

Current Issues and Challenges:

- A joint radiologist post with Betsi Cadwaladr UHB has not been able to secure a suitable applicant following resignation of substantive Radiologist (Llandudno).
- There is only one substantive Radiologist across BTW in North Wales. BTW clinical staffing in North Wales are mostly training or recently qualified. Staff maternity leave and sick leave.
- There is long term surgical sickness absence resulting in the ongoing cancelation of assessment clinics in BTW Wrexham. Participants attending Llandudno with the two consultant surgeons in North East undertaking all screening assessments and surgery in BCU.
- When the new All Wales PACS programme was implemented in February there were issues with the monitors that were supplied and all of these had to be replaced which resulted in no reading able to take place across Wales for a week.
- Slow speed of system is impacting on reading in Wrexham which is impacting radiologist in Wrexham reading. This is being worked to be addressed by company providing PACs.

Impact:

- A joint radiologist post with Betsi Cadwaladr UHB has not been able to secure a suitable applicant following resignation of substantive Radiologist (Llandudno).
- There is only one substantive Radiologist across BTW in North Wales. BTW clinical staffing in North Wales are mostly training or recently qualified. Staff maternity leave and sick leave.
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- Slow speed of system is impacting on reading in Wrexham which is impacting radiologist in Wrexham reading. This is being worked to be addressed by company providing PACs.

Current Actions:

- Participants requiring assessment in Wrexham are currently being booked into Llandudno clinics due to the long term surgical sickness absence in the Wrexham centre
- Clinic bookings are optimised to ensure all slots are booked and short notice appointments are offered.
- The rate of screening in BTW North has been safely reduced slightly.
- South and West regions are supporting North and undertaking some of their reading. The new PACs has enabled this ability.
- Reading staff are undertaking overtime in line with PAAR to support recovery of timeliness
- Radiologist in South is providing virtual support to North for assessment clinics.
- Film readers training in North Region, Breast Clinician in training and Fellow returning from maternity leave to continue training.
- Assessment clinic capacity has increased in South with radiologist run clinics.
- Discussion with BCU about surgical capacity in Wrexham and discussion with consultant surgeons in North East to explore options.
- Discussion with NHS Exec cancer recovery team- attending MDT in South East to explore potential ways forward.
- NHS Exec Performance and Assurance team to start to scoping out tracker for breast screening taking similar approach to bowel screening



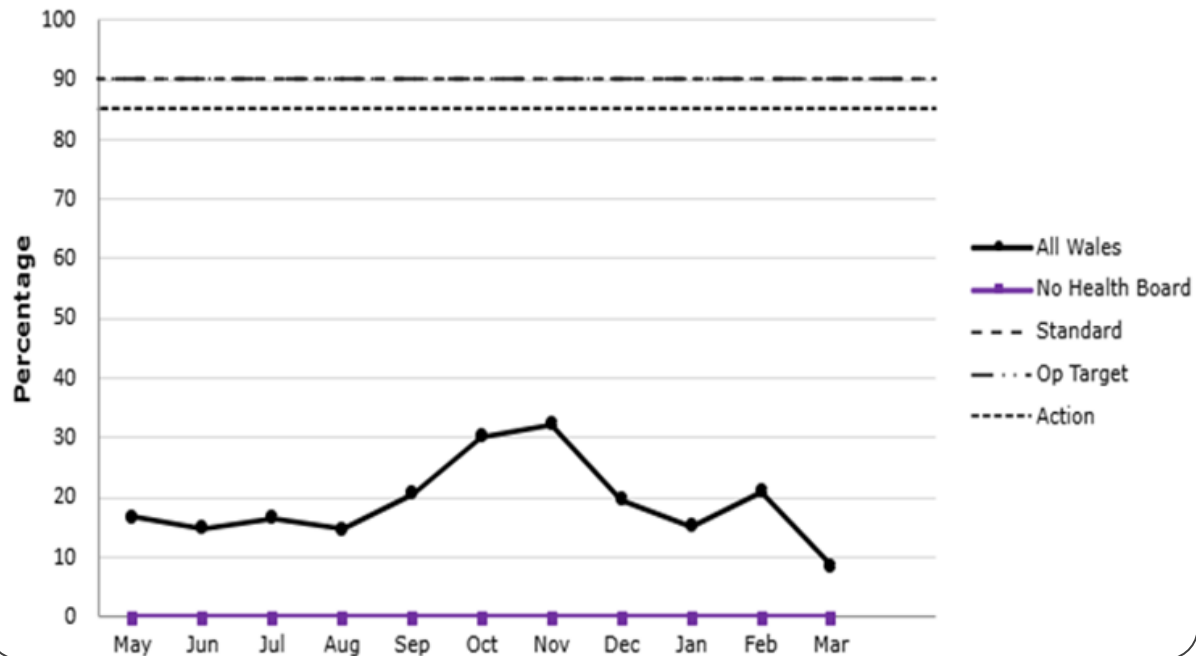
Health Protection and Screening Services



Screening Services: Bowel Screening

Trend data and latest waits – April 2025

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	5 weeks 4 days	2 weeks 1 days	7 weeks 5 days
2	0 weeks 4 days	8 weeks 1 days	8 weeks 5 days
3	0 weeks 4 days	8 weeks 5 days	9 weeks 2 days
4	1 weeks 6 days	6 weeks 0 days	7 weeks 6 days
5	1 weeks 3 days	5 weeks 2 days	6 weeks 5 days
6	1 weeks 5 days	4 weeks 0 days	5 weeks 5 days
7	0 weeks 6 days	10 weeks 0 days	10 weeks 6 days
8	9 weeks 5 days	10 weeks 0 days	19 weeks 5 days
9	9 weeks 5 days	10 weeks 0 days	19 weeks 5 days
10	1 weeks 6 days	7 weeks 5 days	9 weeks 4 days
11	3 weeks 4 days	7 weeks 6 days	11 weeks 3 days
12	3 weeks 3 days	11 weeks 5 days	15 weeks 1 days
13	2 weeks 4 days	5 weeks 3 days	8 weeks 0 days





Health Protection and Screening Services



Screening Services: Bowel Screening

Current Issues and Challenges:

- Colonoscopy capacity across Wales is challenged, with insufficient Colonoscopists, theatre space and nursing staff to meet demand and reduce existing backlogs. Since 2021, BSW has successfully optimised the screening programme, with the final phase in October 2024 seeing invites sent to 50-year-olds and 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 Initiatives (WTIs) are being used across many Health Boards to support 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 all local assessment centres in Wales. As of 9 May 2025, the average waiting time for a screening colonoscopy was 11 weeks, with waiting times ranging from 6 to 19 weeks across the 13 screening centres.
- Colonoscopy Insourcing has placed an increased demand on Screening Practitioner capacity. At week ending 9 May 2025, 7 of the 13 centres were offering Specialist Screening Practitioner (SSP) assessments within the BSW 14-day standard, with average waits reaching 23 days.

Current Actions:

- BSW meets monthly with all the endoscopy teams to discuss screening waiting times and screening capacity and to agree recovery plans.
- The screening programme is expanding the pool of accredited Screening Colonoscopists and has increased SSP resource to meet screening demand. A second Clinical Nurse Endoscopist recently attained JAG screening accreditation. A colonoscopy assessment day is being arranged for May 2025 with 2 candidates recommended for assessment. BSW are looking at ways to streamline the accreditation process further.
- BSW is facilitating several short-term regional working agreements to improve the timeliness of pre colonoscopy assessments. Vacant SP posts are being recruited into with a number of new SPs due to take up post over the next few months.
- BSW is working closely with the Health Boards to enable quality assured insourcing colonoscopy. A paper has been developed with HB detail to share with CE to enable CE to CE discussion
- The Business Team routinely meet with the health boards to monitor activity aligned to commissioned capacity via the Long-Term Agreements.
- Patient Tracking List – Bowel Screening Specific dashboard and planning tool released to Health Board cancer tracking team this will improve visibility of screen route to diagnosis of bowel cancer.

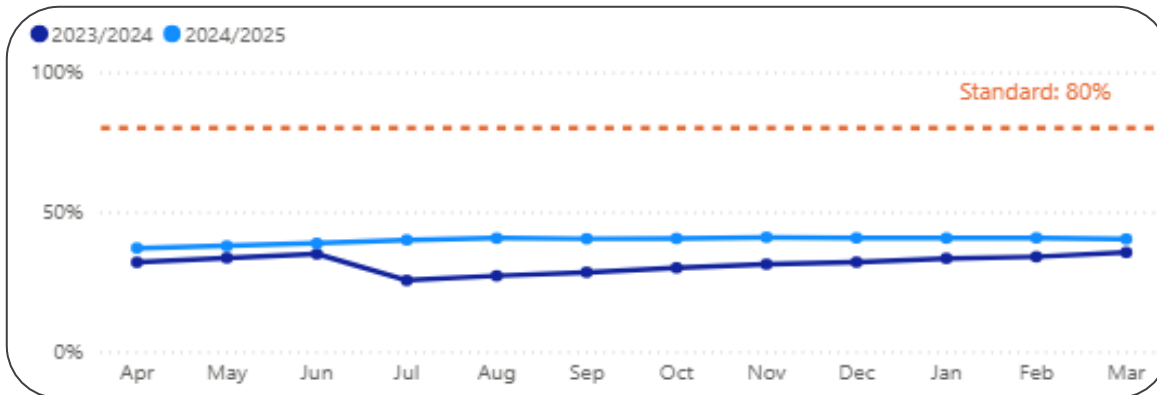


Health Protection and Screening Services



Screening Services

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



- In April, coverage at 12 months for annual recall remains stable at 40%. There has been a steady increase in coverage at 24 months to 68.5%. This reflects the improving round length for screening and more timely recall of participants with an improvement of 95.1% now invited within 24 months.
- Coverage at 24 months for the low-risk recall pathway remains good at 77%. Uptake of eye screening is above standard at 80.3% demonstrating that participants are taking up their screening appointments.
- In April, 99.6% of the 1420 participants that were newly registered with the programme were offered appointment within 90 days.
- The number of inadequate images captured in Diabetic Eye Screening has continued to be much reduced since introducing the new cameras. The inadequate rate was 5.3 % in April 25 (was 11.5% in April 24).





Health Protection and Screening Services



Screening Services: Diabetic Eye Screening Wales

Current Issues and Challenges:

- Prevalence of diabetes across Wales increasing. New referrals prioritised as higher risk participants. Over 99% of new referrals approx. 1400 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
- 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

Impact:

- Delayed offer of appointment on one year recall pathway. New referrals and two-year recall pathway not delayed.
- Increase in population cohort from 175314 participants in 2018/19 to 197388 eligible active participants - growth rate of over 12%. 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:

- Transformation gateway review undertaken. Transformation paper detailing work prepared and being taken to Change Board in July.
- 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
- Implementation of mobile clinics in areas of longest wait and highest demand to increase appointment capacity.
- Implementation of new Mid-Wales Screening Team to ensure geographical coverage and increased capacity in Mid-Wales.
- Provision of extended hours clinic on evenings and weekends to increase accessibility of service outside of working hours.
- Options appraisal to consider future service delivery model using outcomes from use of mobile clinics and the introduction of fixed sites screening venues
- Development of 'Culture Club' within DESW led by Senior Management and engaging across all staff groups to develop Culture Action Plan to support staff in the workplace.
- Scoping of online booking to enable participants to change clinic appointments.
- Implementation of new business rules to manage repeat cancellations and frequent non-attenders.
- Scoping work to take forward evaluation of new technology and modified usage of eye drops which would improve efficiency and potentially reduce inequity.

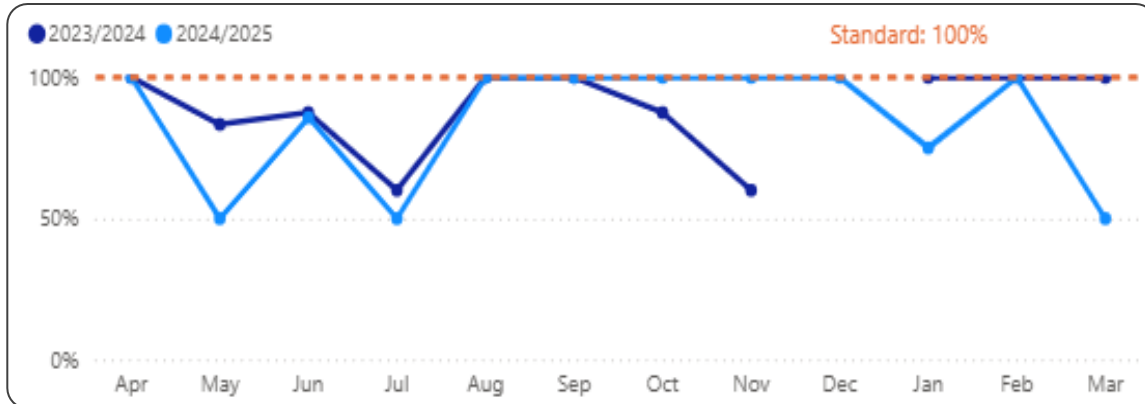


Health Protection and Screening Services



Screening Services

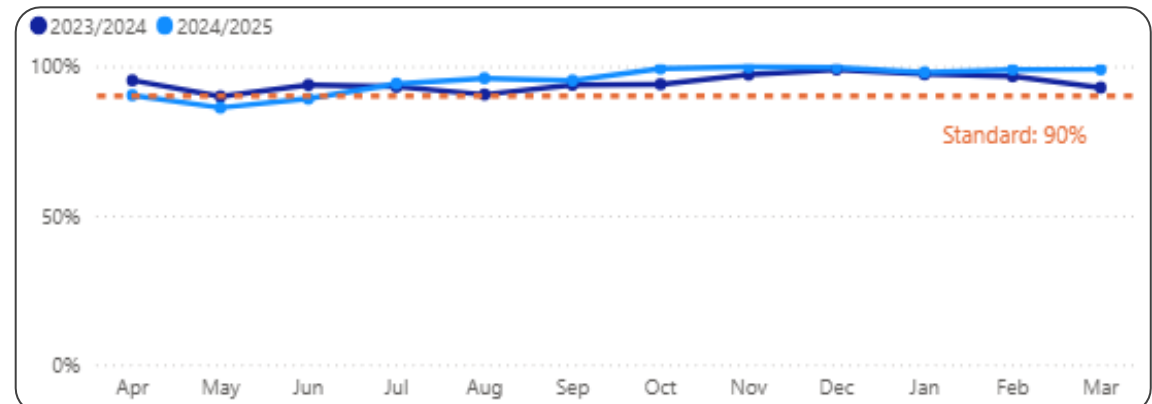
Abdominal Aortic Aneurysm - Timely Referral Elective Vascular Network Multidisciplinary Team (MDT)



- A key measure for referring men once a large or very large aneurysm has been detected during a scan.
- Percentage can change significantly due to the referrals being small numbers



Cervical Screening Wales - colonoscopy within 8 weeks of direct referral



- Timeliness remains above the 90% standard throughout both the 2023-24 and 2024-25 periods.
- Timeliness is key to ensuring early examination of any abnormal cell changes to the cervix and tissue.





Health Protection and Screening Services



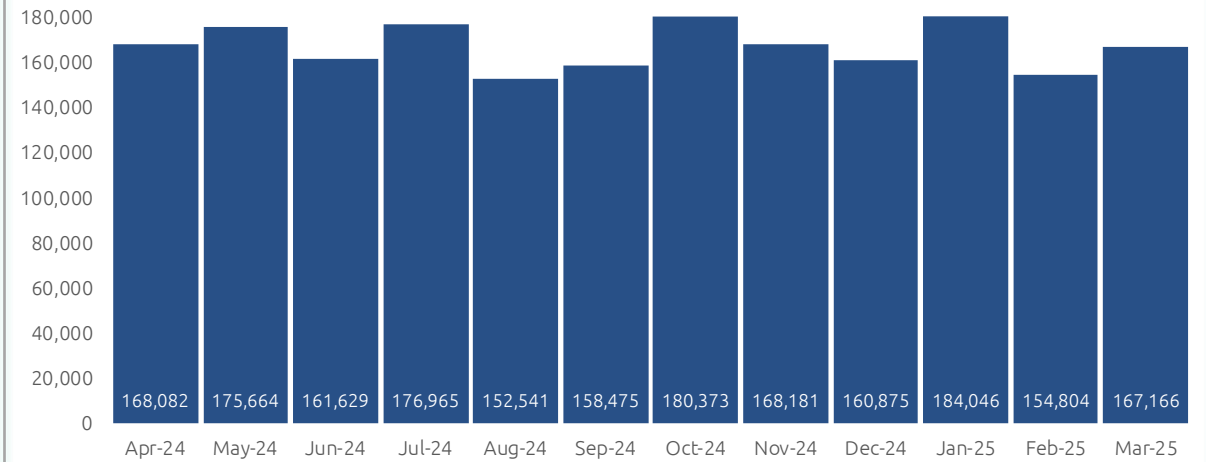
Infection Services

Total Microbiology Rejection Rates



- Diagnostic testing rejection rates reduced to 4.9% in March out 167,166 total sample requests. A Specimen Acceptance Policy in Infection Division provides guidance on criteria to accept or reject samples.
- Broken/leaking/contaminated samples and samples received in an incorrect container remain the main causes of rejected samples.
- A significant amount of work continues in the division to address areas of high rejection rates.
- LIMS 2.0 will give us the opportunity to create a bespoke test set to further collect more streamlined information on rejection rates.

Total Microbiology Diagnostic Sample Requests



- The total number of Microbiology Diagnostic Sample requests has consistently been >150,000 requests per month for the previous 12 months. March 2025 shows an increase from February to 167,166. This increase is expected following a previous shorter calendar month.
- COVID/Respiratory outbreaks remain unpredictable with a moderate Influenza season seen over the Winter period and an increase seen on quarter.
- We expect to see some fluctuations in request numbers due to factors including –
 - Seasonal trends/Summer/Winter
 - Outbreaks including respiratory viruses, gastrointestinal pathogens, HAI's

*Target to be developed

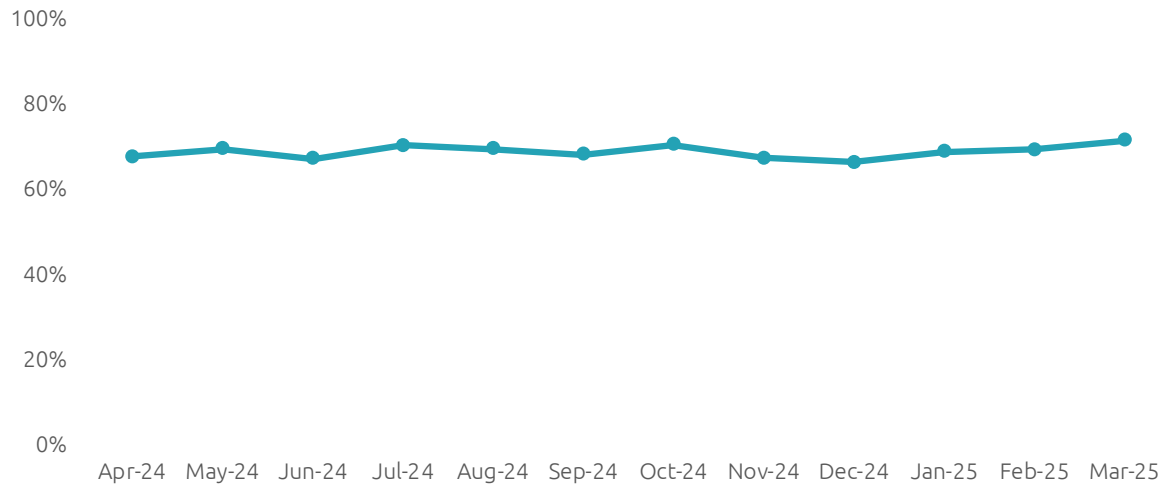


Health Protection and Screening Services



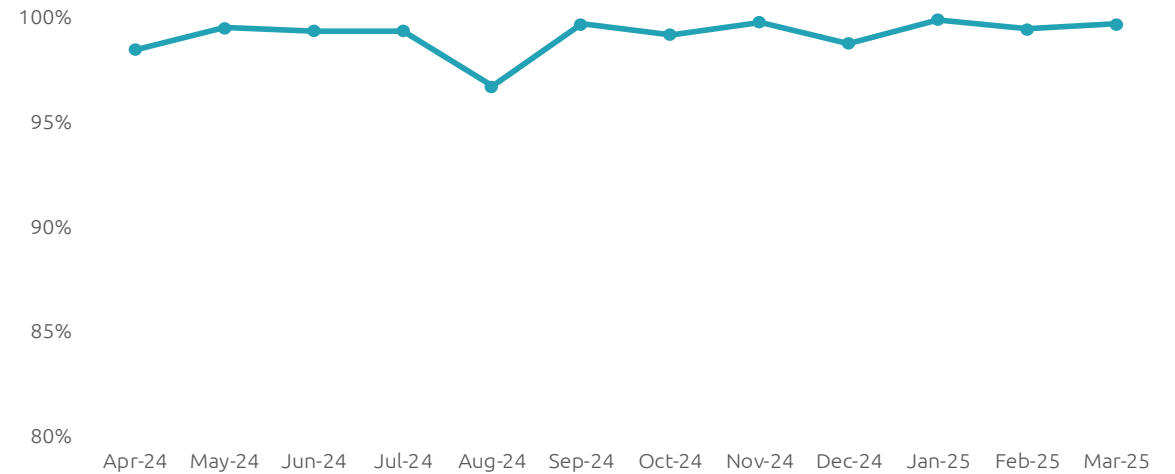
Infection Services

Blood Culture - Collected to Incubation SMI <4hrs



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

Blood Culture - Received (PHW Laboratory) to Incubation



- To better analyse PHW's performance contribution towards the 4 hour target we report on timeliness of specimen received by PHW laboratory to incubation onto Blood Culture analysers.
- 99.7% of blood culture samples are incubated in line with the 4-hour target. The SMI states all samples should be incubated within 4hrs of receipt the improvement margin is very minimal.
- The time taken for the sample to get to the laboratory from the ward locations remains the biggest challenge, but we are confident that internal laboratory processes are efficient.



Health Protection and Screening Services

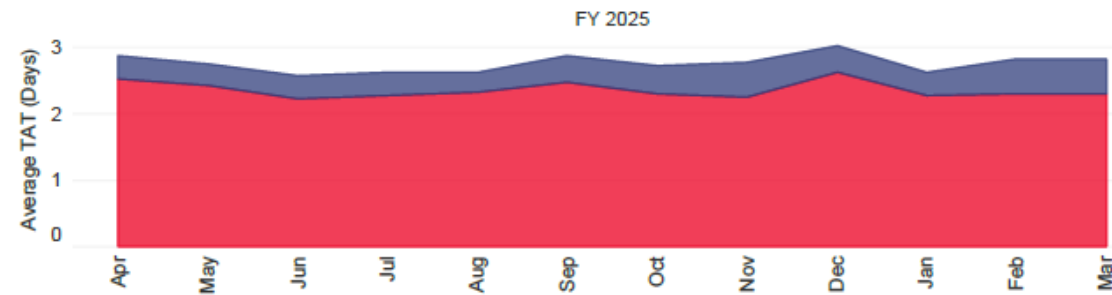


Health Protection

Test and Post – STI self-sampling

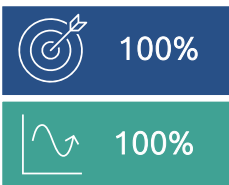
Test Turnaround Times

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



* N.B. TAT – Turnaround times

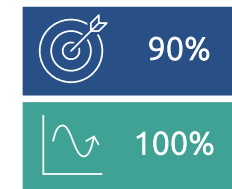
- Turnaround times for STI testing are important in identifying infection as soon as possible so that it can be treated to prevent damage to the individual's health and onward transmission to partners
- In March 2025, 100% met the 7-day turnaround standard
- 5 requests of 5,603 total requests (0.09%) did not meet the 7-day TAT standard
- 5,603 total requests equated to 34,146 tests being undertaken



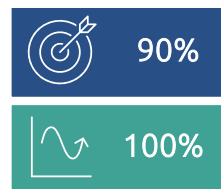
- Actions to improve:
 - Ongoing monthly monitoring – TAT beyond 7 days was result of reflex testing for LGV

AWARe Response Times by Priority

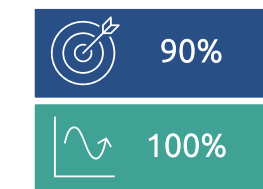
Urgent (<4 hours)



High (<24 hrs)

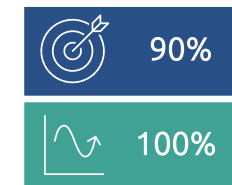


Medium (<48 hrs)



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

Compliance to Surveillance Reporting Schedules (%)



- In March 2025, reporting remains above the expected target however we are continuing to explore methods to enable this process to become automated.
- This is currently being discussed with members of the CDSC Management Team and Ops



Research, Data and Digital



Statistical and Analytical Publications - Quarterly

Quality and compliance with the Code of Practice for Statistics

	2023/24				2024/25			
	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar
Number of publications	4	4	6	4	3	7	7	5
Number of major breaches	0	0	0	0	0	0	0	0
Number of minor breaches	1	1	0	2	1	0	1	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**

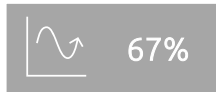
Breaches addressed by:

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

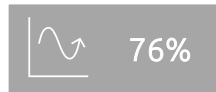
0 Major Breaches

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&D products have had individualised user follow up in 2024/25, up from 5 in 2023/24. RDD&D 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

	2023/24				2024/25			
	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar
No. research grant applications submitted (PHW is Chief Investigator or partner).	4	6	5	8	3	3	6	9
Research grant income to PHW (£)	222k	41k	102k	122k	550k	125K	369K	66K
No. personal development research awards.	1	0	0	2	0	0	0	2
No. peer reviewed publications (PHW affiliated).	29	21	39	25	28	14	24	24
No. evaluations completed.	1	2	1	1	1	1	1	2



Policy and International Health



Key activities in 2024/25

Strategic Priority

Supporting Wellbeing and Foundational economies in Wales and globally

- Established a Public Health Economics and Value team supporting the organisation, NHS, Welsh Government and WHO
- WHO High Level Policy Dialogue on the Wellbeing Economy and Health in Practice hosted by Wales in March 2025, attended by Ministers, senior officials and representatives from public health agencies from Wales, Scotland, Finland and Iceland.
- Webinar on HIA and Social Return on Investment capturing the health impacts and social value of public health.
- Investing in a Healthier Wales report that outlines the 'best buys' in public health, updating our 2017 report Making a Difference, which has been well received and proving to be widely influential.
- WHO Well-being Economy Deep Dive for Wales published highlighting Wales' legislation and best practices.
- Wales' first Well-being Economy Festival in November 2024 co-organised with key partners.

Promoting mental and social wellbeing

Violence Prevention and embedding Trauma Informed approaches

- Implementation Plans for the delivery of the Wales Trauma-informed Framework beyond 2025 developed (Mar-25) and the Wales Without Violence Strategy (Mar-25) to mobilise action and social movements across Welsh society. Plans underpinned by independent evaluation of the Trauma and ACE-informed organisational toolkit in sectors across Wales research on ACEs in education and healthcare settings.
- Showcased at the British Irish council meeting in March.

Influencing the wider determinants of health; Supporting a sustainable healthcare system; Promoting mental and social well-being

Climate change and sustainability

- Investment used to recruit to posts to progress specific areas of work. Notably a research co-ordinator who is helping to shape and progress our climate and health research agenda. This work has led to a partnership with Exeter University on a successful UKRI [£10m funding bid](#) aimed at tackling the health impacts of climate change.
- Supported the progression of the organisational climate and surveillance work by engaging with national and international partners to ensure alignment of methodology and topics.
- Invested in active travel work, ensuring that all regions of Wales are on track to adopt Healthy Travel Charters through partnerships with Public Service Boards and Transport for Wales.
- Arranged a week of events and staff communications to celebrate the 10-year anniversary of the WFG Act.

Tackling the public health effects of climate change



Policy and International Health



Key activities in 2024/25

Strategic Priority

International health partnerships and learning progressed

- IHCC role strengthened with events and webinars across the NHS in Wales and Global Citizenship training delivered in academia and health boards.
- PHW International Strategy implementation progressed with first PHW Global Health Forum held in November.
- Health equity expert webinar: Inverse Care Law in Wales: A Way Forward. Learning from North Wales whole system approach to tackle health inequalities.
- International Horizon Scanning Report on Fiscal Levers to Address Obesity published in January 2025 and presented to the Welsh Food Advisory Committee at Welsh Government in February 2025.
- Continued discussions with RIVM and the Dutch Ministry of Health post visit to Public Health Wales.
- WHO Europe and Venice Office collaborative work impact enhanced through a joint secondment enabling Wales' participation in key events, consultations, evidence briefs, national/ regional partnerships, and global agenda setting.

Enabling all priorities

Enabled the use of behavioural science for better health

- Increasing capability by engaging more than 2000 participants in sessions and growing the Behavioural Science Community for Wales to over 350 members.
- Providing timely, specialist support to teams across all Directorates, across the majority of Long-Term Strategy priorities, and work with a diverse range of external stakeholders.
- Delivered the Behaviourally Informed Communications Initiative (BICI) with learning and hands-on support to improve the impact of 30 different PHW communication interventions.
- Delivered an innovative participatory behavioural systems map of treatment and support to inform the Tackling Diabetes Together Programme and co-developed a prototype CoachBot to increase attendance at diabetic eye screening.
- Laying a foundation for increased impact by developing Better health through behavioural science: an enabling plan for Wales.

Enabling the Delivery of our Strategy



Policy and International Health



Key activities in 2024/25

Strategic Priority

Planning and Health: Mobilising action around creating healthier places: spatial planning

- Event in February 2025 'Spatial planning for healthy places: policy, practice and opportunities for collaboration' attended by over 50 delegates, leading to further collaborative work on Local Development Plans including 3 participatory HIAs facilitated by WHIASU with local planning authorities.

Influencing the wider determinants of health

Development of the Health Impact Assessment (HIA) Regulations for Wales

- The Wales Health Impact Assessment Support Unit (WHIASU) have worked closely with Welsh Government to support the development of the HIA regulations and the content. These regulations will be debated in the Senedd in Autumn 2025. WHIASU supported Welsh Government to carry out a HIA of the legislation.
- WHIASU facilitated several HIA participatory workshops within PHW including for the Lung Cancer Screening Project and for Welsh Government including a waste recycling collection HIA in the context of climate change.

Influencing the wider determinants of health

Building blocks of health

- Held "The future of healthy homes in Wales" one-day workshop to look at how policy and action could help to achieve our vision of healthy homes, particularly for children and families in poverty.
- UK Government Child Poverty Round Table - facilitated a virtual round table on behalf of UK Government Child Poverty Unit and Children in Wales, with stakeholders from public and Third sector.
- Publication of the 'Cold homes in Wales' report and recommendations, informing the Welsh Government Fuel Poverty Plan.
- Provision of written and oral evidence to the Equality and Social Justice Committee's inquiry on fuel poverty in Wales, informing the Committee's recommendations to Welsh Government.

Influencing the wider determinants of health

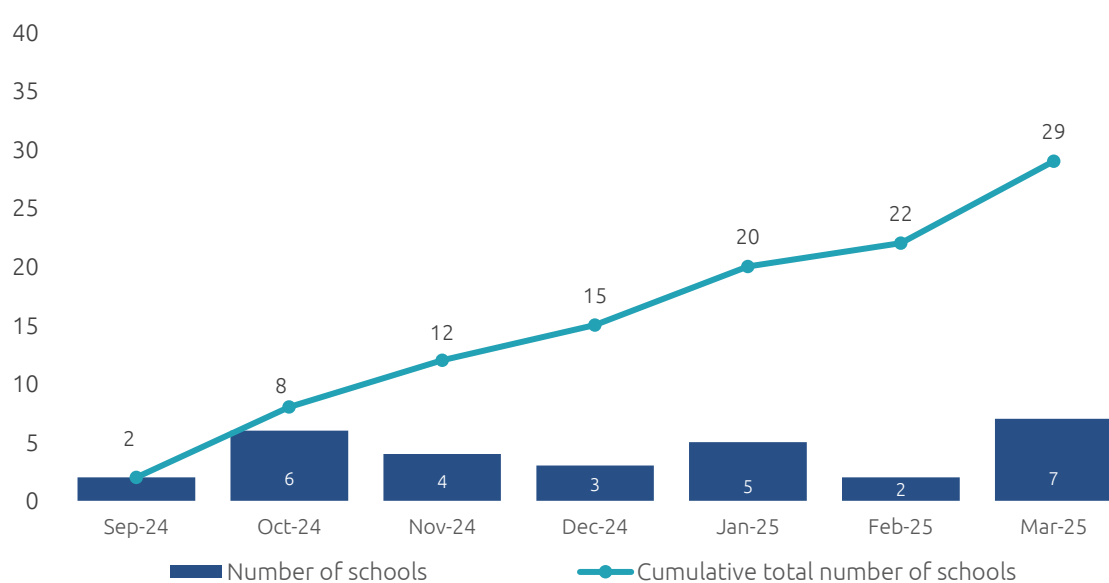


Health and Wellbeing

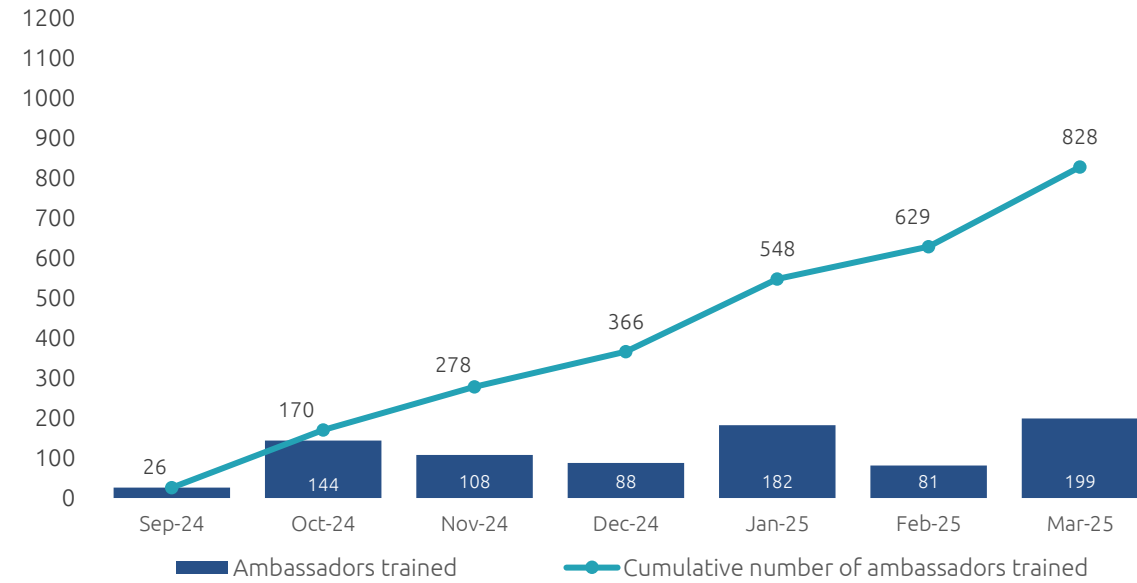


JUSTB / BYW BYWYD

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



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



- JUSTB/BYW BYWYD is an evidence based smoking prevention programme that utilises peer influence and networks to disseminate smoke free norms.
- The programme is delivered to Year 8 pupils in secondary schools with the highest smoking rates
- The 24/25 academic school year has planned to progress to normal delivery levels of **40-50 schools in total**. Recruitment is challenging with schools perceiving smoking to be less of an issue than vaping. We are working with DsPH to secure their support in local recruitment.

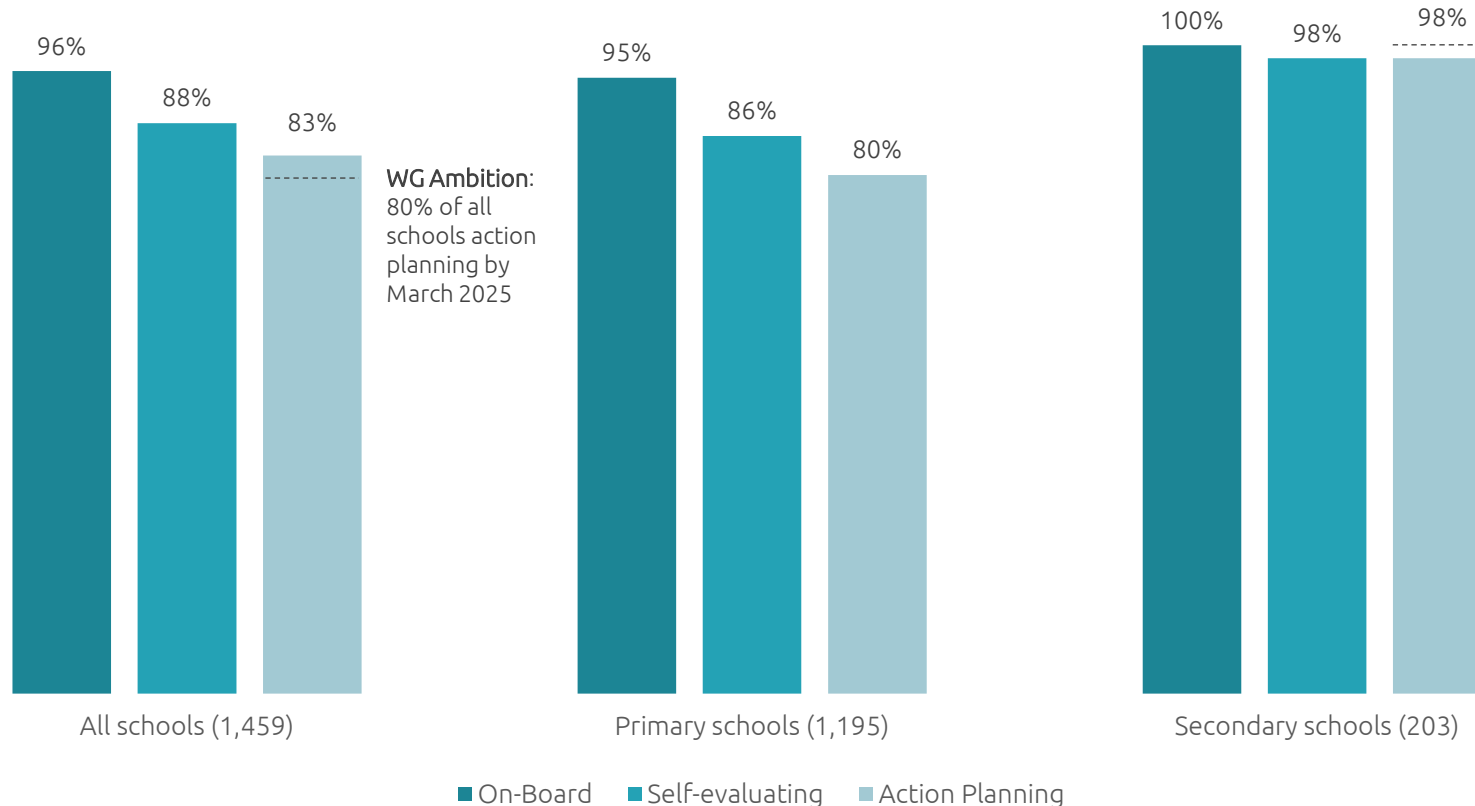


Health and Wellbeing



Whole School Approach to Emotional and Mental Wellbeing

Percentage of schools 'on-board', 'self-evaluating', or 'action planning' as part of their Whole-School Approach to Emotional and Mental Well-being (Date: 03/04/25)



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

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

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

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

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



Health and Wellbeing



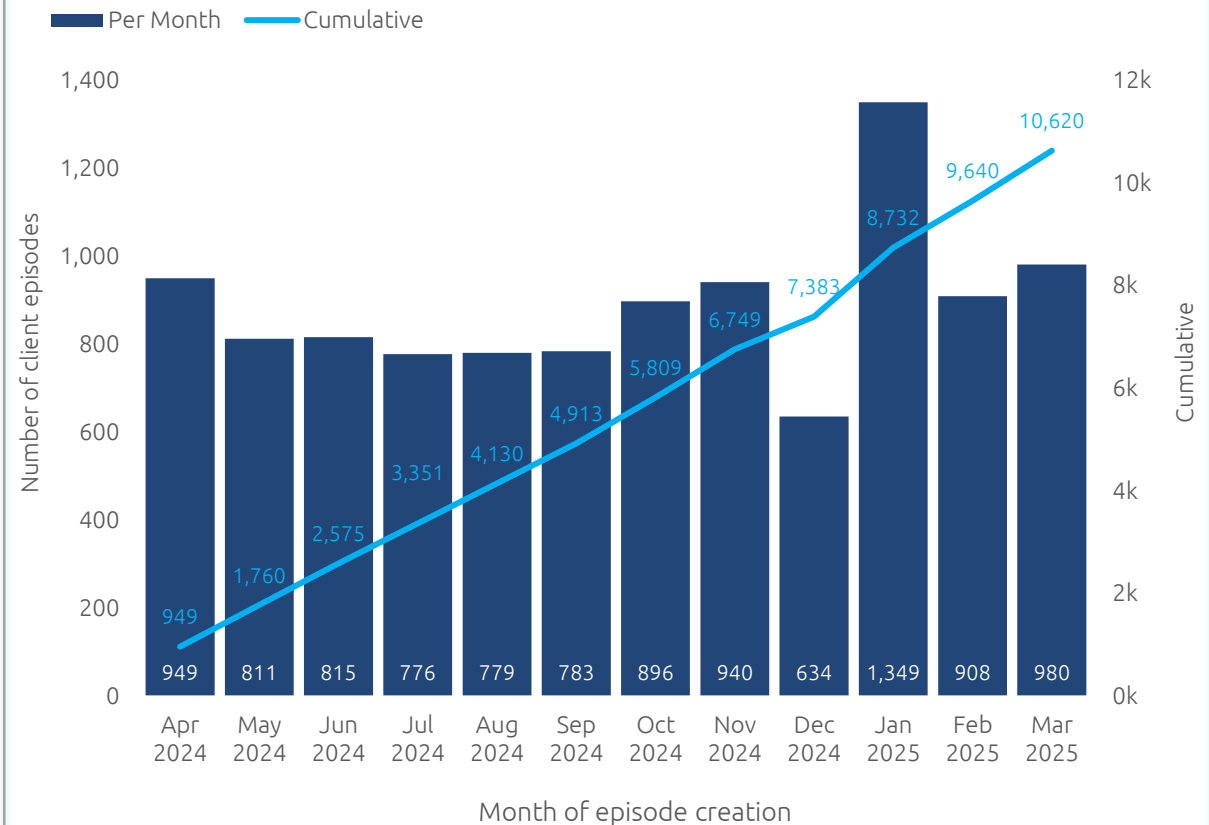
Help Me Quit

In March 2025, the HMQ Hub continued to experience elevated demand, receiving 1,493 referrals that the Hub was responsible for contacting, alongside managing 891 inbound calls.

The Hub created 980 new client episodes, contributing to a total of 10,620 episodes in the 12 months to the end of March. However, **performance against the benchmark for timely first contact fell to 87%, below the 90% target.** This was due to increased referral volumes driven by successful marketing campaigns, a more effective website, and improved referral processes from hospital sites and community partners.

Temporary staffing shortages affected the National Telephones Support Service (NTSS) Hub's ability to operate at full capacity. Recruitment to vacant posts is in progress and is expected to improve performance from June. The continued rise in referrals—particularly from vapers—adds pressure to manual administrative processes and the management of additional client data not currently supported by the existing system.

Number of client episodes created by the Hub



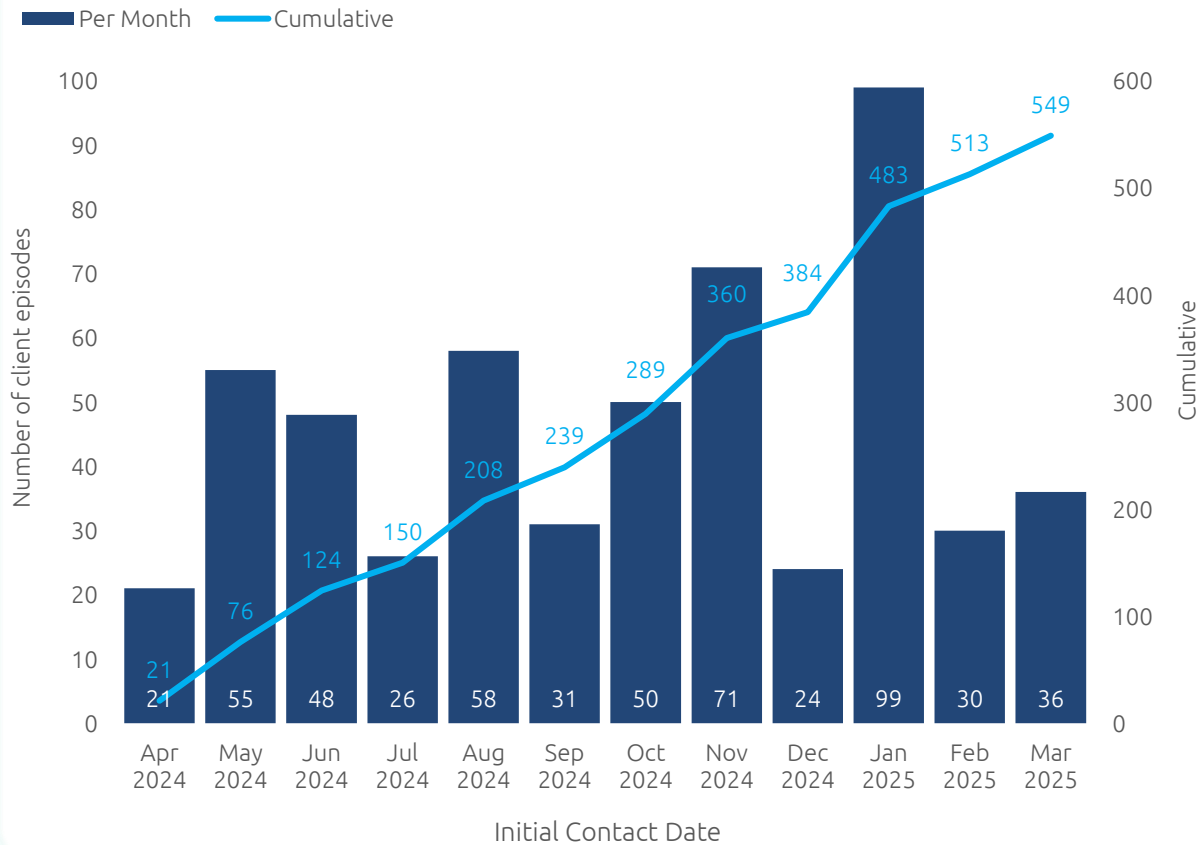


Health and Wellbeing

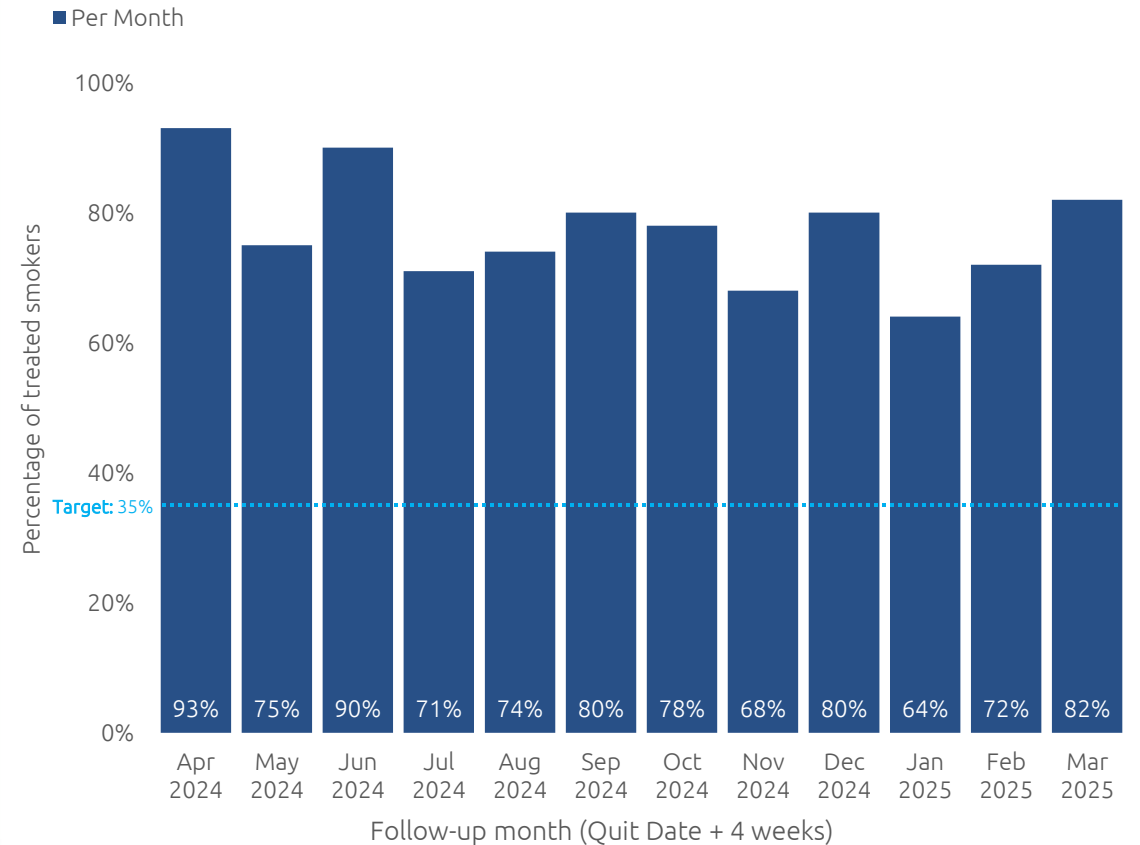


Help Me Quit

Number of clients who attend an assessment session (NTSS)



4-week self-reporting quit rate (NTSS)



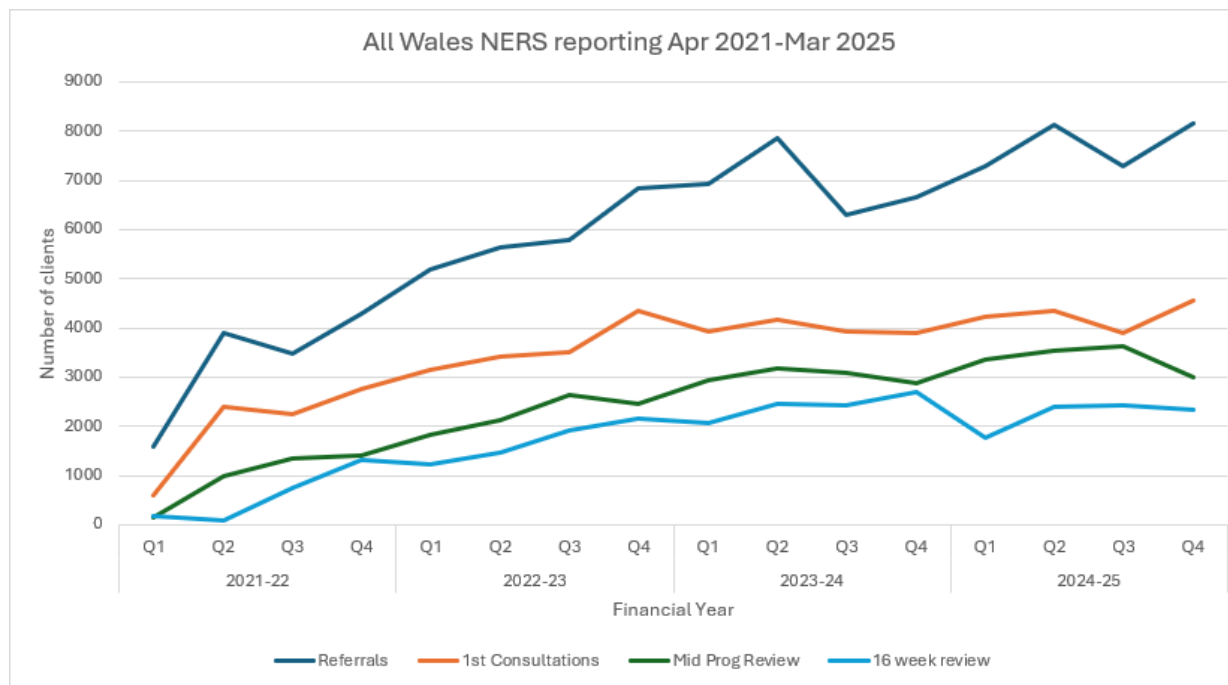


Health and Wellbeing

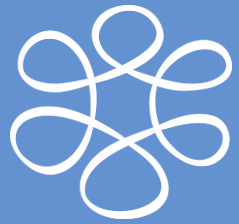


National Exercise Referral Programme

All Wales NERS Reporting April 2021- March 2025



- The National Exercise Referral Programme (NERS) is delivered by Local Authority Leisure Services and Leisure Trusts across Wales in each of the 22 areas.
- The data shows the total no. referrals to the NERS Programme over time (per quarter) and over a specific time period, no. 1st consultations held, no. mid programme reviews held and no. 16 week reviews/completers programme.
- Please note that each of the measures reflects a different population group and should not be compared with each other.
- As part of the improvement programme a new data system has been implemented and as this is embedded additional outcome data will become more routinely available – expected May 2025.
- The drop in referrals seen in Q3 of 2023-24 is due to a delay in processing of referrals when switching to the new electronic referral system (HIPAS) at this time.
- Referrals continue to increase in Q4 of 2024-25, with contact sessions remaining plateaued due to NERS operating at capacity with the resources it has. This is leading to longer wait times.



Section 3
Strategy Delivery



Key Performance Indicator Summary



Strategic Plan	Target	12 Month Look Back	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Strategic Plan – Percentage of milestones currently green or complete	100%		96.2%	96.2%	93.3%	91.3%	89.6%	86.3%	87.9%	87.8%	86.9%	86.4%	87.9%	88.7%
Strategic Plan – Percentage of milestones currently red	0%		1.2%	0.8%	0.4%	3.3%	2.9%	2.5%	5.0%	3.8%	3.8%	3.8%	2.6%	3.0%
Request for Change (RFC) – Number of milestone changes approved	N/A		6	4	5	8	7	9	13	9	8	5	4	7
Strategic Priority 1 – Wider determinants	100%		88.9%	88.9%	88.9%	88.9%	88.9%	88.9%	77.8%	77.8%	77.8%	77.8%	77.8%	77.8%
Strategic Priority 2 – Promoting mental and social wellbeing	100%		100.0%	8890.0%	100.0%	100.0%	88.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Strategic Priority 3 – Promoting healthy behaviours	100%		90.3%	93.3%	90.0%	90.0%	83.3%	73.3%	66.7%	65.5%	57.1%	71.4%	74.1%	67.9%
Strategic Priority 4 – Sustainable health and care system	100%		100.0%	100.0%	95.4%	88.4%	95.3%	88.4%	95.3%	95.3%	93.0%	93.0%	95.2%	92.9%
Strategic Priority 5 – Excellent public health services	100%		81.8%	83.7%	83.7%	83.7%	81.4%	76.7%	81.4%	88.1%	85.7%	83.3%	83.3%	83.3%
Strategic Priority 6 – Climate change	100%		100.0%	100.0%	100.0%	100.0%	90.0%	100.0%	100.0%	80.0%	100.0%	100.0%	100.0%	100.0%
Enabling delivery of our plan	100%		97.9%	97.9%	96.9%	94.8%	92.7%	0.0%	0.0%	0.0%	0.0%	87.4%	89.1%	94.4%
Strategic Change Programmes – Percentage of milestones currently green/amber	N/A		89.0%	89.0%	100.0%	100.0%	100.0%	100.0%	77.8%	90.0%	87.5%	87.5%	75.0%	62.5%
Strategic Change Programmes – Percentage of milestones currently red	N/A		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	12.5%	0.0%	0.0%



Strategic Plan Milestone Delivery



Strategic Priority Delivery Status

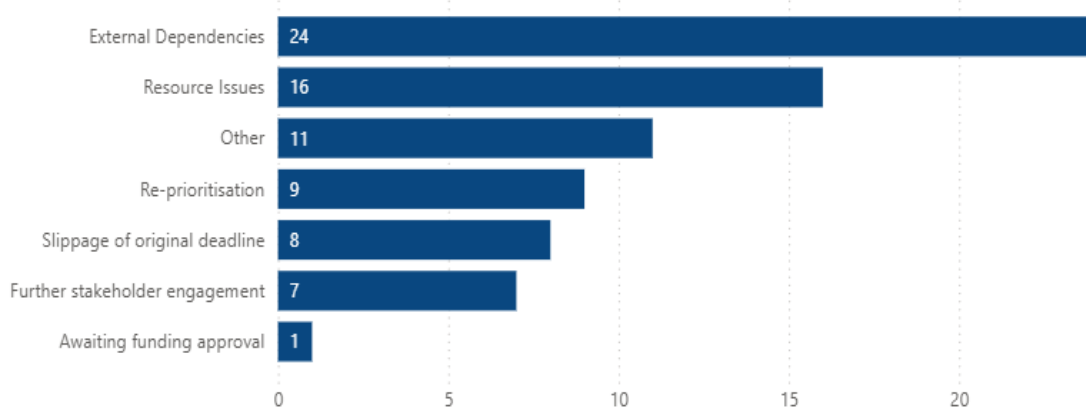


Request for Change

A total of 76 Requests for Change have been submitted for approval in the period April 24-March 25.



Reason for RFC



In March 2025, we delivered 97 IMTP milestones, resulting in 85% of all milestones in the baseline plan agreed in March 2024 being delivered (n.b. rollover milestones not included in data above). This represents significant progress towards the delivery of our strategy across each of our six strategic priorities.

The most common reason for a change to the plan was external dependencies, with DHCW the most common named trust. External dependencies are also far more likely to cause significant delays to the plan, responsible for one third of all moved or suspended milestones.

94% of milestones associated with the Welsh Government Mandate letter completed in year. The remaining milestones include delivery around Daily Active, Healthy Weight Health You digital service and Help Me Quit. They will continue to be monitored in 2025/26.

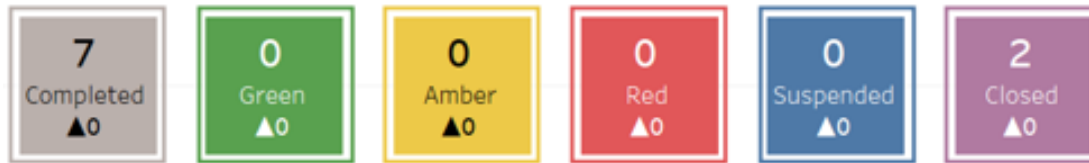


Strategic Plan Milestone Delivery



Strategic Priority 1 – Wider determinants

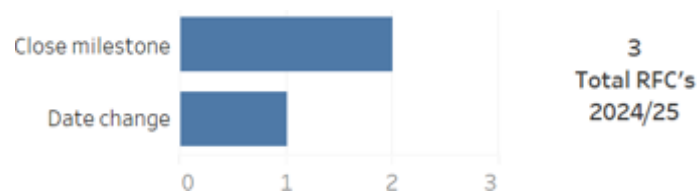
Current Delivery Status



By Directorate



Changes to Plan



Strategic Priority Overview 2024/25

- **Child poverty**, convened UK Government Child Poverty Round Table; identified opportunities via Building a Healthier Wales Group; and supported 4 nation PH response to UK child poverty taskforce
- **Healthier homes**: 'Cold homes in Wales' informing Welsh Government Fuel Poverty Plan and "Future of healthy homes in Wales" workshop.
- **Healthy safe and fair work**: Healthy Working Wales website and digital offer for employers, including support to staff with health conditions.
- WHIASU supported development of the **HIA** regulations with Welsh Government and facilitated HIA participatory workshops within PHW.
- Strengthened **Public Services Boards** capability for systemic approaches to determinants through Shaping Places for Well-being in Wales Programme (Health Foundation funded)
- Developed **practitioner capability** through 15 Public Health Network Cymru events involving 974 people

Forward Look 2025/26

- **Child poverty and safe, healthy and fair work**: assessment of needs for collaboration on child poverty; cross organisational worklessness plan; Healthy Working Wales peer mentoring and employer advice service
- **Healthier places**: Shaping places programme year 2, work with Corporate Joint Committees
- **Policies**: Key policy messages, mobilising and supporting HIA, well-being economy approach
- **Evidence and capability**: Vision for surveillance of WDoHboard

Issues/Risks

- Scale of challenge with tight public sector finance
- Announcement of Marmot Nation needs exploration

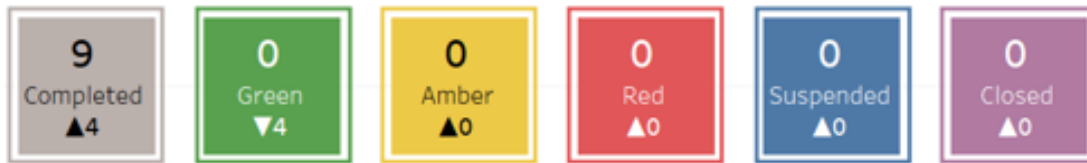


Strategic Plan Milestone Delivery



Strategic Priority 2 – Promoting mental and social wellbeing

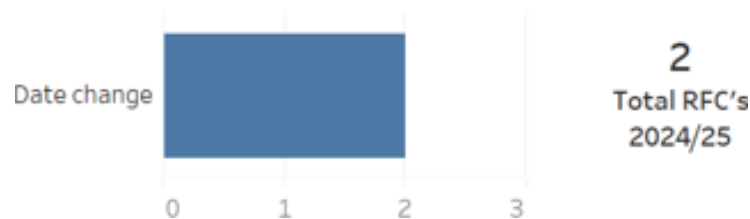
Current Delivery Status



By Directorate



Changes to Plan



Strategic Priority Overview 2024/25

- Work within this strategic priority during the year has consolidated work in key areas relating to Mental Wellbeing through the launch of the Hapus Programme, establishing a refreshed co-produced strategic direction to support the ambition of a best start in life and completion of phase 1 of the implementation of the Whole School Approach to Mental and Emotional Wellbeing.
- Publication of the National Mental Health and Wellbeing Strategy 2025-35 on 30th April will help shape and facilitate engagement with stakeholders throughout 2024/25.
- Support to schools to embed a Whole School Approach to Emotional and Mental Wellbeing delivered throughout 24/25 to enable achievement of WG target for 80% of all schools. action planning (83% achieved).

Forward Look 2025/26

- Scaling up comms and engagement around the Hapus National Conversation on Mental Wellbeing.
- Implementation of the Mental Health and Wellbeing Strategy Delivery Plan for 2025/26-2027/28
- Stakeholder communication and engagement to enable implementation of the Early Years Framework for Action
- Implementation of the new Health & Well-being Promoting Schools National Standards

Issues/Risks

- Workforce capacity to delivery on the ambitions of the Mental Health and Wellbeing Strategy, particularly healthcare public health aspects.
- Cross-organisational coordination and capacity to deliver ambitions of the strategic priority, particularly in relation to social and emotional development in early childhood

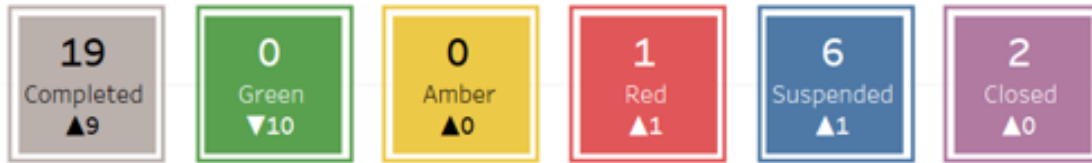


Strategic Plan Milestone Delivery



Strategic Priority 3 – Promoting healthy behaviours

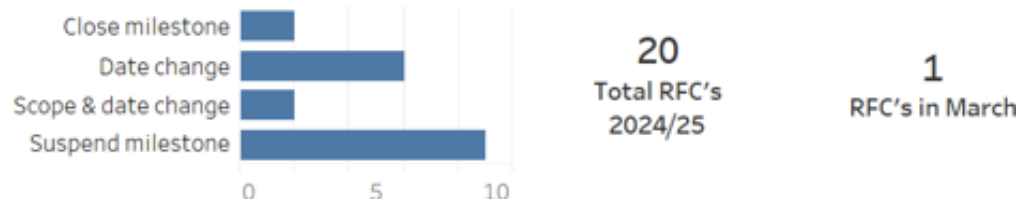
Current Delivery Status



By Directorate



Changes to Plan



Strategic Priority Overview 2024/25

- Supported legislation to be laid for healthier food environments, tobacco and vaping in Wales
- Rapidly changing priorities and requests for support that have necessitated change to previously planned priorities during the year, for example the work required to respond to NICE guidance on weight loss drugs has been significant and been an excellent example of cross directorate working.
- Behaviour change campaigns have contributed to an increased uptake of smoking cessation services (8% on last year).
- Preparation undertaken for programme of work to reduce gambling related harm has been completed in advance of the Gambling Levy.
- The increasing trends in alcohol and drug related harm area are a cause for concern but considerable progress has been made in aligning work across the organisation informed by a comprehensive needs assessment which will guide future work.
- Revised and updated the monitoring and evaluation framework for Healthy Weight Healthy Wales.
- Implemented a new digital delivery model in Healthy Working Wales with a new website and learning packages.

Forward Look 2025/26

- Continue our work, campaigns and systems for smoking and vaping cessation
- Development and implementation of the programme of work to support Gambling related harm
- We will make recommendations following system wide engagement on new minimum standards for Health and Wellbeing Promoting Schools in Wales
- Support school food Regulations work
- Enable development of weight management pathway approaches to support newer weight management medications.
- Delivery of proposals for Daily active whole school approach to Physical Activity and place-based approaches for active travel

Issues/Risks

- Capacity and annual funding cycles for programmes limiting forward planning

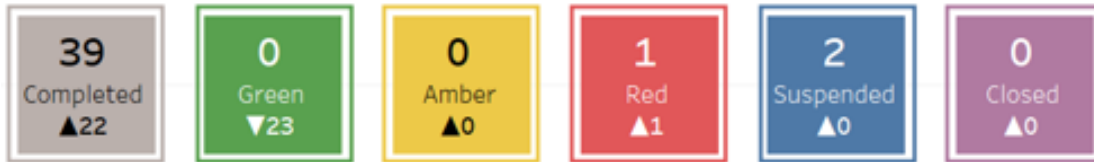


Strategic Plan Milestone Delivery

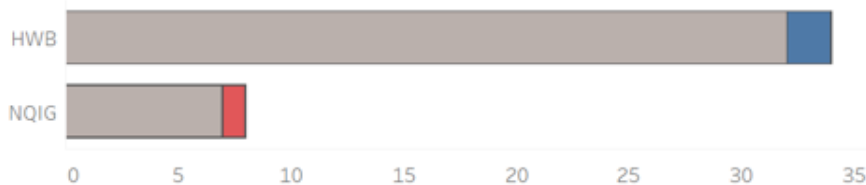


Strategic Priority 4 – Supporting a sustainable health and care system

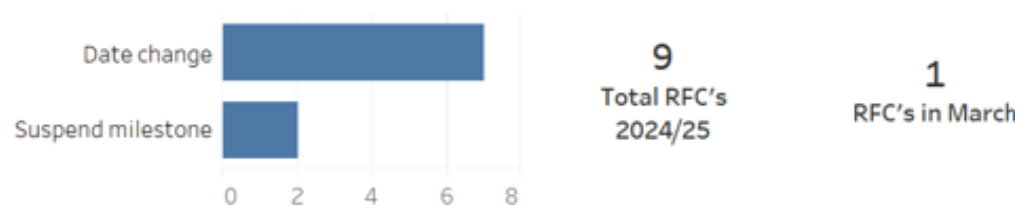
Current Delivery Status



By Directorate



Changes to Plan



Strategic Priority Overview 2024/25

- **Systems Leadership** - Co-produced Health Care Public Health Framework, articulated approach to [Prevention Based Health and Care](#) in Wales; our approach to [reducing health inequalities in primary care](#) and 'A Public Health Approach to Primary and Community Care by 2035'. Developed resources and [mobilised primary care to practice more environmentally sustainable](#); lead the national evaluation programme of the [Primary Care Model for Wales](#).
- Established the 'Tackling Diabetes Together' Programme and progressed outcome evaluation of the [All Wales Diabetes Prevention Programme](#) (AWDPP).
- Worked with a focus on social value methods which has included delivering training on assessing well-being impact and creating a toolkit to help shift NHS budgets towards prevention
- NHS Safeguarding Service has continued its strategic role in coordinating the NHS Wales Safeguarding Network & publishing its annual report, sharing learning from quality improvements and innovations.

Forward Look 2025/26

- Progress implementation of prevention, transformation, inequalities, sustainability, dental and safeguarding programme work plans. Publish AWDPP outcome evaluation and work with Government to determine next steps; launch ABCD+ CVD Prevention Programme; co-produce 'A Public Health Approach to Primary and Community Care by 2035' phase two to inform policy advocacy.
- Establish a leading role in using Social Vale methods and tools, health economics, and modelling to inform decision making and investment prioritisation towards improving population health, reducing inequalities and building a Well-being Economy in Wales.

Issues/Risks

- Workforce capacity to deliver the ambitions of the work plan
- System capacity to engage in prevention & long-term thinking v's operational pressures



Strategic Plan Milestone Delivery



Strategic Priority 5 – Delivering excellent public health services

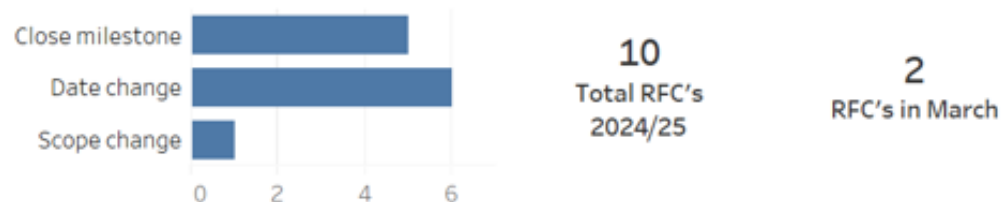
Current Delivery Status



By Directorate



Changes to Plan



Strategic Priority Overview 2024/25

- One milestone for infection services has been rolled over to 2025/26 with a new delivery date of 30.06.25
- 2024/5 focused on developing the concept behind excellent public health services to be inclusive of other service areas beyond HPSS
- The strategic objectives were refined to ensure they promoted collaboration with an emphasis on equity and person-centred domains.
- Governance arrangements were clarified with clear links developed to the duty of quality through the Quality Oversight Group.

Forward Look 2025/26

- Work monitoring delivery of the EPHS strategic plan 2025/28 is in place
- Continuing to support the Covid 19 public inquiry
- Identifying key individuals to develop HPSS divisional implementation plans for route maps (clarity around route maps next steps is awaited before engaging more widely across the organisation via QOG)

Issues/Risks

- Risk remains that EPHS will be viewed as limited to HPSS and other direct public facing services, missing opportunity to include internal / enabling services
- The successful delivery of the EPHS strategic plan is heavily reliant on both internal and external dependencies (79%)
- Nine milestones require development of a business case (6 in year 1 and 3 in year 2) which may lead to capacity issues

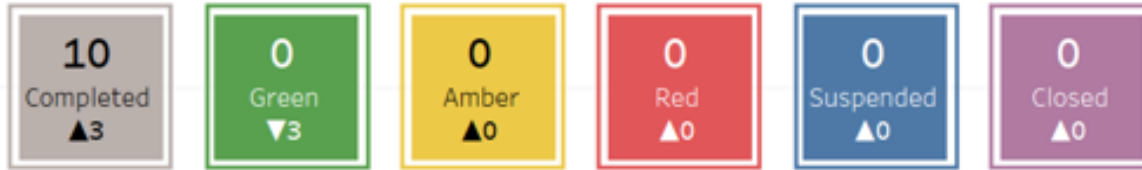


Strategic Plan Milestone Delivery

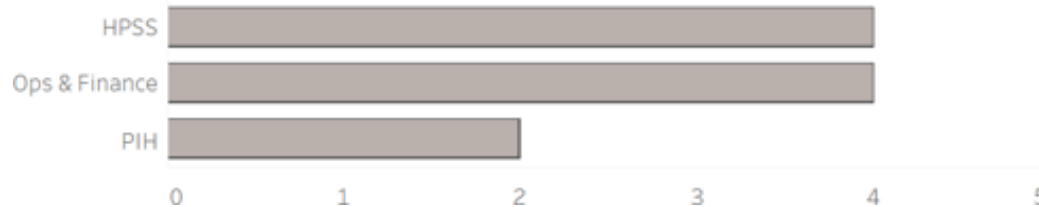


Strategic Priority 6 – Climate change

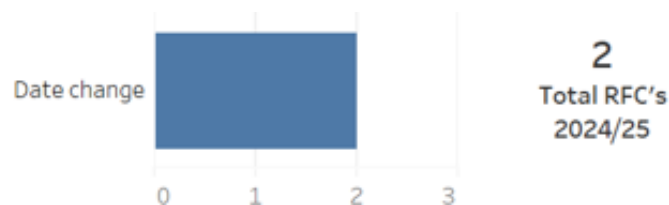
Current Delivery Status



By Directorate



Changes to Plan



Strategic Priority Overview 2024/25

- Supported the progression of the organisational climate and surveillance work by engaging with national and international partners to ensure alignment of methodology and topics.
- Invested in active travel work, ensuring that all regions of Wales are on track to adopt Healthy Travel Charters through partnerships with Public Service Boards and Transport for Wales.
- Recruited to posts to progress specific areas of work. This work has led to a partnership with Exeter University on a successful UKRI £10m funding bid aimed at tackling the health impacts of climate change.
- Arranged a week of events and staff communications to celebrate the 10-year anniversary of the WFG Act.

Forward Look 2025/26

- Develop a climate and sustainability training programme.
- Facilitate and support the adoption and monitoring of Healthy Travel Charters across Wales.
- Support PSBs and partners to respond to the climate and nature emergency.
- Developed our next Biodiversity Report
- Undertaken a review of approaches measuring the health economic benefits from climate mitigation and adaptation measures to inform future advocacy work

Issues/Risks

- Potential failure to meet WG requirement to be carbon neutral by 2030 – organisational risk developed in response to this challenge
- Shift in broader UK political landscape challenging the need to focus on climate change



Strategic Change Programmes



Strategic Change Programmes Overview

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



Green	Green/Amber	Amber	Amber/Red	Red	Completed
2	0	3	1	0	2

Key Information

Digital Health Protection remains **Amber-Red** due to continuing uncertainty regarding Welsh Government approval. The Outline Business Case was considered by the Digital Investment Panel on 21st March, and a number of requested clarifications are now being addressed. Preparations for a Beta procurement are also proceeding in parallel in anticipation of a positive decision.

Web Transformation remains at **Amber** due to the need for further time for content review and migration and associated stakeholder management. As mitigation, a stakeholder engagement workstream has been established and a private Beta version of the site will be released for staff to review and provide content.

Tackling Diabetes Together remains at **Amber** to reflect delays in completing project briefs and, therefore, agreement of an overall programme plan.

Newborn Screening Replatforming has improved from Amber/Red to **Amber** now that the project has been replanned with funding secured to enable the existing project manager to remain in post for completion of the replatforming work.

The strategic change portfolio has been refreshed to reflect the new IMTP and changes in programme status. Two current programmes have been **completed** as planned this month and will come off the portfolio - **NHS Executive** and **Records Management**. Lessons learned exercises are being undertaken for both programmes as they transition to business-as-usual.

Programme Detail

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



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

*Gweithio gyda'n gilydd
i greu Cymru iachach*

**Working together
for a healthier Wales**