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Wales

# Performance and Insight Report

April 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 **Inequalities**.



## 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



## Section 1

# Governance and Accountability



# Key Performance Indicator Summary



People Governance	In Focus	Target	Apr-25	Committee
12m Rolling Sickness Absence FTE %		<3.25%	<b>4.4%</b>	People & OD
Statutory and Mandatory Training		85%	<b>93.2%</b>	
Appraisal Compliance		85%	<b>81.3%</b>	
Diversity ESR Data		N/A	<b>76%</b>	
Financial Governance			Apr-25	
Revenue Position Forecast		Breakeven	<b>Breakeven</b>	Audit & Corporate Governance
Capital Year-End Position		Breakeven	<b>Breakeven</b>	
Agency Spend, % of Total Pay Bill		≤1.7%	<b>1.2%</b>	
Public Sector Payment Policy (PSPP)		95%	<b>98.21%</b>	
Information Governance			Mar-25	
Freedom of Information Request		Within 20-Days	<b>2 exceeded</b>	Audit & Corporate Governance
Subject Access Request		1 Month Average	<b>0 exceeded</b>	
Personal Data Breaches Reported (Escalated)		N/A	<b>2 (0)</b>	
Mandatory Information Governance Training		85%	<b>91%</b>	
Clinical Governance			Apr-25	
Moderate or above harm incidents (YTD)*		N/A	<b>6 (6)</b>	Quality, Safety and Improvement
Number of externally reported incidents (NRI's, EWI, RIDDOR, IRMER) - In Month - (Rolling 12m)		N/A	<b>0 (11)</b>	
Incident Closure Compliance**		85% PHW	<b>65%</b>	
Formal Complaints - Acknowledged within 5 working days**		75% WG 95% PHW	<b>67%</b>	
Formal Complaints – Responded to within 30 working days**		75% WG 95% PHW	<b>50% (3)</b>	
Informal Complaints – In Month (Rolling 12m)		N/A	<b>9 (76)</b>	

\*This data is YTD from 1 April 2025.

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

Key: RAG Status

Click on the Focus Area Icon for additional assurance

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



# People Governance



## Sickness Absence



Decreased by **0.57%** in April 2025. Sickness Absence is reducing as expected, following the seasonal increases over the winter period, and the latest figure is comparable to April 2024.

## 12 Month Rolling Absence



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



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



## Appraisal and Development Reviews



Has fallen **below** the NHS Wales target for the last 3 months.



This follows a period of 8 months where the organisation has been above the target.\*

*\* 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*

*Additional assurance is provided in the focus area on pages 6.*



## Statutory and Mandatory Training



Remains **above** target in April 2025.



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

The module reporting lowest completion is *Foundations in Improvement* (85.9%), which was introduced as a mandatory training e-learning module from April 2024.

## Equality and Diversity

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



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



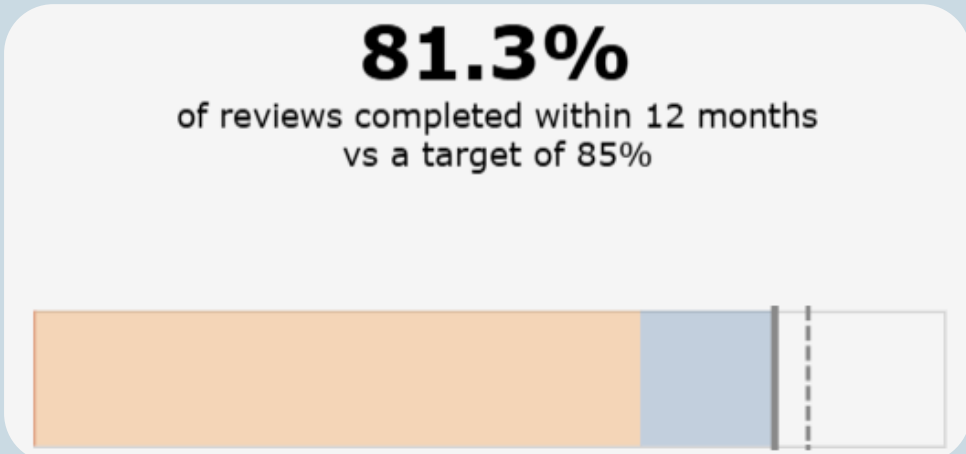
# In Focus: Appraisal and Development Reviews



## Compliance Performance

Appraisal compliance has fallen below the Welsh Government target for the last 3 months, which is set at 85% to allow for staff who are unable to participate in appraisals (e.g. staff on maternity leave, secondees). Appraisal Compliance at the end of March was 2.5% higher than the end of April. This follows a period of 8 months where we have been above target (note – reported retrospectively taking into account updated data being reported following the monthly refresh).

Compliance is at risk of falling 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 Health & Wellbeing and Health Protection and Screening Services Directorates, who have the highest percentage of appraisals that are due soon.



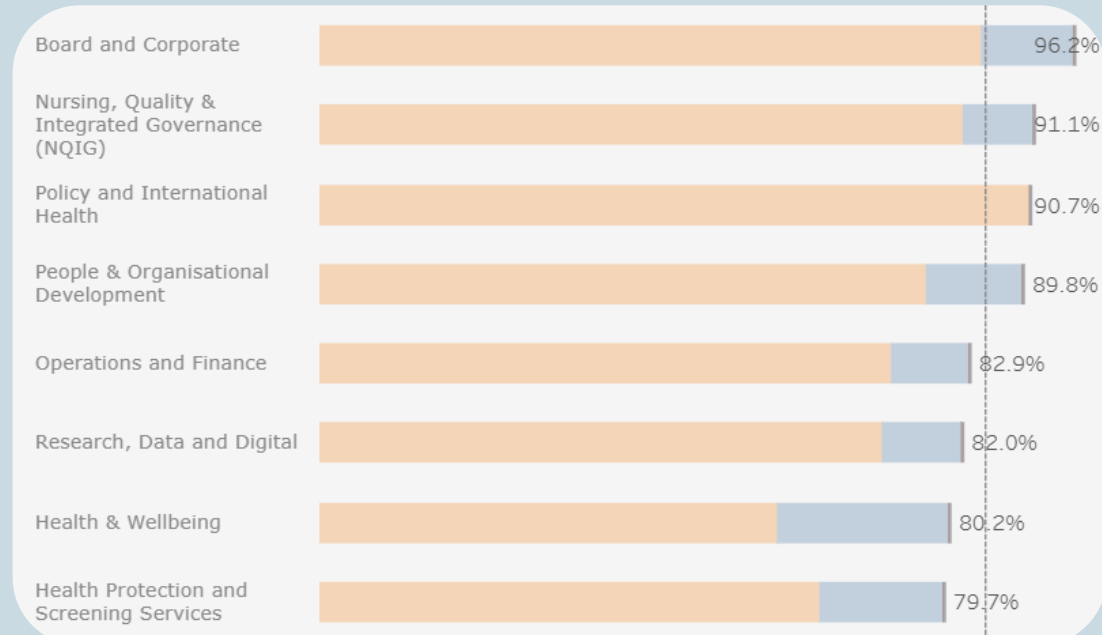
Grey – current compliance — vs target  
Blue – appraisals due in next 3 months



## Compliance by Directorate

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

There is also a significant range in compliance across our Directorates ranging from 96.2% in Board and Corporate to 79.7% in Health Protection and Screening Services.





# In Focus: Sickness Absence

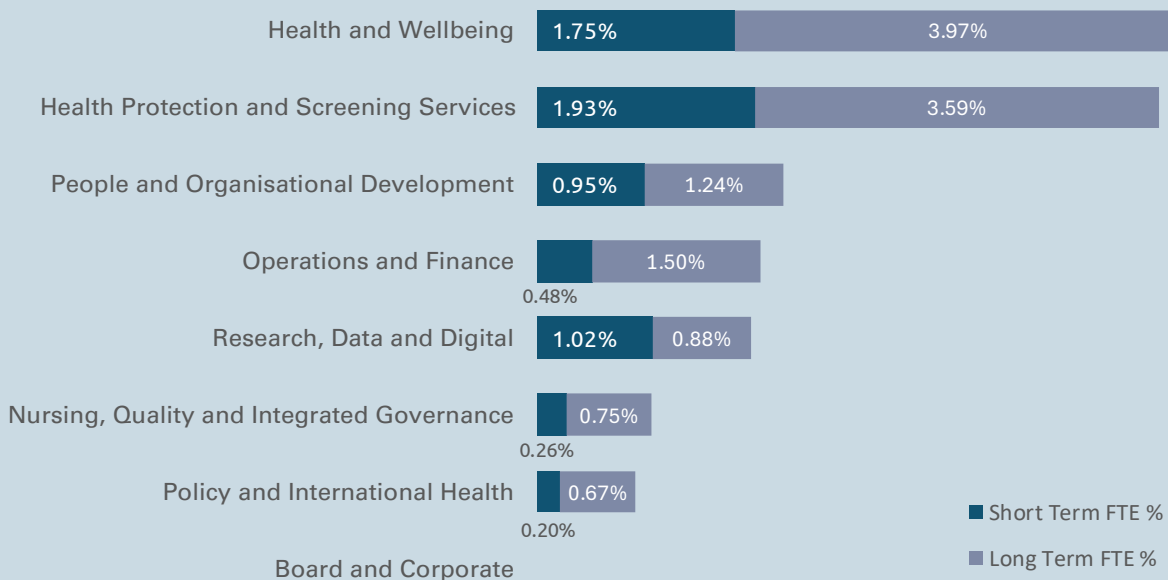


## Sickness Absence by Directorate



A decrease in sickness absence has been reported in April, falling from 4.1% in March to 3.5% in April.

The breakdown by Directorate for April 2025 is provided below, and we have split the data to show by Short-Term (less than 28 days) and Long-Term (28 days or more) Absence FTE %.

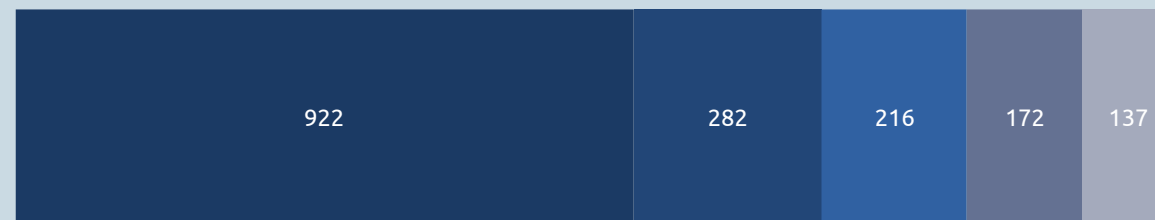


When looking at organisation-wide data for April 2025, **35%** of FTE days lost are due to short-term sickness absence, and **65%** of FTE days lost are due to long-term sickness absence.

## Sickness Absence by Absence Reason

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

Anxiety/stress/depression/other psychiatric illnesses has consistently been the number 1 reason for sickness absence across NHS Wales, and we have seen a decrease of FTE days lost related to Cold, Cough, Flu – Influenza.



- S10 Anxiety/stress/depression/other psychiatric illnesses
- S98 Other known causes - not elsewhere classified
- S12 Other musculoskeletal problems
- S13 Cold, Cough, Flu - Influenza
- S17 Benign and malignant tumours, cancers



## In Focus: Sickness Absence



### Data Analysis

- ❖ Similar to the trend last month, the sickness absence rate has decreased again this month.
- ❖ 'Anxiety, stress, depression, and other psychiatric illnesses' remains the number one reason for sickness absence. This tends to be a driver of longer-term absences. Further analysis of this data has been completed and is currently being reviewed. A verbal update will be made to Board on 29 May 2025, followed by a detailed paper taken to People & OD Committee on 16 July 2025.
- ❖ The second highest absence reason was 'other known causes - not elsewhere classified'. Work is ongoing to encourage increased disclosure of reasons for absence, so that support can be targeted accordingly.

### Learning and Development

- ❖ The All-Wales Managing Attendance at Work (MAAW) policy remains under review.

### Advice and Support

- ❖ On-site visits and HR clinics are in place to engage with managers to identify ways to improve sickness absence management and to support sustained attendance.
- ❖ The People and OD Team are working with relevant managers to request disclosure of reasons for absence where this has been missed from ESR and to understand any barriers to recording this information.
- ❖ Monthly Managing Attendance at Work (MAAW) learning and development sessions for managers continue and have been updated to reflect the need to capture reasons for absence.



# Financial Governance



## Revenue Position



Break-even



-£7k  
YTD



£0k  
Forecast

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

## Capital Position



£2.427m  
Allocation



£2.427m  
Forecast

PHW capital funding is made up of a discretionary allocation of £1.7m, strategic allocation of £0.523m and Targeted Estates Fund allocation of £0.204m.

## Agency Spend as A Percentage of Total Pay Bill



≤1.7%



1.2%  
YTD



1.5%  
Forecast

Forecast to remain at or below 2024/25 levels

## Public Sector Payment Policy (PSPP)



95%



98.21%  
YTD



>95%  
Forecast

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

## Risks/Issues

Due to the reduced reporting content in the month 1 monthly monitoring return, more detailed analysis of risks and issues will be reported in month 2. Further detail in relation to the financial position can be found in the Finance Board Report below.

Click to access the latest detailed report





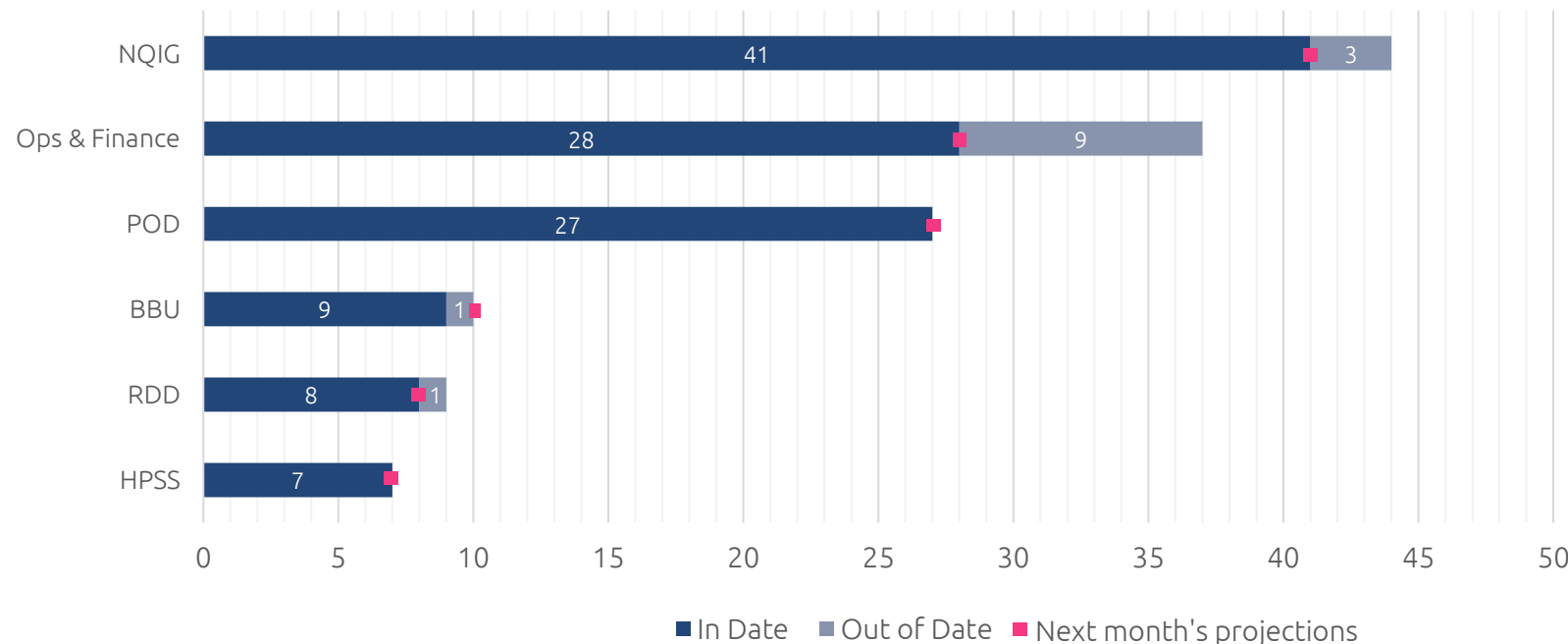
# Corporate and Information Governance



## Corporate Governance

### Corporate Policies Compliance

4 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 April 2025:

- 1 Health Protection and Screening Services Policy was approved

#### Overview:

- The Directorate with the most policies out of compliance is Operations and Finance. 5 of the 9 out of date policies are being reviewed and it is anticipated that they will be submitted for approval within the next 3 months.

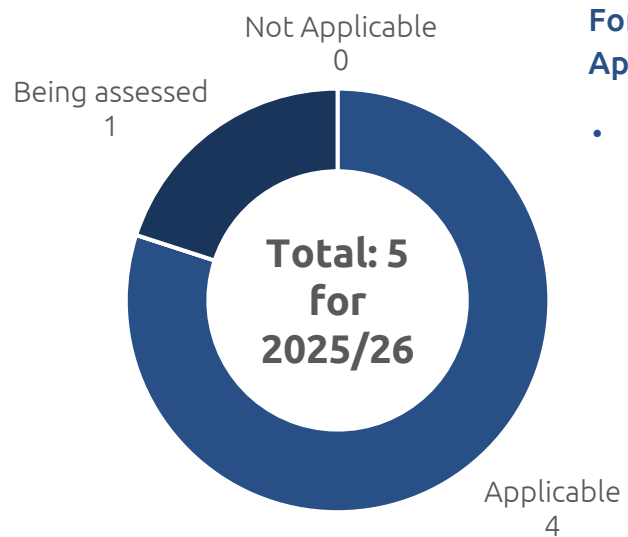


# Corporate and Information Governance



## Corporate Governance

### Wales Health Circular (WHC) Compliance 2025/2026



For the Period 01 - 30 April 2025:

- 5 WHCSs were received, applicable and closed:

Of those applicable:



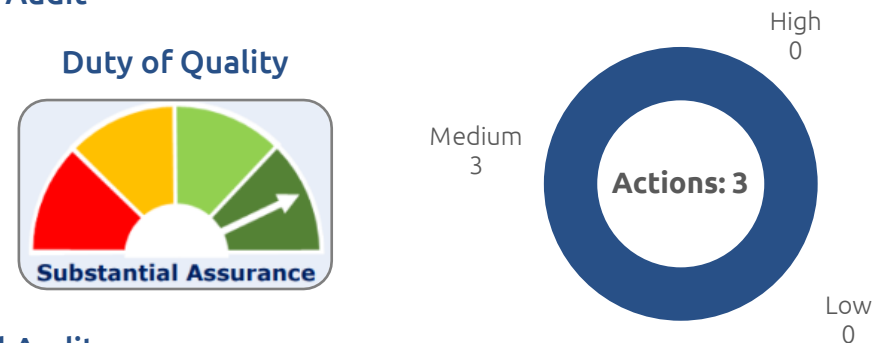
■ In Progress    ■ Confirmed Compliance

## Internal and External Audit

### Reporting to May Audit and Corporate Governance Committee

The Audit and Corporate Governance Committee consider the following Audit reports at its meeting on 8 May 2025:

#### Internal Audit



#### External Audit

- Well Being Objectives Report and Management Responses
- Cancer Services In Wales Report and Management Responses from Welsh Government

Following the March Audit and Corporate Government Committee meeting the recommendations received will be added to the Audit Action Tracker and the progress with implementation will be reviewed on a quarterly basis by the Leadership Team.



# Corporate and Information Governance

Audit data updated quarterly  
(Next update in July 2025)

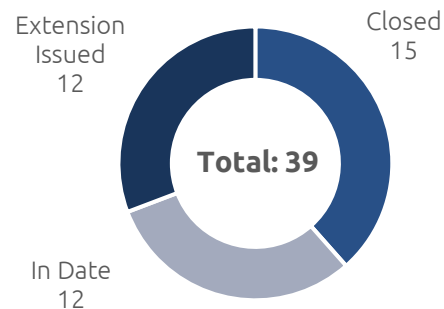


## Corporate Governance

### Audit Recommendations Implementation – April 2025 position

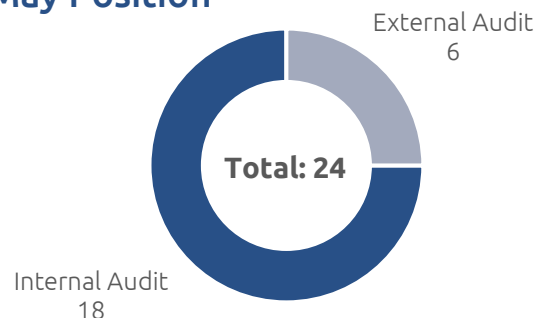
In April, the Leadership Team reviewed updates on all the Audit Recommendations.

Following this review, the summary of the overall position was:



### Audit Recommendations – May Position

Following the March meeting of the Audit and Corporate Governance Committee the number of open Actions by source is:



### Current Position – Breakdown following March’s meeting

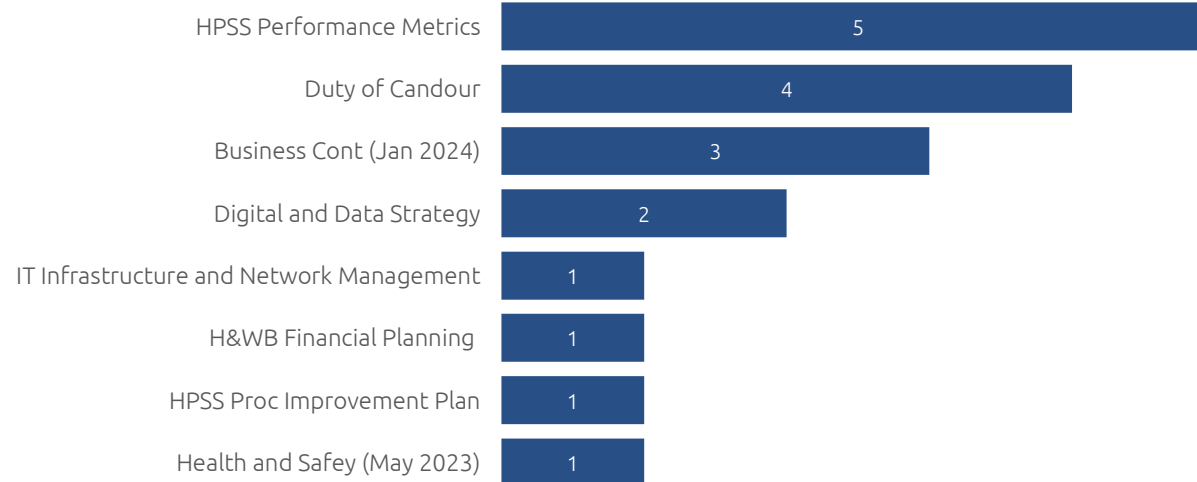
#### External Audit

#### Current number of open actions:



#### Internal Audit

#### Current number of open actions:





# Corporate and Information Governance



## Information Governance

### Freedom of Information Act



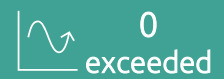
15 requests were received in March 2025. Of these 15:

1 request exceeded the 20-day target and was out of compliance with the FOI Act.

1 request is currently on hold awaiting clarification, this will be closed if no response is received by 05/05/2025.

The average response time is 14 days.

### Data Protection (Subject Access) Requests



1 requests were received in March 2025. This was responded to within 1 calendar month.

### Personal Data Breaches

Reported	Escalated
2	0

0 data breach required reporting to the Information Commissioner (ICO).

**Breach 1** – BSW result letter received by recipient with partial contents displayed in the address label box.

**Action** – A manual task and changes by adding extra sections to our SOPs and training documents have been made. This will reduce this risk but not eliminate it completely.

**ICO Response** – N/A

**Breach 2** – A completed phased return form uploaded to intranet in error. Human error, a limited number of staff have site owner access and are able to upload documents.

**Action** – Document removed immediately, and staff member informed of the error

**ICO Response** – N/A

### Mandatory Information Governance Training



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



# Clinical Governance, Quality, Safety and Improvement



## Externally Reportable Incidents - April update

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

## Incidents

Incident Numbers (Rolling 12m to April 25)	Reported in April
2,160	179 (median 169)

As of 1 May 2025, there are **204** open incidents with **35** having an overdue status, having now been open for more than the 30-working day target. This is a notable improvement of **29** incidents compared to the **64** reported as overdue in February 2025.

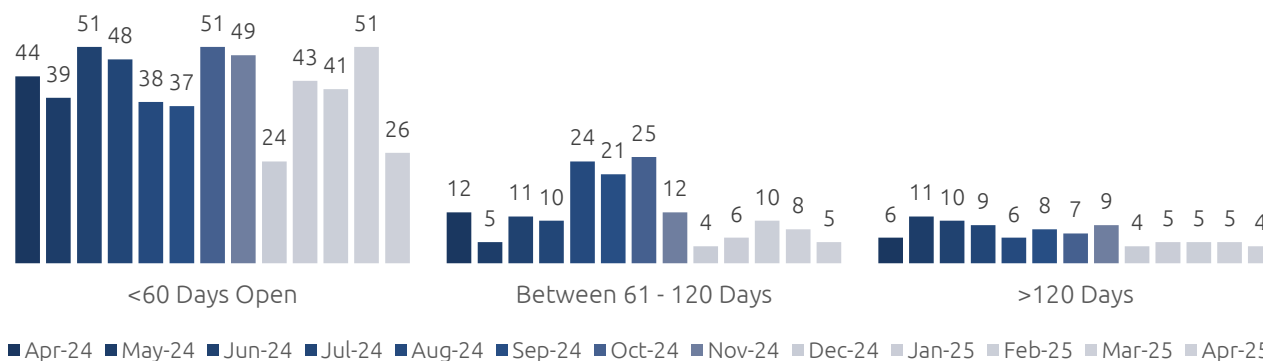
The largest overdue incidents are within Diabetic Eye Screening Wales (**15**), Cervical Screening Wales (**8**) and Breast Test Wales (**6**).

There are **4** incidents that have an open status of more than 120 days.



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

## Overdue Incident Progression (April 2024 – April 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.



Additional assurance is provided in the focus area on page 15.

## Incident Levels of Harm

Level of Harm	Count
None	86
Low	87
Moderate	6

6 moderate harm or above incidents were reported in April in the following areas:

- Microbiology (**3**), Health Protection (**1**), Breast Test Wales (**1**) and Abdominal Aortic Aneurysm Screening (**1**)

4 of these incidents has been re-categorised as 'low harm' and following investigation with 2 remaining under investigation.



# In Focus: Incident Closure



## Oldest Overdue Incidents:

- **Breast Test Wales Incident 4122:** 267 days open – Early Warning Incident

This incident relates to a cohort of individuals that NHS England identified as having not been invited for annual breast screening in line with national guidelines. These individuals are deemed at high risk. Advice received from Legal and Risk that liability should sit with NHS England. Process being formalised to inform participants affected.

- **Diabetic Eye Screening Incident 4700:** 201 days open – Early Warning and Nationally Reportable Incident

This incident relates to a delay in offering a screening appointment to 115 participants due to an administrative error that resulted in the participants not being placed on the correct screening pathway. All participants have been reviewed and monitored for harm outcomes with 1 participant outstanding and due to be screened on 9 May 2025. **Predicted closure following retinal grading of this participant.**

- **Digital Services Incident 5337:** 128 days open

Incident relates to Tarian digital system failure. PTR Team continue to request a status update from Digital Services colleagues to enable closure.

## Assurance:

- Divisions with the highest number of overdue incidents are currently reviewing and revising their internal processes to ensure timely incident closures. In this interim period a more targeted response to address overdue incidents is progressing.
- A weekly overdue incident report is produced and reviewed by the PTR team. This report details incidents that have been open for over 30 working days and incidents that have been open for 20-29 working days. This information is then shared with the designated operational and clinical leads to review and for ongoing management.
- In addition, monthly meetings are also scheduled with service areas to support ongoing incident management and closure which is supplemented by weekly update requests on incident management and support offered where barriers to achieving closure are identified.
- **111** incidents were closed in April. **3** of the closed incidents had been open for over 120 days.

No. of incidents closed in March 2025	168
Closed in < 30 days	106
Closed 31 – 60 days	52
Closed 61 – 120 days	9
Closed 120 days+	1 (209 days)

No. of incidents closed in April 2025	209
Closed in < 30 days	141
Closed 31 – 60 days	53
Closed 61 – 120 days	12
Closed 120 days+	3 (348, 255, 128 days)



# Clinical Governance, Quality, Safety and Improvement



## Formal Complaints Responded to within target (Feb 2025)

February 2025

3 (50%)

3 of 6 (50%) complaints responded to within mandated target. Delays were due to cases requiring complex clinical investigations, requests made for further information during the Quality Assurance process, delays in receiving the draft written responses from service areas.

The affected complainants were informed in writing and an apology given for this delay, and all were provided a revised anticipated response date.

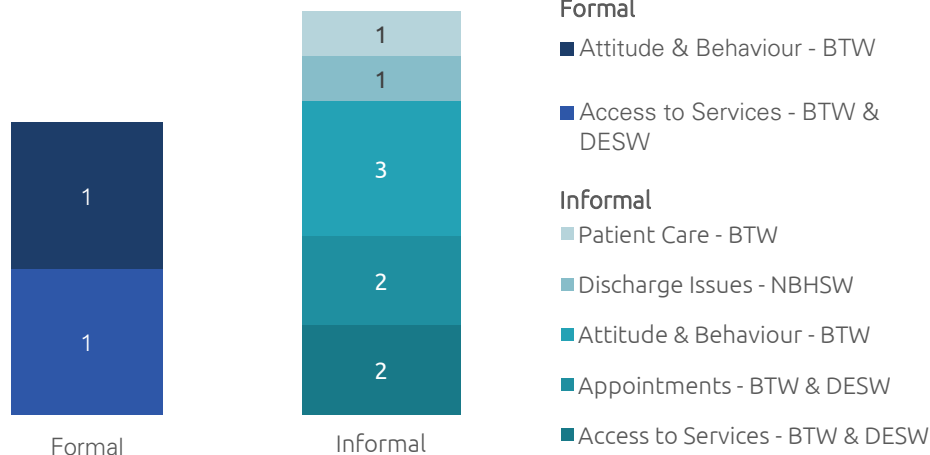
## Complaints received

Complaints (Rolling 12m)	Formal (April 2025)	Informal (April 2025)
Formal – 43 Informal – 76	2 (median 4)	9 (median 7)

## Complaints - Themes and Service Areas



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



## Claims

April 2025

0

No new claims were received during April.

Of the 29 current ongoing claims, 23 are confirmed claims and 6 are potential claims.

## Redress

April 2025

0

No new Redress cases were received during April.

There are 7 ongoing Redress cases, 3 are within 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	In Focus	Standard	Mar-25	Committee
Cervical Screening Wales – Waiting time for colposcopy appointment (8 weeks) (Health Board Delivery)		90%	98.9%	Quality, Safety and Improvement
Bowel Screening Wales – Waiting time for index colonoscopy (Health Board Delivery)	●	90%	8.4%	
Breast Test Wales – Assessment invitations (3 weeks)	●	90%	Apr-25 8.8%	
Diabetic Eye Screening Wales – Coverage (12 Months)	●	80%	40.2%	
Abdominal Aortic Aneurysm – Timely referral to elective vascular network (MTD)		100%	100%	
Infection Services			Mar-25	Quality, Safety and Improvement
Total Microbiology Rejection Rates		<5%	4.9%	
Total Microbiology Diagnostic Sample Requests		*TBC	167,166	
Blood Culture - Collected to Incubation SMI <4hrs		<4hrs	71.4%	
Blood Culture - Received (PHW Laboratory) to Incubation		*TBC	99.7%	
Health Protection			Mar-25	Quality, Safety and Improvement
Test and Post (STI self-sampling) – Test Turnaround Times		100%	100%	
Response times by priority - Urgent (<4 hours)		90%	100%	
Response times by priority - High (<24 hours)		90%	100%	
Response times by priority - Medium (<48 hours)		90%	100%	
Compliance to surveillance reporting schedules		90%	100%	
Research Data & Digital			Quarter 4	Audit & Corporate Governance Knowledge, Research and Information
Number of Major Breaches		0 Major Breaches	0 Breaches	
Percentage of publications without breaches		100%	76%	
Percentage of user follow up to RDD products		100%	*TBC	
Health & Wellbeing			Apr-25	Knowledge, Research and Information Quality, Safety and Improvement
JUSTB – Number of Schools with 2-day training completed by month (YTD)		35 Schools	1 (30)	
Whole School Approach – Percentage of schools with an Action in Place (All schools)		80%	83%	
Whole School Approach – Percentage of schools with an Action in Place (Secondary schools)		100%	98%	
Help Me Quit – 4-week self-reporting quit rate (NTSS)		35%	82%	
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

Key: RAG Status

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



# Health Protection and Screening Services



## Screening Services

### Latest activity

- Planned Inspection of Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) at Breast Test Wales (BTW) in Swansea was undertaken in April with positive verbal feedback received - awaiting the report.
- Implementation of new demographic feed from Welsh Demographic service to improve data quality for demographics to identify eligible population for screening.
- Newborn Screening Re-platforming testing is progressing well with a few issues to be resolved before an implementation date can be agreed.

### Breast Screening - Assessment invitations within 3 weeks of screen

This remains below the 90% standard in April 2025.

Progress still impacted by equipment issues as part of the All-Wales PACS replacement programme which resulted in no reading able to be undertaken for a week which has not yet fully recovered. Speed of system is impacting on reading in Wrexham and Swansea. Critical shortage of staff in North- surgeon and radiology



Key steps being taken :

- Recovery of impact on reading backlog – staff prioritised reading, staff undertaking additional reading
- Support for North from other regions with reading
- Discussing single handed clinics are taken forward if no surgeon is available to prevent cancellations in region that this is not agreed process.



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



Timeliness remains above the 90% standard in March 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 March 2025.

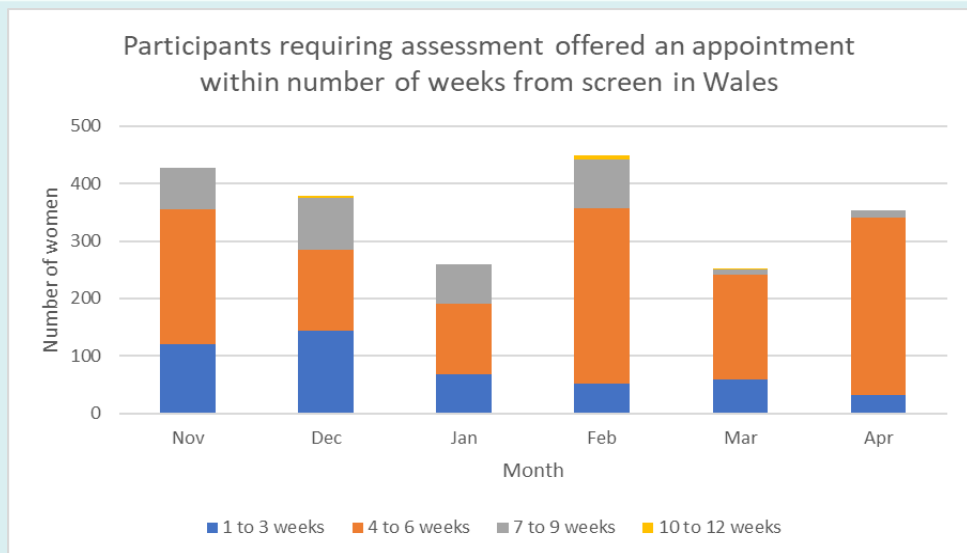
As of 9 May 2025, the average waiting time for a screening colonoscopy was 10 weeks and 6 days (compared to 11 weeks in April). The waiting time ranged from 6 to 19 weeks across the 13 screening centres. Health boards are not delivering the commissioned weekly screening lists. Detailed discussions underway with key health boards. Paper prepared to escalate issue to CEO.

Patient Tracking List – Bowel Screening Specific dashboard and planning tool released to Health Board cancer tracking team.





# In Focus: Breast Test Wales Assessment Waits

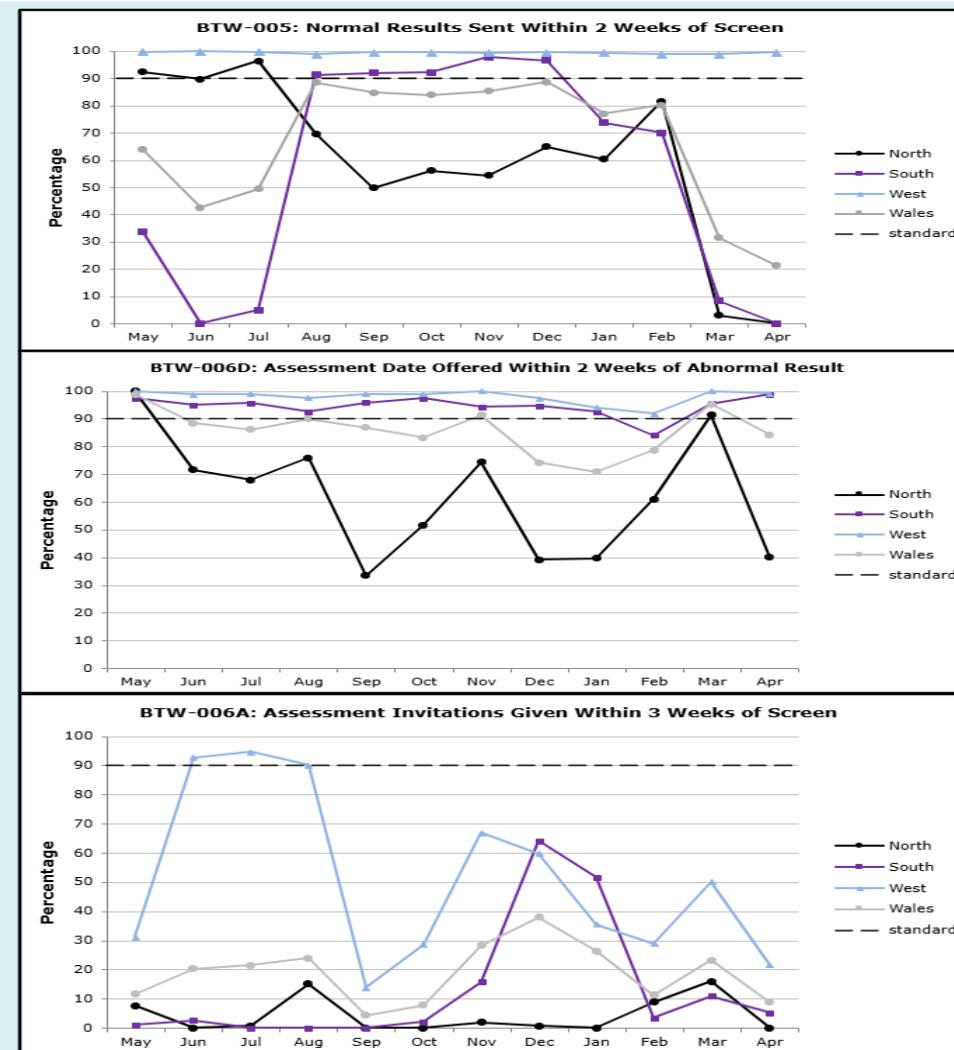


Assessment invitations given within 3 weeks has not met standards over the last 12 months.

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.





# In Focus: Breast Test Wales Assessment Waits



## 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:

- Women anxious waiting for their screening results longer than expected
- Increased number of calls from 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 – this is not expected to be clinically impactful as although not meeting standard 3 weeks of screen most assessments within 6 weeks of screen and in line with national cancer pathway from point of suspicion of cancer to diagnosis

## Current Actions:

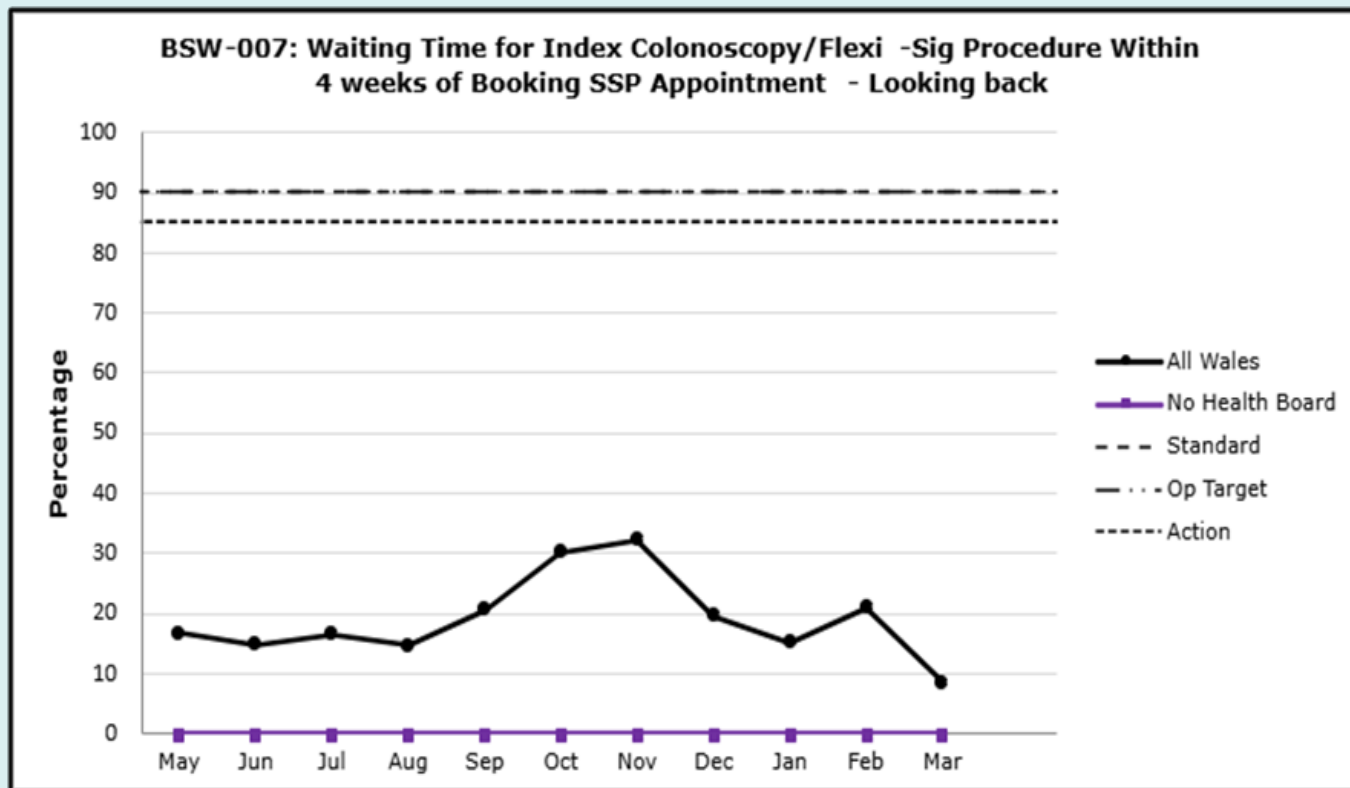
- Clinic bookings are optimised to ensure all slots are booked and short notice appointments are offered.
- Participants requiring assessment in Wrexham are currently being booked into Llandudno clinics due to the long term surgical sickness absence in the Wrexham centre
- The rate of screening in BTW 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



# In Focus: Bowel Screening Wales Colonoscopy Waits



Trend data and latest waits – April 2025



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



# In Focus: Bowel Screening Wales Colonoscopy Waits



## Current Issues and Challenges:

- Colonoscopy capacity across Wales is challenged, with insufficient Colonoscopists, theatre space and nursing staff to meet demand and reduce existing backlogs. Since 2021, BSW has successfully optimised the screening programme, 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 with several 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 1,420 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).



### 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.

Positively, the service continues to achieve against the 100% target for April 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 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 175,314 participants in 2018/19 to 197,388 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.

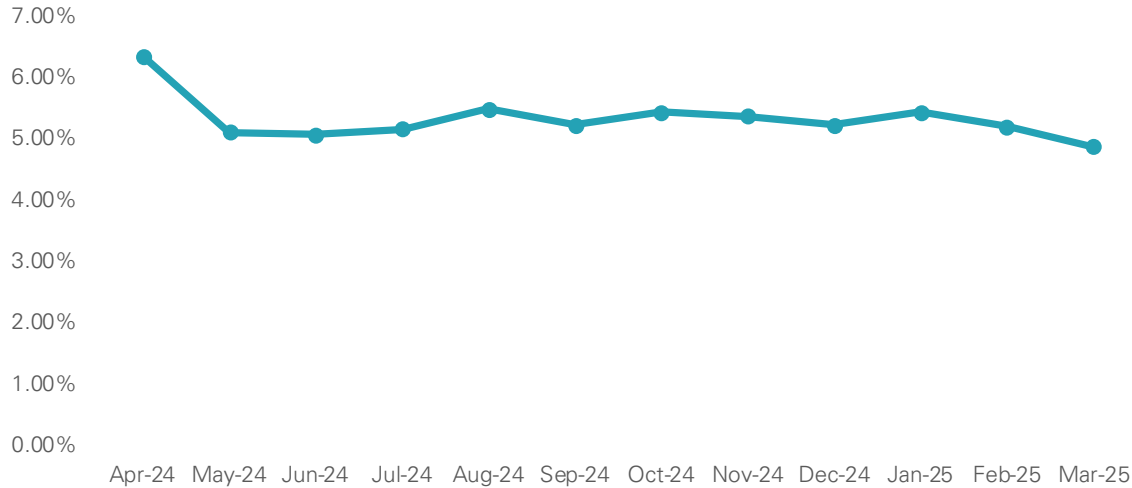


# Health Protection and Screening Services



## Infection Services

### Total Microbiology Rejection Rates



**<5%**

**4.9%**

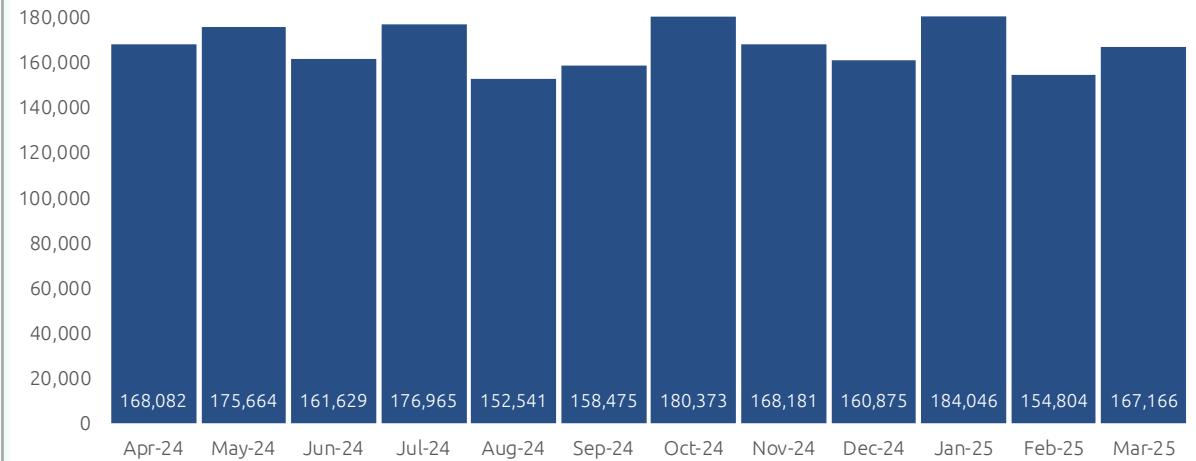
Diagnostic testing rejection rates reduced to 4.9% in March out 167,166 total sample requests. A Specimen Acceptance Policy in Infection Division provides guidance on criteria to accept or reject samples.

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 numbers 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

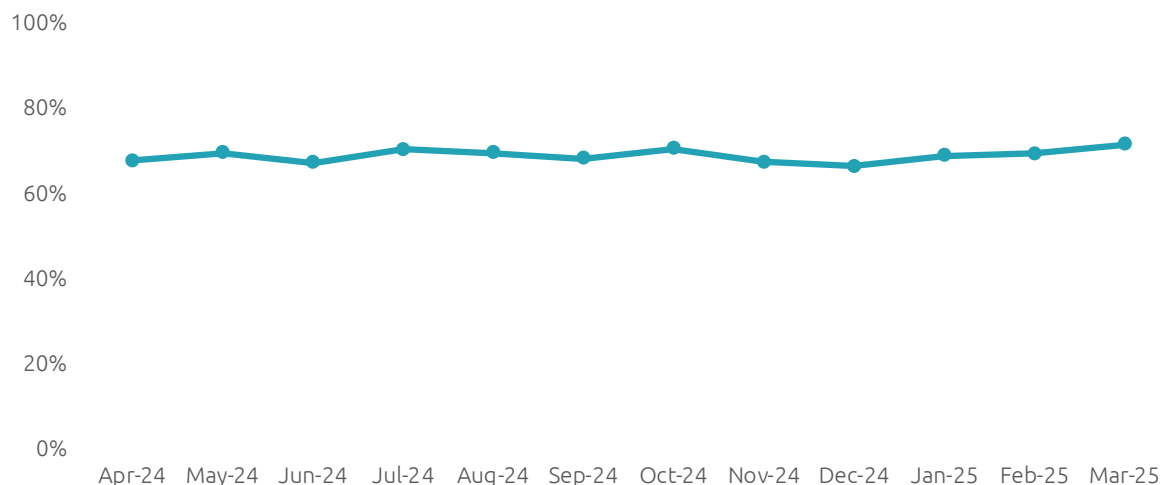


# Health Protection and Screening Services



## Infection Services

### Blood Culture - Collected to Incubation SMI <4hrs

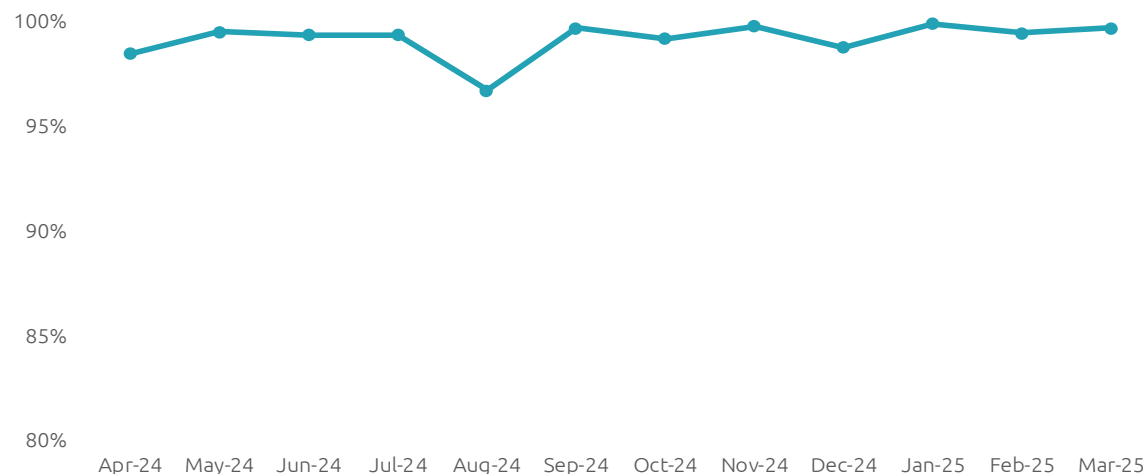


<4 hrs

71.4%

- 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. This incubation time has increase and is the highest to date.
- The laboratory limitation is the lack of data of collection on some samples so an inability to establish the correct time frame.

### Blood Culture - Received (PHW Laboratory) to Incubation



\*TBC

99.7%

\*PHW specific target to be developed

- To better analyse PHW's performance contribution towards the 4 hour target we report on timeliness of specimen received by PHW laboratory to incubation onto Blood Culture analysers.
- 99.7% 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 as evidenced by the 99.7% achievement.



# Health Protection and Screening Services



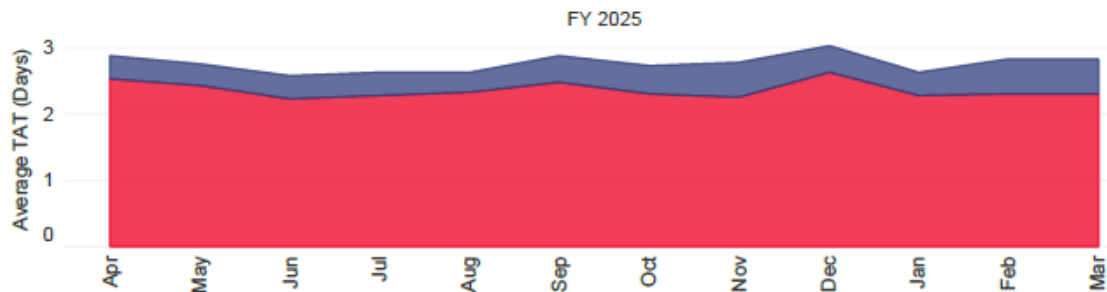
## Health Protection

### Test and Post – STI self-sampling

\* N.B. TAT – Turnaround times

#### Test Turnaround Times

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 March 2025, 100% met the 7-day turnaround standard
- 5 requests of 5603 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**

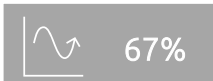
Breaches addressed by:

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

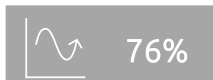
0 Major Breaches

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



## The housing warmth and health and wellbeing in Wales programme

*Strategic Priority: Influencing the wider determinants of health*

### Overview

- Established in 2021 to provide evidence to Welsh Government on home heating guidelines to inform its commitment to addressing fuel poverty in Wales.
- Published a [systematic review](#), a [report and recommendations](#) to Welsh Government and a report on [keeping warm at home during winter in Wales](#).

### Our Impact

#### Informing our partners and mobilising action on cold homes and fuel poverty

- Identified population groups at risk of living in colder homes in Wales, informing targeted action
- Broad media coverage of publications and interviewed for a [BBC Futures news article](#) on optimum temperatures for homes, expanding our audience

#### Building the evidence base and translating evidence into public health practice

- Identified gaps in knowledge about vulnerable groups and made research recommendations, helping to build the evidence
- Presented at conferences and to key working groups to support translation of evidence into practice, e.g. Wales Fuel Poverty conference, All-Wales Housing Expert Panel, and Health Protection (PHW) health surveillance workshop.

### Advocating for healthy public policy

- Report and recommendations are informing Welsh Government's updated Fuel Poverty Plan to support people in Wales struggling to meet the costs of domestic energy needs.
- Written and oral evidence to the Welsh Parliament's Equality and Social Justice Committee inquiry on fuel poverty in Wales has informed [the Committee's views and recommendations](#) to Welsh Government.

### Ongoing work to build impact

- Providing expert advice to Welsh Government via its Fuel Poverty Advisory Panel, supporting national developments and action
- Bringing a public health perspective to a regional approach to cold homes in Wales through membership of a national network of practice, which is shortlisted for an NHS Sustainability 'One Team' partnership award
- Working with academic partners on collaborative research funding applications, supporting evidence building on housing and health.

### Next steps to build impact

- Informing organisational policy advocacy solutions on *healthy places and spaces* ahead of the Senedd elections, advocating for healthy housing policy
- Publishing and disseminating qualitative evidence on housing warmth in low-income households, informing understanding of real-world impacts and support needs now and during future energy price increases.



# Policy and International Health



## 10 years of the Wellbeing of Future Generations (Wales) Act

*Strategic Priority: Enabling delivery of the Long-Term Strategy*

### Overview

- Health and Sustainability Hub established in 2016 with the remit of embedding the work of the Wellbeing of Future Generations (WFG) Act within PHW
- Focus on embedding the 5 Ways of Working – **Long-term, Integration, Involvement, Collaboration, Prevention**

### Our Impact

#### Partnership agreement between PHW and Future Generations (FG) Office

- Development of a new partnership agreement between PHW and FG Office, which includes a new shared post focusing on embedding a 'Futures' approach within PHW and our partner organisations
- Futures focus on the development of our route maps linked to the Long-Term Strategy

#### Building the evidence base on the Well-being Economy and Investment in Prevention

- Made the case for Investing in Prevention, publishing our [report](#) and presenting to key stakeholders e.g. Building a Healthier Wales Co-ordination Group
- Broad media coverage of the case for investing in prevention following engagement with key stakeholders and publication of reports.
- Extensive reference to our Investing in Prevention report in the Audit Wales [report](#) on lessons from 10- years of the Future Generations Act

- Informing the WHO European Well-being Economy Initiative and High-Level Policy Dialogue to accelerate action and investment in Wales and globally

#### Developed our maturity matrix to show our progress and areas for development

- Held two workshops with staff to understand our organisational maturity of the five ways of working
- Assessed how we are currently doing and identified areas for further development
- Identified areas of development around integration and breaking down silo working

#### Celebrating 10 years of the WFG Act

- Health and Sustainability Hub organised the PHW celebrations of the 10-year anniversary of the WFG Act, showcasing how PHW have responded to the act and celebrating successes

#### Ongoing work to build impact

- Focus on improving our position around integration and breaking down silo working within the organisation
- Further development of the Well-being economy work with the World Health Organization, focusing on how we can develop our partnerships and incorporate further work on climate change within the well-being economy workstream.

#### Next steps to build impact

- Board Development session to consider the recommendations from the FG Report and how PHW can build on the momentum we have achieved to date
- Advocating for investment in prevention – Investing in Prevention report authors have been invited to present at the Audit Wales Best Practice exchange event on prevention later this year.

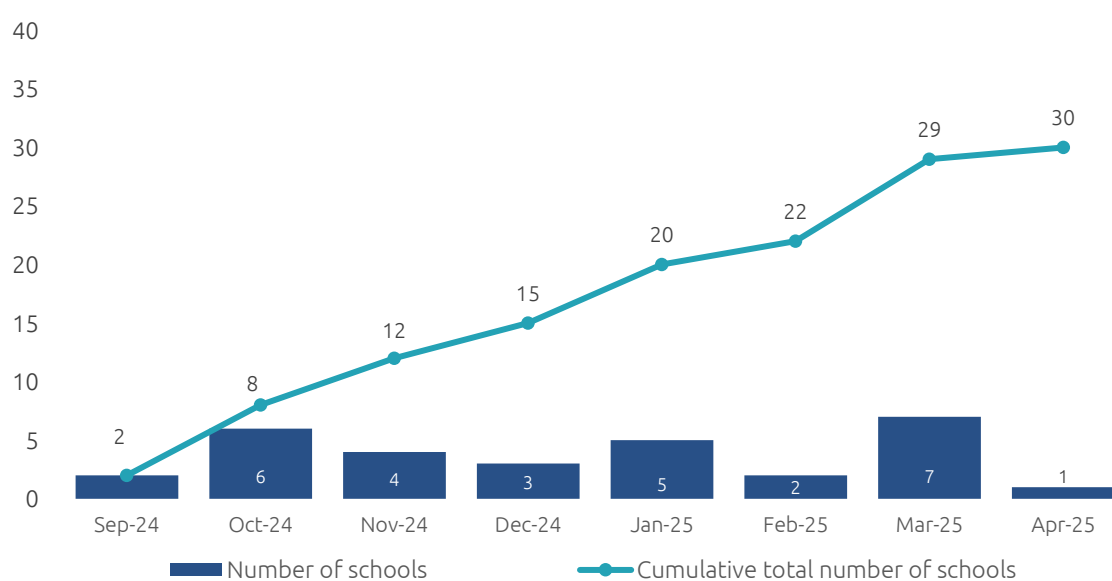


# Health and Wellbeing

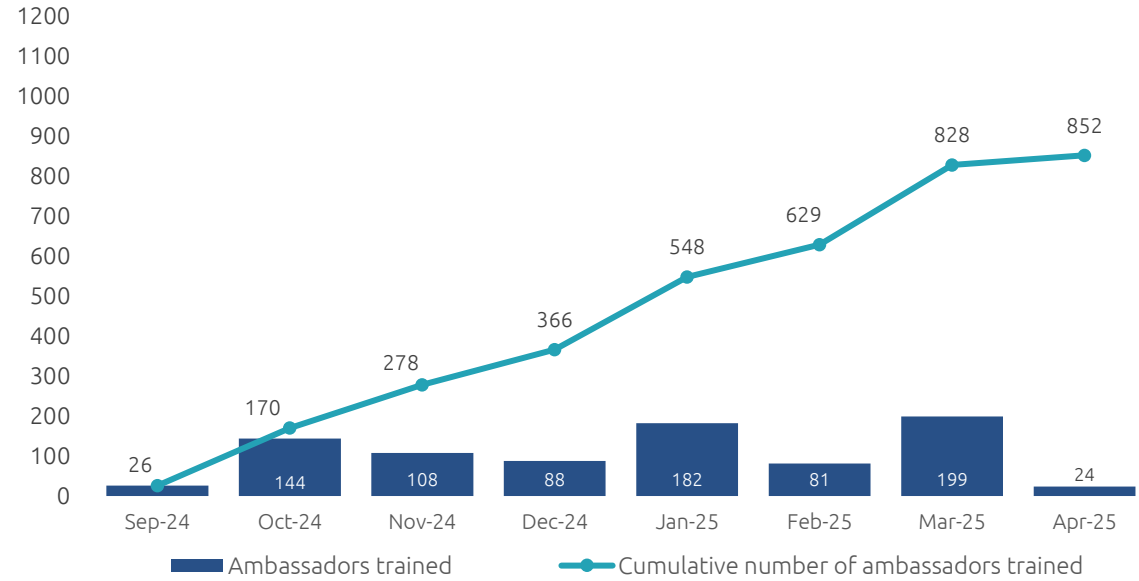


## JUSTB / BYW BYWYD

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.

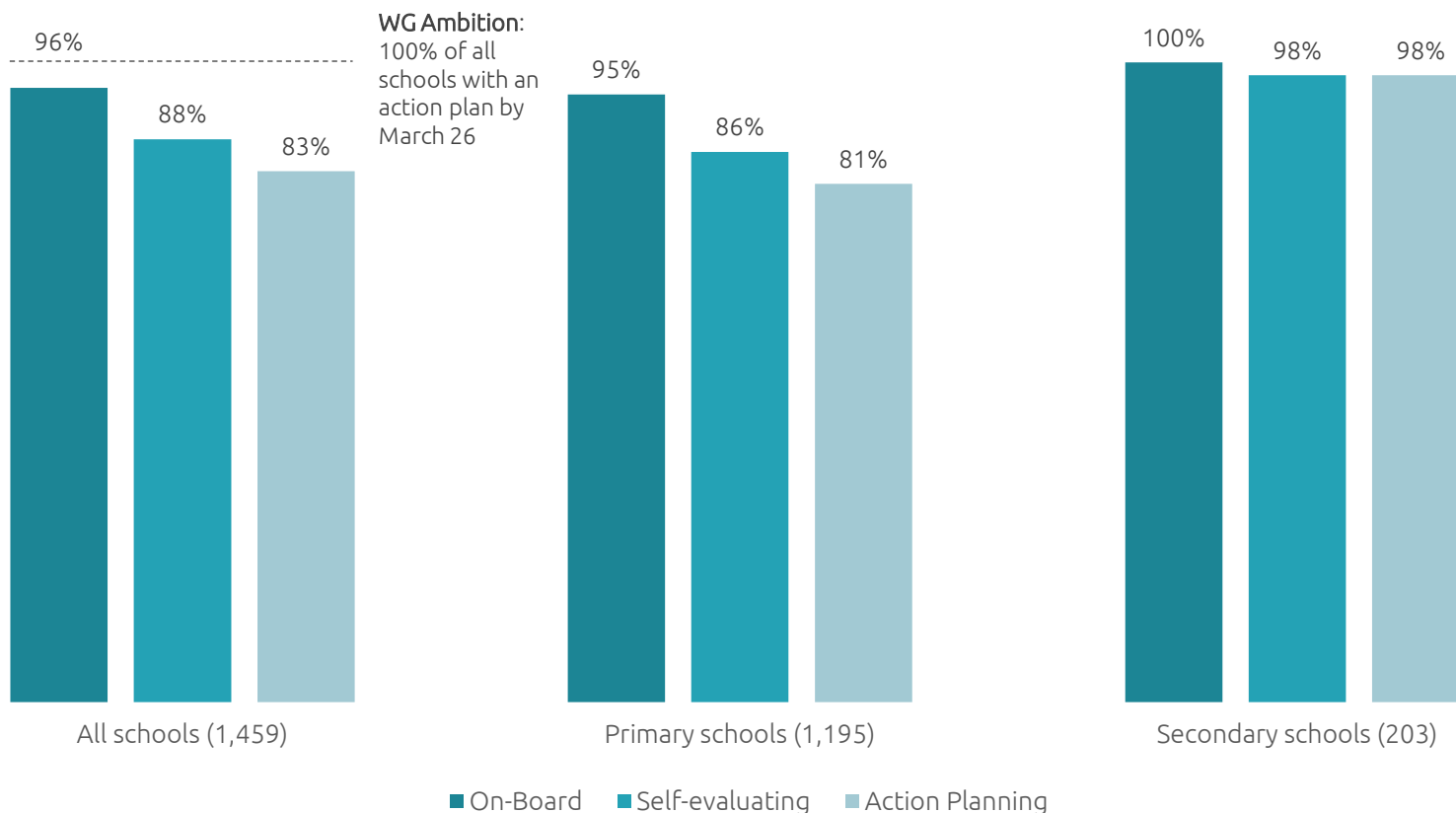


# Health and Wellbeing



## 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: 30/04/25)



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

**'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.

**\* We are currently refining data definitions to meet the requirements of the Welsh Government ambition**



# Health and Wellbeing



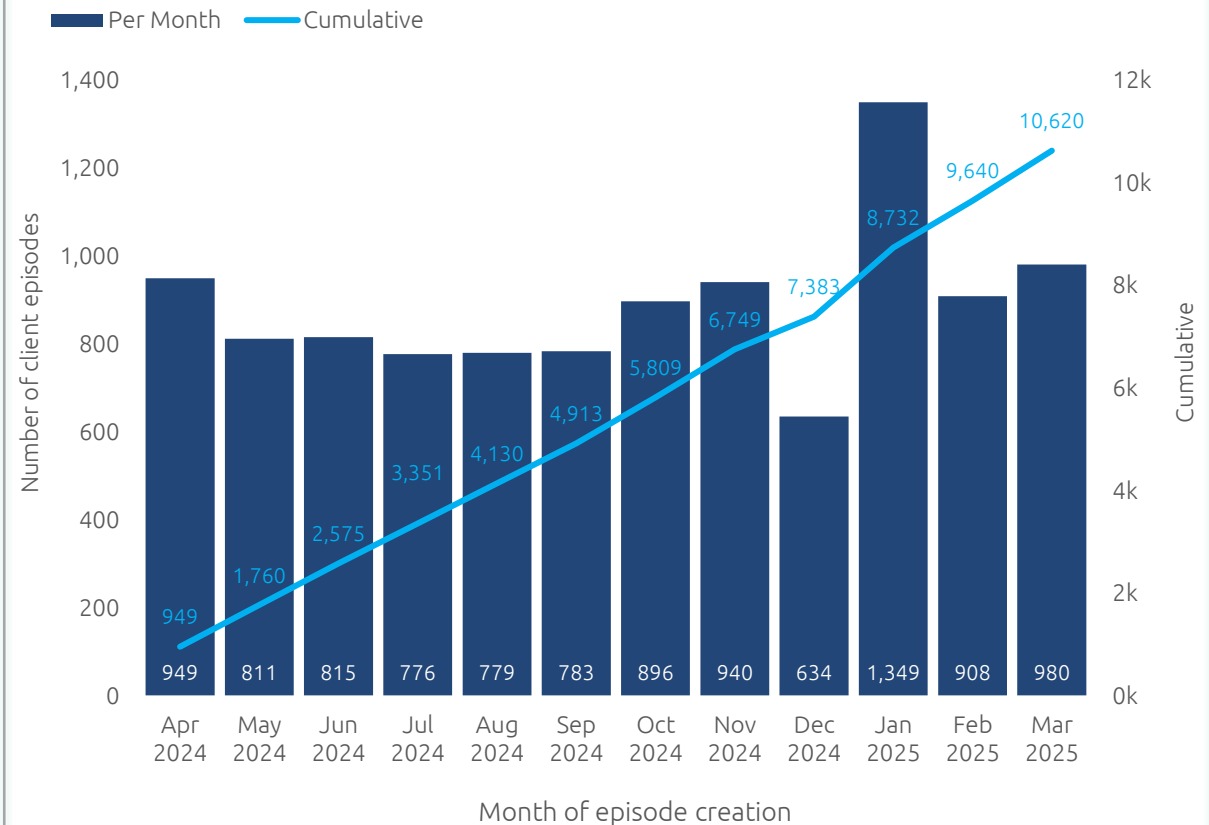
## Help Me Quit

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



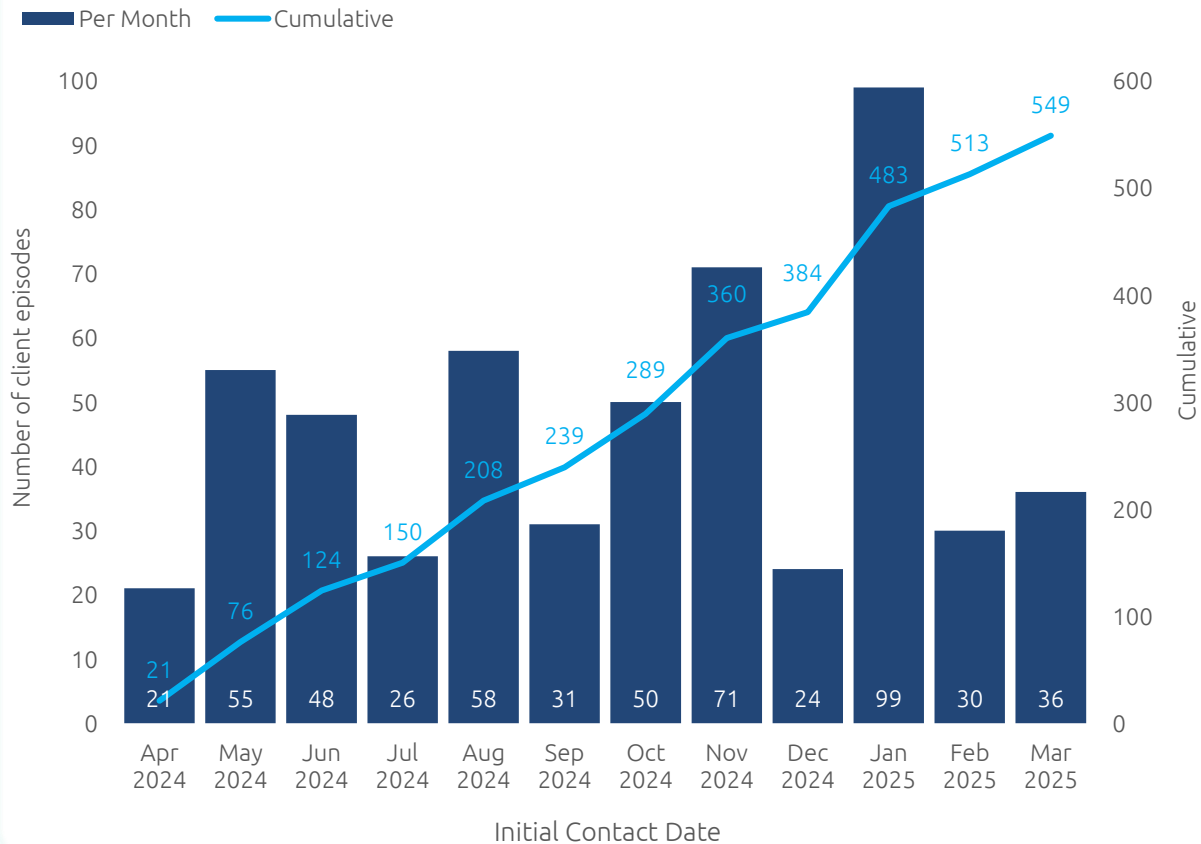


# Health and Wellbeing

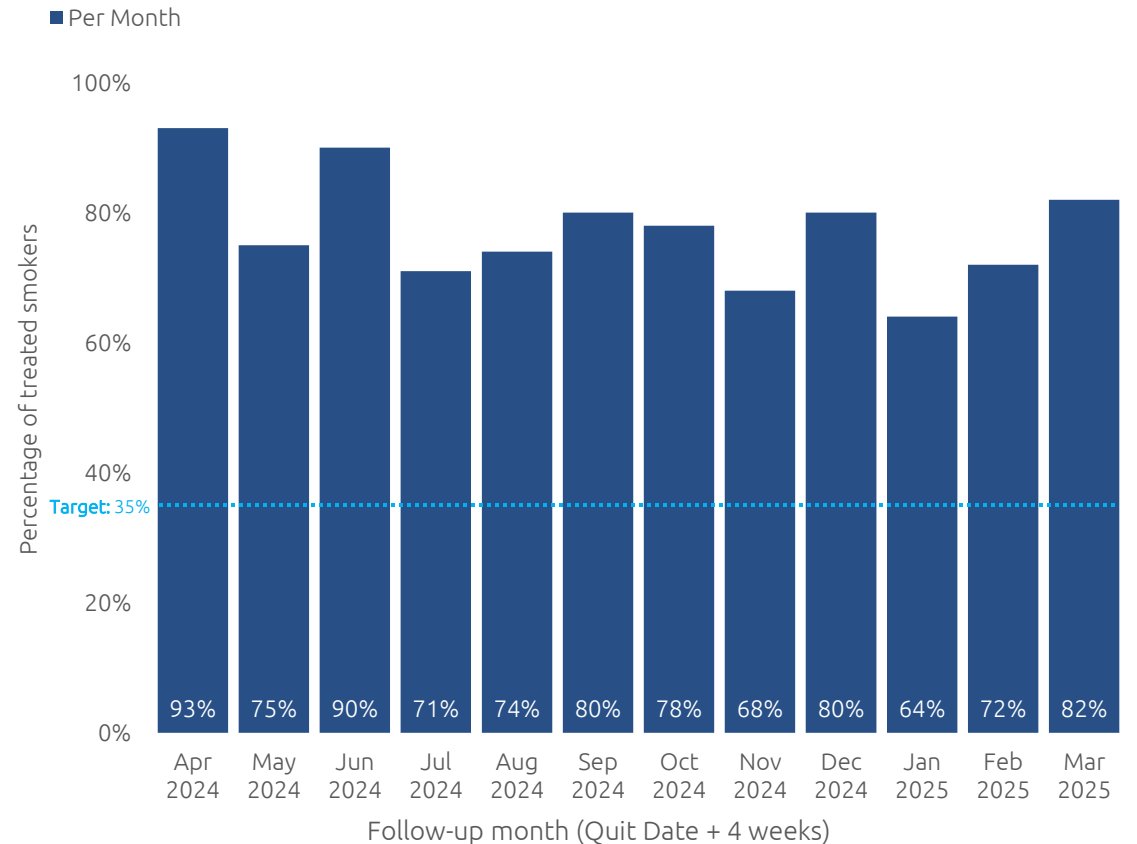


## Help Me Quit

### Number of clients who attend an assessment session (NTSS)



### 4-week self-reporting quit rate (NTSS)



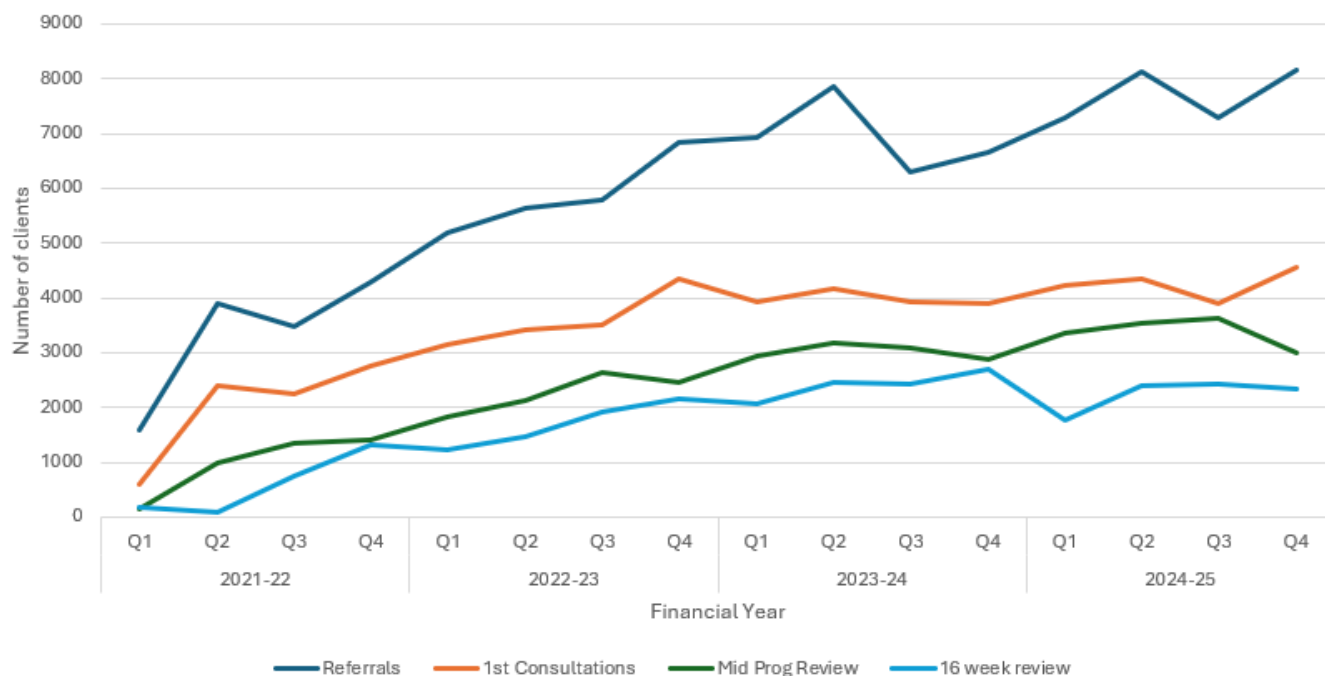


# Health and Wellbeing

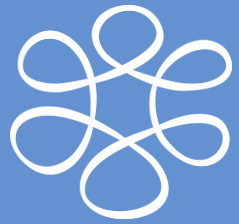


## National Exercise Referral Programme

### 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



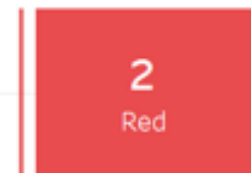
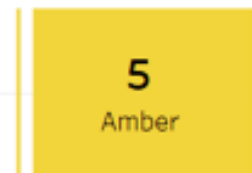
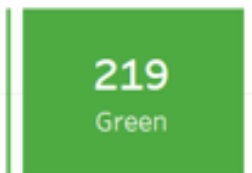
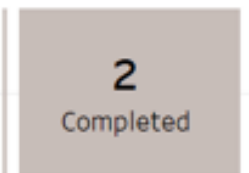
Strategic Plan	In Focus	Target	Apr-25	Committee
Strategic Plan – Percentage of milestones complete		100%	96.1%	Board
Strategic Plan – Percentage of milestones currently red		0%	0.9%	
Request for Change (RFC) – Number of milestone changes approved		N/A	4	
Strategic Priority 1 – Wider determinants		100%	100%	
Strategic Priority 2 – Promoting mental and social wellbeing		100%	100%	
Strategic Priority 3 – Promoting healthy behaviours		100%	94.1%	
Strategic Priority 4 – Sustainable health and care system		100%	100%	
Strategic Priority 5 – Excellent public health services		100%	91.1%	
Strategic Priority 6 – Climate change		100%	100%	
Enabling delivery of our plan		100%	97.2%	
Strategic Change Programmes – Percentage of milestones currently green/amber		N/A	75%	
Strategic Change Programmes – Percentage of milestones currently red		N/A	0%	



# Strategic Plan Milestone Delivery



## Strategic Priority Delivery Status

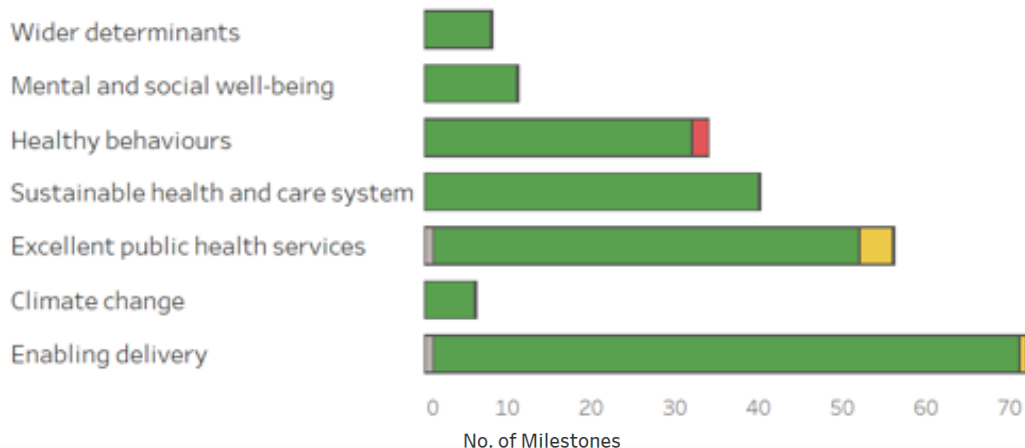


## Request for Change

A total of 4 Requests for Change have been approved this month.



## By Strategic Priority



As at month 1, 2 milestones have already completed in line with the plan and a further 219 milestones are currently reporting as green, bringing the total on track milestones to 97%.

4 of the 5 amber milestones sit within *Excellent public health services*. 3 of which highlight potential delays due to external dependencies on DHCW. These milestones relate to *LIMS 2 implementation* (2) and *Newborn Hearing Screening* (1). The 4<sup>th</sup> amber milestone, *to put in place a MOU between PHW and CUHB* has submitted an RFC to extend the delivery date by 3 months due to an additional work required before it can be finalised.

National service model to support adult vaping cessation is reporting as red and requesting a delivery date change due to an issue with external funding that is causing delays.

The remaining 1 amber and 1 red milestone have both submitted a date change RFC to correct an error in the initial delivery date recorded.



# Strategic Plan Milestone Delivery



## Strategic Priority 1 – Wider determinants

### Current Delivery Status



### By Directorate



### Changes to Plan

No requests for change received in month 1

## Strategic Priority Overview 2025/26

Key areas of focus in 2025/26 include:

- **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

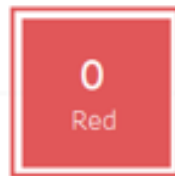
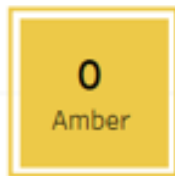
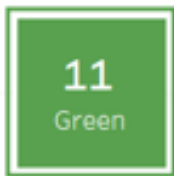


# Strategic Plan Milestone Delivery



## Strategic Priority 2 – Promoting mental and social wellbeing

### Current Delivery Status



### By Directorate



### Changes to Plan

No requests for change received in month 1

## Strategic Priority Overview 2025/26

Key areas of focus in 2025/26 include:

- Scaling up communications 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

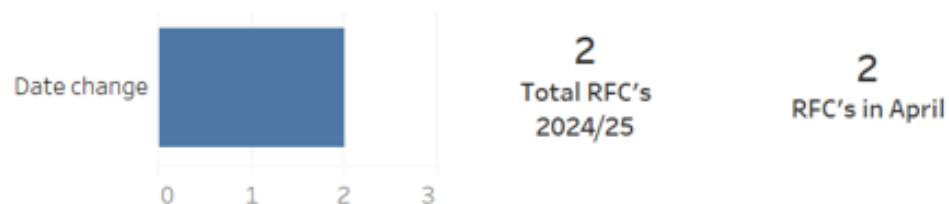
### Current Delivery Status



### By Directorate



### Changes to Plan



## Strategic Priority Overview 2025/26

Key areas of focus in 2025/26 include:

- 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

No requests for change received in month 1

## Strategic Priority Overview 2025/26

Key areas of focus in 2025/26 include:

- 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

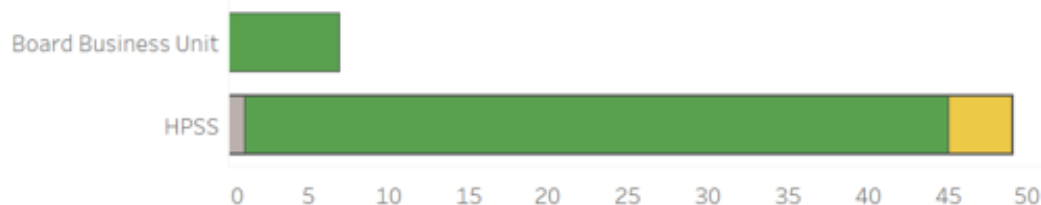


## Strategic Priority 5 – Delivering excellent public health services

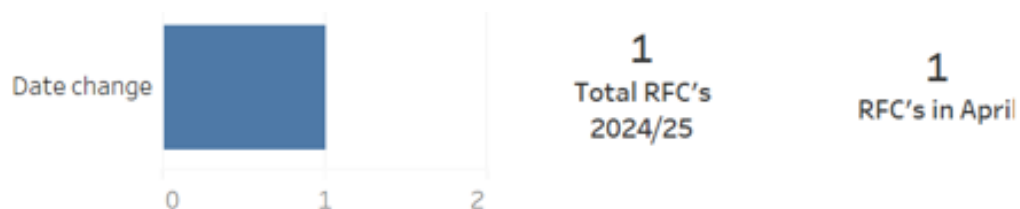
### Current Delivery Status



### By Directorate



### Changes to Plan



## Strategic Priority Overview 2025/26

Key areas of focus in 2025/26 include:

- 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

No requests for change received in month 1

### Strategic Priority Overview 2025/26

Key areas of focus in 2025/26 include:

- 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 Plan Milestone Delivery

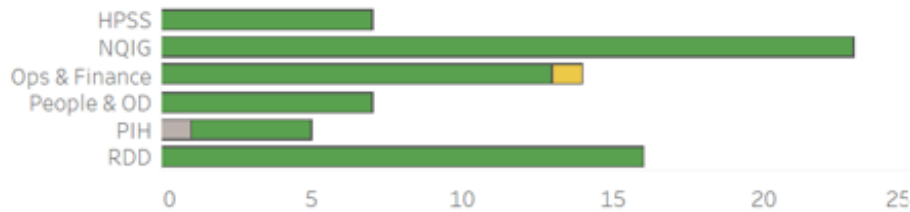


## Enabling delivery of our plan

### Current Delivery Status



### By Directorate



### Changes to Plan



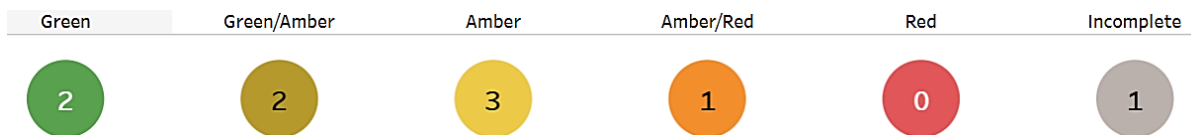


# Strategic Change Programmes



## Strategic Change Programmes Overview

The strategic change portfolio has been updated to align with the 2025/26 IMTP. Two programmes (NHS Executive and Records Management) have been successfully completed. There are now five tier 1 and four tier 2 programmes. The **Infection Services Laboratory Modernisation** programme is still in initiation and therefore not reporting a DCA at this point.



## Key Information

**Digital Health Protection** remains **Amber/Red**, awaiting Welsh Government approval. Pre-market engagement is being undertaken to validate the commercial case, with plans to tender for an August 2025 beta phase start. Benefits realisation and baselining are set to be undertaken during May 2025.

**Web Transformation** has improved to **Green/Amber**, progressing well with site/content migrations. Key decisions include migrating 13 websites to WordPress, contracting Empyrean Digital, and centralising funding from April 2026. To support the migration and manage content development changes, a stakeholder engagement workstream has been established. A private BETA site will launch in May 2025, with a public launch scheduled for September 2025.

**Tackling Diabetes Together** remains at **Amber**. An 'Evidence to action' meeting facilitated by behavioural science colleagues identified key themes for project leads. Welsh Government funding for AWDPP has not been increased as requested meaning that forecast impact on diabetes prevalence will need to be reviewed.

**Data, Analytics, Registers, Cloud** is reporting **Amber** due to slower progress on preparing the Google Cloud Platform for onboarding analysis and longer-term uncertainty over DHCW's ability to deliver programme requirements. However, the first stage of technical preparation of the Azure Cloud platform for the digital health protection system is complete, and new technical posts are being recruited.

**North Wales Estate** is **Green**, with projects progressing as planned. DESW services are moving to new sites at Parc Menai and Wrexham Maelor Hospital. Project 3's options appraisal plan will be approved in late May, with the appraisal in June. An organisational update will be published in early May.

## Programme Detail

Ti..	Programme Name	Feb	Mar	Apr
1	Diabetic Eye Screening Transformation	G/A	G	G/A
	Digital Health Protection	A/R	A/R	A/R
	Infection Services Laboratory Modernis..			
	National Targeted Lung Cancer Screening	G/A	G	G
	Tackling Diabetes Together	A	A	A
2	Automation and AI			A
	Data, Analytics, Registers, Cloud			A
	North Wales Estates			G
	Web Transformation	A	A	G/A

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





# Inequalities



## Our Approach to Screening Equity

- Screening Equity Strategy and first Screening Inequity Report published in 2022
- Identified five key action areas of **Communication; Community and Engagement; Collaboration; Service Delivery and Data and Monitoring**
- Data on equity of screening uptake key to understanding which communities are impacted to target future interventions
- Utilise the data that screening division hold to understand health behaviours of population
- Publication of second **Screening Inequity Report 2023** in December 2024
- Published in HTML online to improve accessibility of report
- Provided update on key actions within Screening Equity Strategy
- Refreshed Screening Inequity Report with data from 2021/22
- Allowing participants six months to take up screening offer therefore data accurate to **October 2022**
- Considered uptake/coverage of screening in **four adult screening programmes** of Breast Test Wales, Bowel Screening Wales, Cervical Screening Wales and Wales Abdominal Aortic Aneurysm Screening programme
- Used available demographic data held by screening programmes to include: Age; Sex; Deprivation quintile; Area of Wales; and Type of screening invitation

## Screening Inequity Report findings

- There is **geographical variation** in uptake of screening at health board and local authority level
- There is a social gradient in uptake of screening across all the adult screening programmes. People living in the **most deprived communities** in Wales were **less likely to take up their offer of screening** compared to those living in the least deprived communities
- For programmes that invite people across age groups there is an inequity in uptake of screening offer with **people in younger age groups less likely to take up their offer of screening** than people in older age groups
- For programmes that invite all genders to participate in screening there is an inequity of uptake with **men less likely to take up their offer than women**, though the inequity gap is small
- For programmes where people are invited more than once, **people who have previously attended are more likely to respond** to subsequent invitations.

Visit the Screening Inequality report





# Inequalities



## Screening Equity Action Plan

Actions as a response include:

- Review of invitation letters as part of **Behavioural Informed Communication Initiative** to maximise call to action and motivate participants to attend
- Co-production of accessible formats of information including Easy Read to **support health literacy** so participants can make a personal informed choice to take up the screening invitation
- Ensure **multiple methods of communication** with programmes are available for participants to use
- Free, online **screening awareness training** delivered by Screening Engagement Team for community health workers and champions to **build community network of trusted voices** to empower individuals to make well-informed screening decisions
- Establishment of Screening Engagement Network to **increase collaboration** with Health Boards and Third Sector
- Targeted intervention of telephone call to **first time non-responders** to screening invitation to provide further offer of screening invitation
- Aim to **expand characteristics** and factors reported on within future Screening Inequity Report to include ethnicity
- Exploring feasibility of **screening uptake data for people with learning disabilities**
- Commitment to **refresh the Screening Equity Strategy** with partners as part of whole screening system with Health Boards and Third Sector

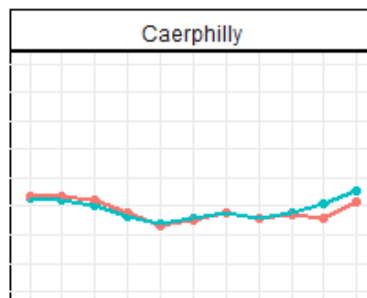


# Inequalities: Data supplement



## Healthy life expectancy trends at local authority level

- In March, we presented trends in HLE in each local authority
- A query was raised about **Caerphilly**, where the **trend seems to be different** to other areas and to Wales as a whole (recent increase in HLE in both sexes rather than the decreases seen nationally)
- Our exploration of the HLE data and related datasets indicate that it is not possible to be sure whether the difference between Caerphilly and other areas are due to a real growth in HLE, or are due to **random variation and uncertainty**, resulting from **lower response rates**
- Recent increases in HLE in Caerphilly are possibly the result of **random variation**, as the recent values all fall within confidence intervals from previous years
- The **confidence intervals are widening**, a result of the lower response rate to the Annual Population Survey in recent years
- The neighbouring areas of **Torfaen** and **Blaenau Gwent** have higher levels of deprivation. But they have seen **different patterns in HLE** in recent years (see next slide). However, recent values are generally within the confidence intervals around values from previous years
- We compared the HLE data to life expectancy, the Census 2011 and 2021 data on people reporting 'good health', and the same from the National Survey for Wales
  - For both males and females, life expectancy and the proportion reporting good health in the Census 2021 is highest in Torfaen, despite HLE being lowest here
  - The differences in HLE between areas are much larger than the differences in the other variables
  - All 3 areas have seen an increase in the proportion of people reporting good health between the Census 2011 and 2021, despite HLE only improving in Caerphilly in this time period
- We are exploring these data further, and considering the potential to supplement our knowledge with an HLE calculation using Census 2021 data



## Cardiovascular disease

- We recently published an [article](#) on the epidemiology of cardiovascular disease in Wales, which included some information about inequalities.

### Key findings:

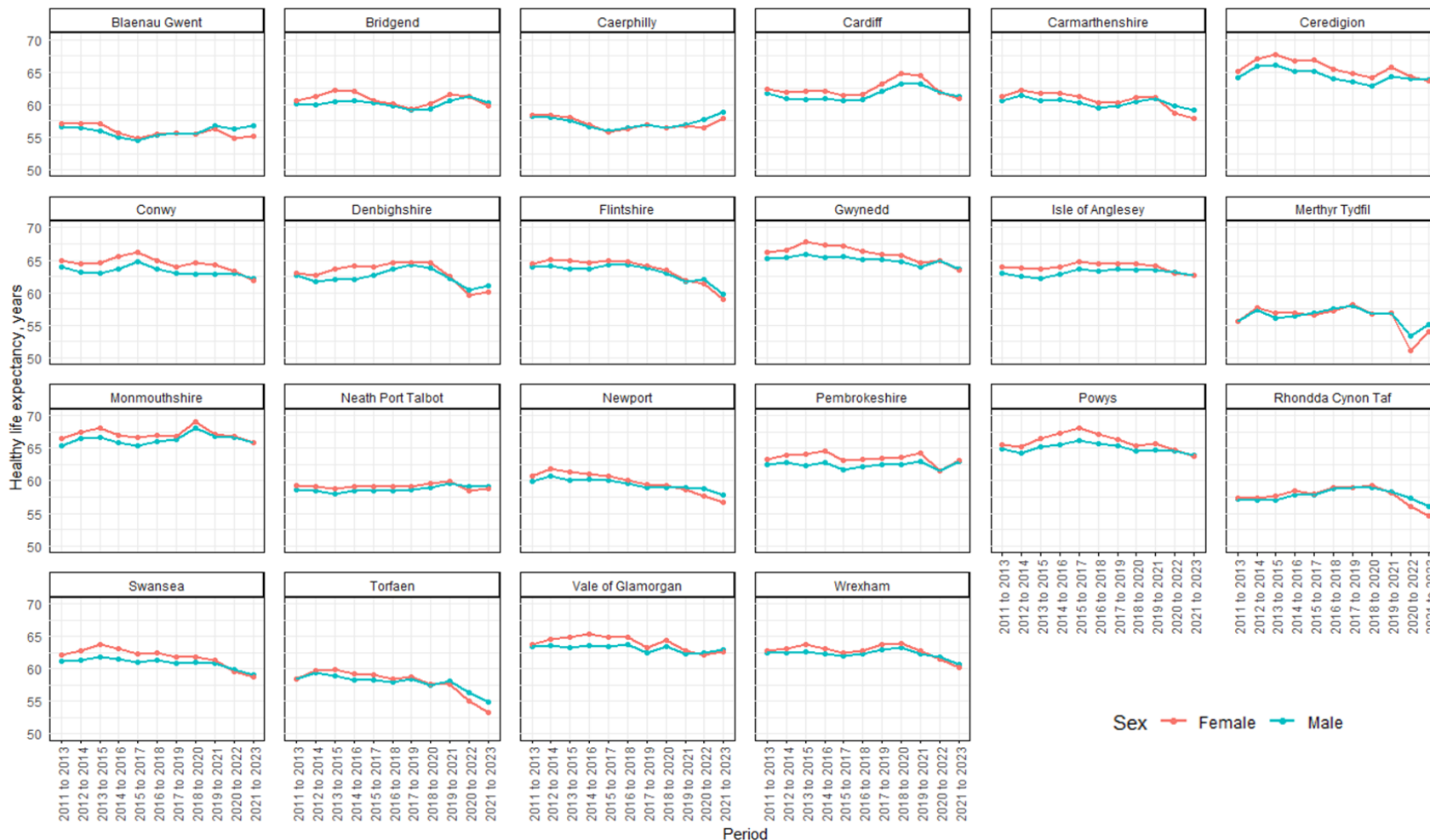
- **Mortality** from cardiovascular disease is **higher in more deprived areas**. In the most deprived fifth of areas, mortality rates are 350 per 100,000, compared to 197 per 100,000 in the least deprived fifth of areas.
- **Rates of admissions** for cardiovascular conditions are consistently **higher in the most deprived fifth of areas** in Wales, although the gap for ischaemic heart disease has reduced by 60% – the difference was 204 per 100,000 in 2011/12 and has reduced to 80 per 100,000 in 2022/23
- These differences are also **reflected in the prevalence of key risk factors** like obesity, which were described in our report in March



# Inequalities: Data supplement



## Healthy life expectancy trends by local authority





# Inequalities: Data supplement



## Public Health Outcomes Framework (PHOF) updates

- We recently updated some indicators in the Public Health Outcomes Framework [dashboard](#). Some showed important changes in inequalities as described here (IMTP Measurement System indicators)
- The disparity in the rate of deaths from injury between the most and least deprived fifths of areas continues to increase over time. There has been 101% increase in the gap between 2011-2013 and 2021-2023.
- Although in Wales overall the mean number of missing, decayed, or filled teeth in 5-year-olds has decreased between 2007/08 and 2022/23 (1.9 to 1.1), the gap between the most and least deprived areas has remained similar
- In 2023, the percentage of children living in high-affluence households taking part in exercise every day was 20.4%, compared to 15.3% in low-affluence households. Boys are much more likely than girls to exercise every day (SP3 Healthy Behaviours)
- Smoking rates were higher in adolescents from lower-affluence households compared to higher-affluence (4.0% versus 2.1%), while alcohol consumption was more prevalent in higher-affluence households (37.6% versus 34.4%) (SP3 Healthy Behaviours)
- The rate of premature deaths per 100,000 from non-communicable diseases are more than double in the most deprived fifth versus least deprived fifth (489 versus 198)
- Death rates from road traffic incidents are significantly higher in those aged 85+ than younger age groups, and nearly 4 times higher in males than females
- The rate of deaths from suicide in the most deprived fifth is nearly double that of the least deprived fifth (16.1 vs 8.3 per 100,000). The rate also continues to be higher for males than females
- The proportion of mothers who report smoking at the point when they gave birth varies between Health Boards from 8.7% in Powys to 15.9% in Betsi Cadwaladr



## Section 4

# Outcomes Measurement



# Outcomes Measurement



## IMTP measurement system indicators

- The latest available values for all the approved IMTP measurement system indicators are shown in the following slides. These values have not changed since the indicators were agreed.
- We are developing methods for regular reporting on the indicators, as part of our transition to the National Data & Analysis Platform. In future updates of this report, we will highlight indicators which have been updated since the previous report, as well as including a full table of the current values of all available indicators.
- We will also provide more analysis and insight into particular indicators as appropriate
- We are working on updating our dashboards to align with the measurement system. The [Rapid Overview Dashboard](#) has been updated to align with the Strategic Priorities, and we are developing our approach for dashboards like the Public Health Outcomes Framework dashboard.

## Next steps

- **Climate** – indicators aligned to Strategic Priority 6 are in development. These include measures of PHW environmental impact, and climate-related incidents to which we respond.

## Evaluation

- We are in the process of developing a strategically aligned **Evaluation Programme for 25/26 onwards**. A number of key programmes in the IMTP will be evaluated with support from the central evaluation team such as the Hapus National Conversation; Primary care models for Wales, Greener Primary Care etc. We are in the process of prioritising requests for support so that we can see where we can add most value to PHW.
- We have also just completed and are writing up the **All-Wales Diabetes Prevention Programme** and the **CVUHB Cancer prehabilitation outcome** evaluations. We will include results from these evaluations and others from the next report time period onwards, when available.



# 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	↓	Not available	Not available	Not available
	Healthy life expectancy – females	59.6 years	2021-2023	↓	Not available	Not available	Not available
Mental wellbeing	Average mental wellbeing score – adults	48.1	2022/23	Not available	45.7	49.0	Not available
	Average mental wellbeing score – adolescents	23.5	2023	↑	22.1	24.1	↑
	Feel a sense of community	63.8%	2021/22	Not available	54.1	69.1	Not available
Healthy behaviours	Smoking prevalence – adults	12.8%	2022/23	Not available	21.8%	7.5%	Not available
	Smoking prevalence – adolescents	2.6%	2023	↓	4.0%	2.1%	↓
	Healthy weight – adults	36.1%	2022/23	Not available	33.7%	39.5%	Not available
	Healthy weight – adolescents	65.0%	2021	Not available	Not available	Not available	Not available
	Meeting physical activity guidelines – adults	55.4%	2022/23	Not available	47.7%	61.4%	Not available
	Meeting physical activity guidelines – adolescents	18.3%	2023	↑	15.3%	20.4%	↑
	Alcohol consumption above guidelines – adults	17.2%	2022/23	Not available	14.6%	21.3%	Not available
	Alcohol consumption – adolescents	35.6%	2023	↓	32.4%	37.6%	↓



# 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	277.3 per 100,000	2023		Not available	Not available	Not available
	Prevalence of atrial fibrillation	2,301.9 per 100,000	2023	Not available	Not available	Not available	Not available
	Prevalence of heart failure	1,140.9 per 100,000	2023	Not available	Not available	Not available	Not available
	Prevalence of stroke/transient ischaemic attack	2,005.3 per 100,000	2023	Not available	Not available	Not available	Not available
	Prevalence of hypertension	14,814.5 per 100,000	2023	Not available	Not available	Not available	Not available
	Prevalence of diabetes (ages 17+)	7,694.2 per 100,000	2023	Not available	Not available	Not available	Not available
	Prevalence of asthma	7,090.3 per 100,000	2023	Not available	Not available	Not available	Not available
	Prevalence of chronic obstructive pulmonary disease	2,085.7 per 100,000	2023	Not available	Not available	Not available	Not available
	Prevalence of osteoporosis	534.3 per 100,000	2023	Not available	Not available	Not available	Not available
	Prevalence of rheumatoid arthritis (ages 16+)	862.0 per 100,000	2023	Not available	Not available	Not available	Not available
	Prevalence of cancer	3,268.0 per 100,000	2023	Not available	Not available	Not available	Not available



# 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	94.2%	2023/24	↓	Not available	Not available	Not available
	MMR coverage at age 2	92.9%	2023/24	▬	Not available	Not available	Not available
	HPV coverage at age 15	74.1%	2023/24	↓	Not available	Not available	Not available
	All routine immunisations coverage at age 1	93.1%	2023/24	▬	89.8%	95.8%	↑
	All routine immunisations coverage at age 2	90.8%	2023/24	▬	87.3%	93.6%	↓
	All routine immunisations coverage at age 4	84.6%	2023/24	↓	78.3%	90.2%	↑
	All routine immunisations coverage at age 5	87.8%	2023/24	↓	82.9%	91.3%	↑
	All routine immunisations coverage at age 15	62.2%	2023/24	↓	50.5%	71.8%	↑



GIG  
CYMRU  
NHS  
WALES

Iechyd Cyhoeddus  
Cymru  
Public Health  
Wales

*Gweithio gyda'n gilydd  
i greu Cymru iachach*

**Working together  
for a healthier Wales**