



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Performance and Insight Report

January 2026



Report Overview

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

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



Section 1 Governance and Accountability

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



Section 2 Service Delivery

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



Section 3 Strategy Delivery

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



Section 4 Outcomes Measurement

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



Section 1

Governance and Accountability



Key Performance Indicator Summary



| | Target | 12 Month Look Back | Feb-25 | Mar-25 | Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 | Oct-25 | Nov-25 | Dec-25 | Jan-26 |
|---|-------------------|--------------------|---------|----------|----------|----------|---------|----------|----------|----------|----------|----------|----------|----------|
| People Governance | | | | | | | | | | | | | | |
| 12m Rolling Sickness Absence FTE % | <3.25% | | 4.38% | 4.41% | 4.46% | 4.51% | 4.51% | 4.58% | 4.61% | 4.58% | 4.57% | 4.52% | 4.58% | 4.46% |
| Statutory and Mandatory Training | 85% | | 92.9% | 92.9% | 93.2% | 93.3% | 93.2% | 93.2% | 93.0% | 93% | 92.9% | 92.9% | 92.9% | 92.9% |
| Appraisal Compliance | 85% | | 84.5% | 84.5% | 83.7% | 86.3% | 86.1% | 86.2% | 86.3% | 86.8% | 86% | 86.5% | 86.5% | 86.0% |
| Diversity ESR Data | N/A | | 76% | 76% | 76% | 76% | 77% | 77% | 77% | 77% | 78% | 77% | 77% | 77% |
| Agency Spend, % of Total Pay Bill | ≤1.7% | | 1.7% | 1.7% | 1.2% | 1.3% | 1.4% | 1.4% | 1.4% | 1.3% | 1.2% | 1.1% | 1.0% | 1.0% |
| Financial Governance | | | | | | | | | | | | | | |
| Revenue Position YTD | Breakeven | | £-172K | £-195K | £-7K | £-19K | £-10K | £-10K | £-33K | £-0.016k | £-0.002k | £-0.040k | £-0.069k | £-0.034k |
| Revenue Position Forecast | Breakeven | | £-200K | £-195K | £0k | £0k | £0k | £0k | £0k | £0k | £0k | £0k | £0k | £0k |
| Capital Year-End Position | Breakeven | | £2.058K | £3.578K | £0K | £14K | £23K | £62K | £225K | £0.282k | £0.656k | £0.738k | £1.014k | £2.149k |
| Public Sector Payment Policy (PSP) | 95% | | 98.12% | 98.09% | 98.21% | 96.98% | 97% | 97.36% | 97.56% | 97.41% | 97.38% | 97.34% | 97.34% | 97.32% |
| Information Governance | | | | | | | | | | | | | | |
| Freedom of Information Request Response* | Within 20-Days | | 1 | 2 | 0 | 1 | 4 | 2 | 1 | 1 | 1 | 0 | 0 | |
| Subject Access Request Response* | 1 Month Avg | | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | |
| Personal Data Breaches Reported | N/A | | 1 | 2 | 3 | 0 | 2 | 7 | 1 | 2 | 1 | 3 | 3 | |
| Personal Data Breaches Reported - Escalated | N/A | | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 2 | 0 | |
| Mandatory Information Governance Training | 85% | | 90% | 91% | 92% | 91% | 91% | 91% | 91% | 91% | 91% | 90% | 90% | 90% |
| Clinical Governance | | | | | | | | | | | | | | |
| Moderate or above harm incidents - monthly | N/A | | 4 | 4 | 6 | 6 | 6 | 0 | 0 | 2 | 1 | 2 | 7 | 6 |
| Moderate or above harm incidents - YTD* | N/A | | 66 | 70 | 6 | 12 | 18 | 18 | 18 | 25 | 26 | 28 | 35 | 41 |
| Number of externally reported incidents (NRI's, EWI, RIDDOR, IRMER) - In Month | N/A | | 2 | 1 | 0 | 2 | 1 | 0 | 2 | 3 | 1 | 0 | 4 | 1 |
| Number of externally reported incidents (NRI's, EWI, RIDDOR, IRMER) - Rolling 12m | N/A | | 13 | 12 | 11 | 11 | 12 | 10 | 13 | 15 | 13 | 13 | 20 | 24 |
| Incident Closure Compliance** | 85% PHW | | 65.3% | 78.4% | 80.8% | 73.8% | 59.7% | 65% | 79% | 79% | 86% | 85% | | |
| Formal Complaints - Acknowledged within 5 working days** | 75% WG 95% PHW | | 67% (2) | 100% (5) | 100% (2) | 100% (4) | 90% (3) | 100% (4) | 100% (3) | 75% (4) | 50% (4) | 100% (5) | | |
| Formal Complaints – Responded to within 30 working days** | 75% WG 95% PHW | | 50% (2) | 33% (5) | 100% (2) | 80% (4) | 75% (3) | 100% (4) | 67% (2) | 50% (4) | 75% (4) | 60% (5) | | |
| Informal Complaints – In Month | N/A | | 4 | 3 | 9 | 9 | 5 | 6 | 8 | 7 | 11 | 14 | 11 | 8 |
| Informal Complaints – Rolling 12m | N/A | | 88 | 80 | 76 | 77 | 75 | 75 | 81 | 85 | 91 | 103 | 109 | 105 |

*This data is YTD from 1 April 2025.

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

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

Key: RAG Status

Click on the Focus Area Icon for additional assurance

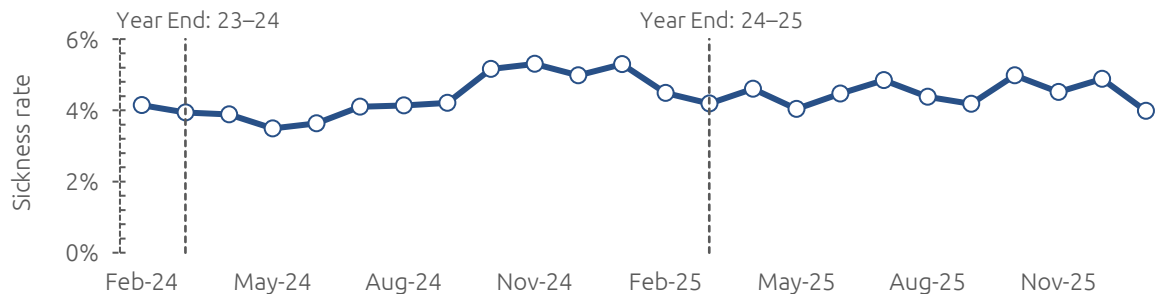
>10% outside target Within 10% of target Achieving target Not applicable / TBC



People Governance

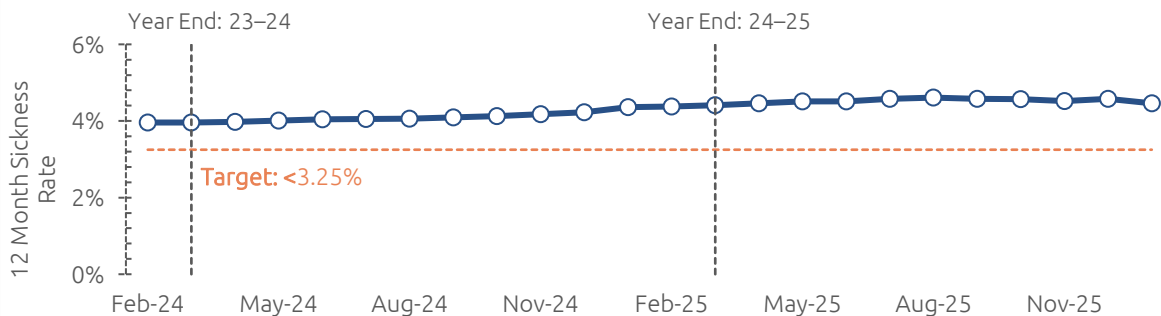


Sickness Absence



3.98% Decreased by **0.9%** in January 2026.

12 Month Rolling Absence



3.25%



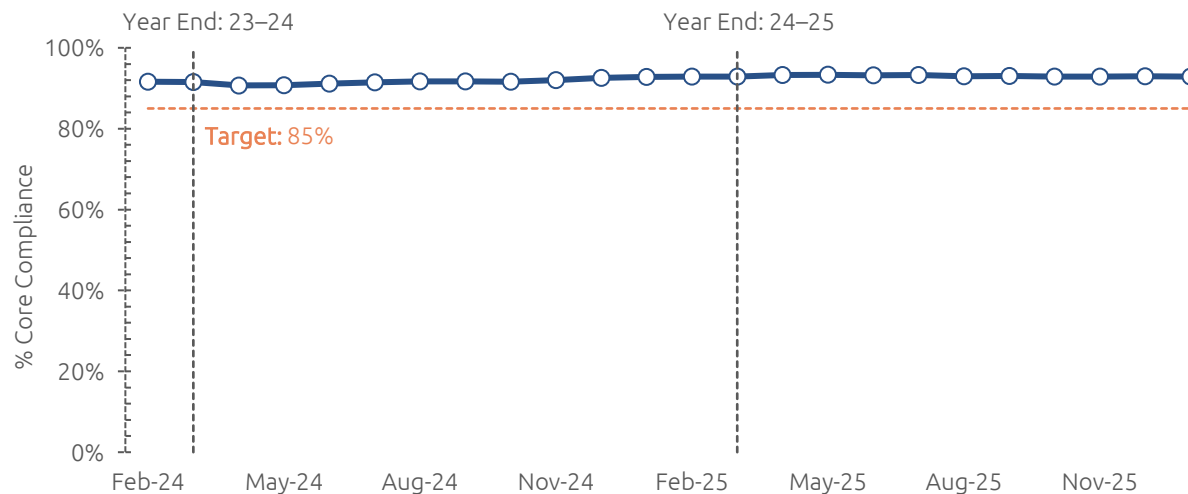
4.46%

Additional assurance is provided in the focus area on pages 6



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

Statutory and Mandatory Training



85%

Remains **above** target in January 2026.

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



92.9%

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



In Focus: Sickness Absence



Key Insights

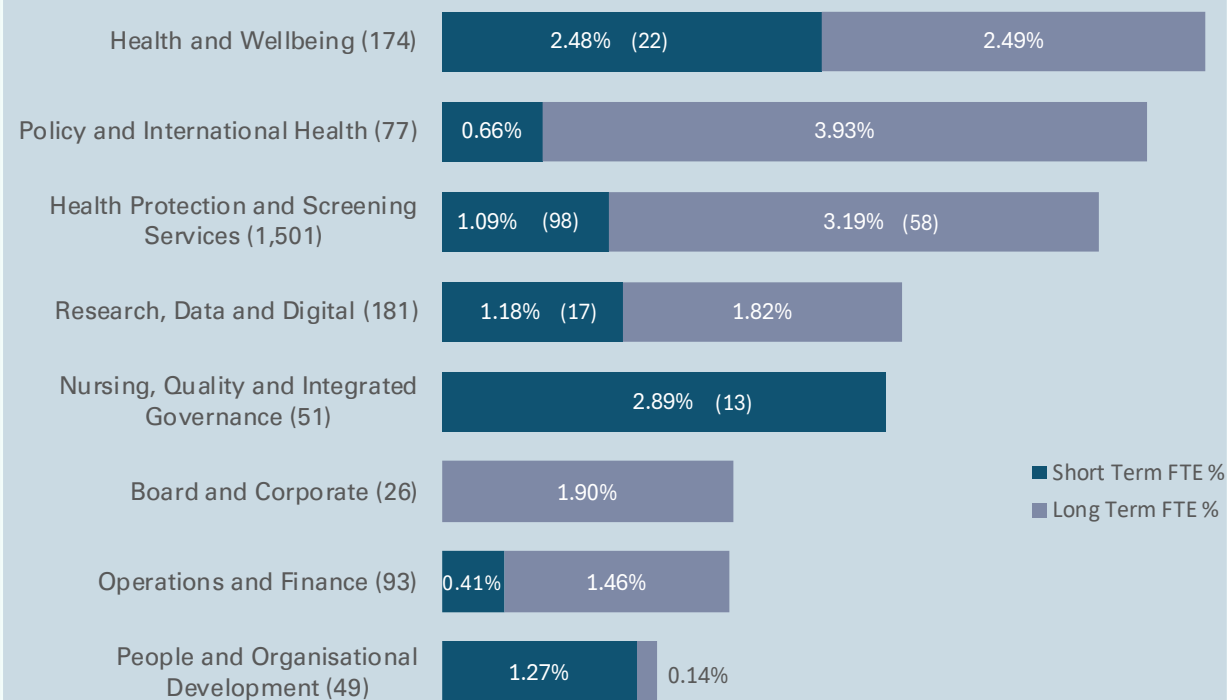
- Monthly sickness absence reduced to **3.98%** in January 2026, down from **4.88%** in December 2025.
- Short term absences accounted for **31%** of FTE days lost, whilst **69%** of FTE days lost were due to long-term sickness absence.
- Anxiety/stress/depression/other psychiatric illnesses has consistently remained the most frequently reported absence reason. There is also an increase in cold/cough/flu absences, consistent with winter trends.

Assurance and Actions

- In January, the Business Executive Team and People & OD Committee received an update on the management actions resulting from the findings of the Internal Audit into wellbeing and mental health-related absences.
- People and OD continue to support areas with high anxiety/stress related absence, including providing 1:1 advice for managers managing long-term cases.
- Working with Trade Union colleagues to address workplace issues informally and avoid unnecessary work-related absences.
- Data quality improvements and targeted intervention of unknown absences.
- Return-to-Work form updated to support accurate ESR reporting, including work-related vs non-work-related stress. All sickness documentation consolidated in a secure SharePoint library, improving accessibility and oversight.

Sickness Absence by Directorate

The breakdown of Directorate level sickness absence for January 2026 is provided below, split by Short-Term (less than 28 days) and Long-Term (28 days or more) Absence FTE %.



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

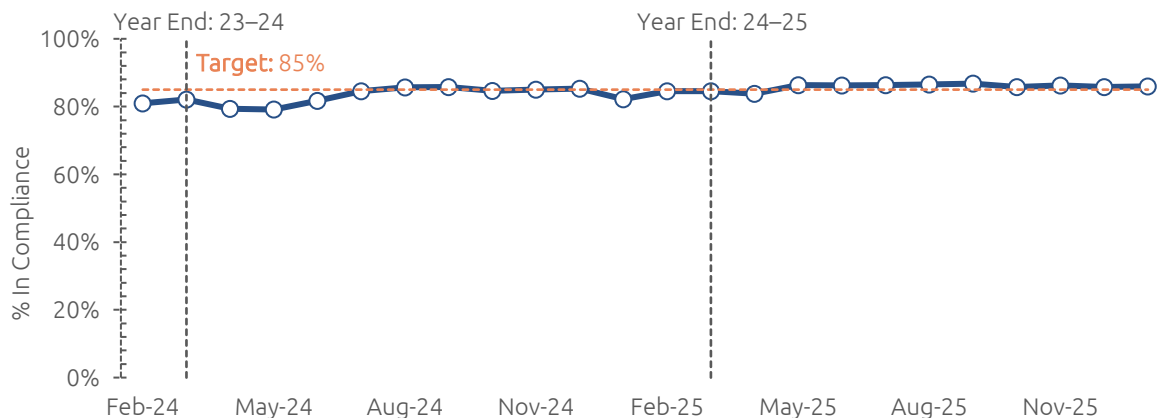




People Governance



Appraisal and Development Reviews



85% **86%**

Appraisal compliance remains **above** the 85% target. Health Protection and Screening services is currently below target at 82.5%.

Compliance may decline over the next three months if appraisals are not completed in a timely manner. Board and Corporate is at greatest risk of falling out of compliance, followed by Health and Wellbeing and People and OD.

People and OD continue to support improvement and address barriers to completion.

**Reported retrospectively taking into account updated data being reported following the monthly refresh. Previous reports may therefore demonstrate minor variances in monthly performance data.*

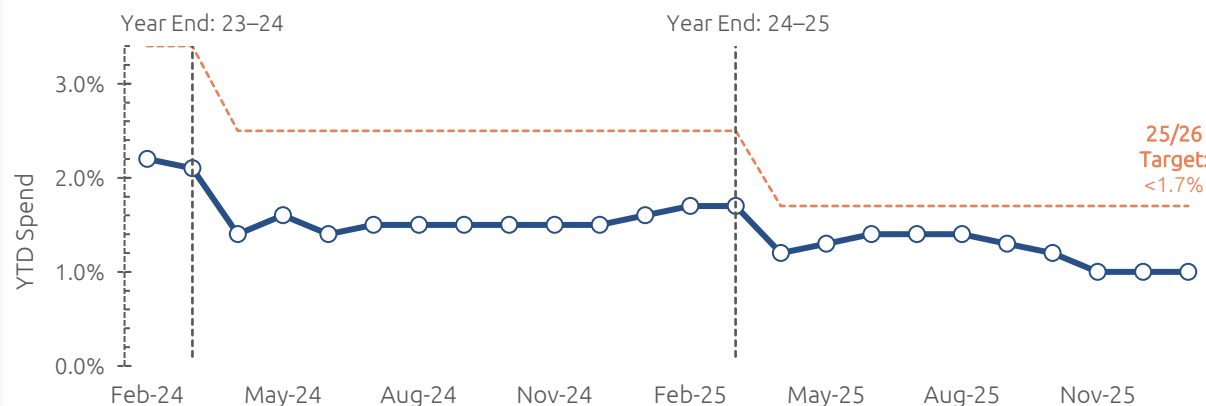
Equality and Diversity

77%

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.

Our current Diversity data completeness has steadily improved over the last four years

Agency Spend as A Percentage of Total Pay Bill



≤1.7% **1.0% YTD** **0.9% Forecast**

Forecast to be reduced below 2024/25 levels.

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

Agency spend remains a key focus area in line with the Cabinet Secretary's enabling actions. In January, PHW spent £109k on agency staff, £49k of which was categorised as Admin and Clerical.

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

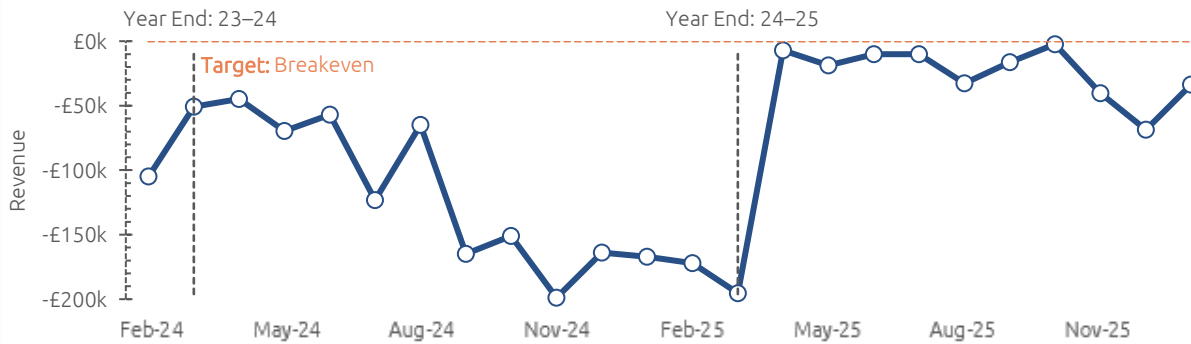


Financial Governance



Revenue Position

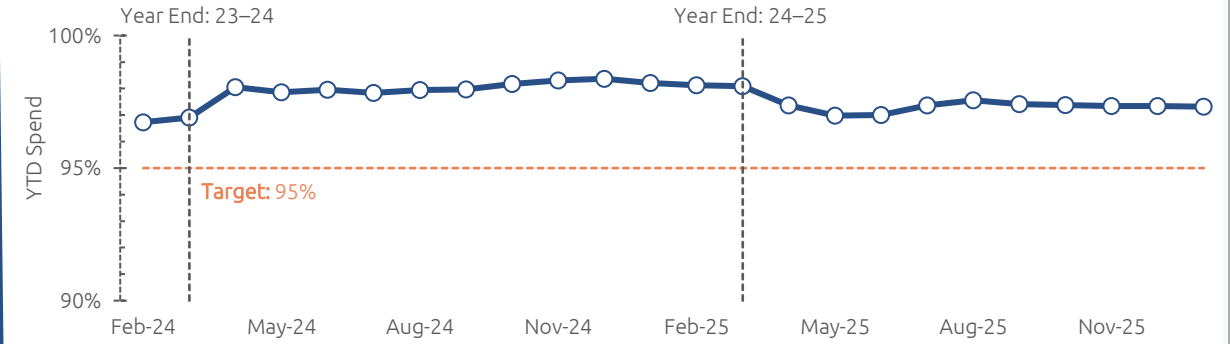
Break-even
 -£0.034k YTD
 £0k Forecast



Public Sector Payment Policy (PSP)

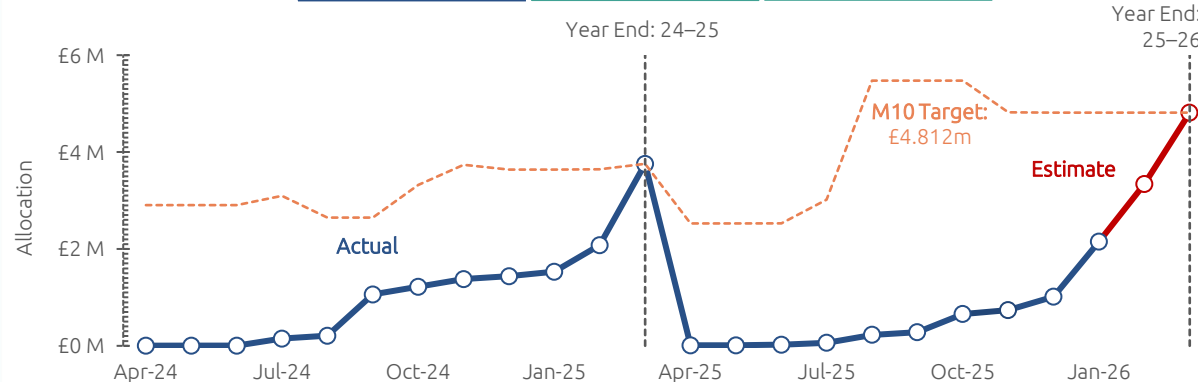
95%
 97.32% YTD
 >95% Forecast

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



Capital Position

£4.713m Allocation
 £2.149k YTD
 £4.713m Forecast



Click to access further detail in the latest Finance Board Report

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

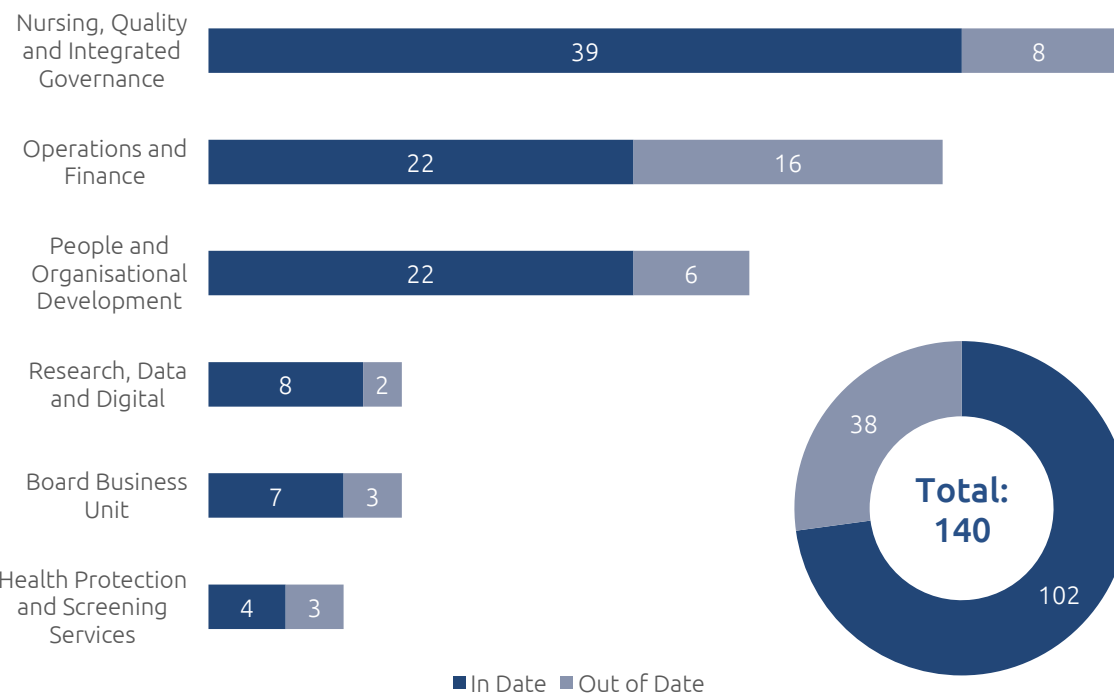


Corporate and Information Governance



Corporate Governance

Corporate Policies Compliance

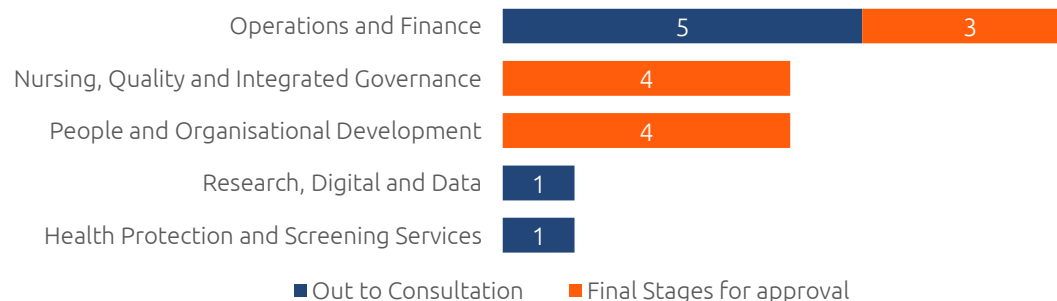


In January 2026:

- 4 existing People and Organisational Development Procedures were approved.

Review of Policies - Out of date

- Of the 38 Policies out of date, 18 policies / procedures are currently out to consultation/ going through the approval process (numbers that are either out to consultation, or awaiting a meeting for final approval)



In date Policies

- 4 in date policies are in the final review stages, and ready for approval.



New Policies being developed

- 4 new policies are being developed.



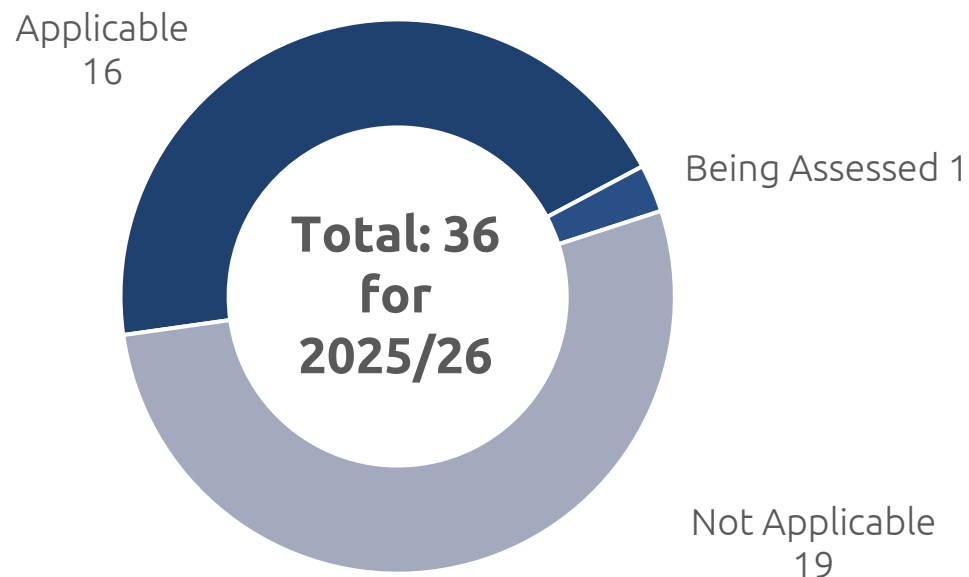


Corporate and Information Governance



Corporate Governance

Wales Health Circular Compliance 2025/26



For the Period 1 - 31 January 2026:

2 Welsh Health Circulars (WHC) were received:

- 1 WHC was applicable:
 - WHC 2025 (052) – COVID-19 spring vaccination programme 2026
- 1 WHC assessed as not applicable:
 - Timelines and responsibilities for implementing the patient and family-initiated escalation approach, Call4Concern

Of those applicable:





Corporate and Information Governance



Information Governance

Data Protection (Subject Access) Requests

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

- 3 Received
- 1 Month
- 1 Exceeded

In December 2025, 3 Subject Access Requests were received.

1 was non-compliant due to the review required on the appropriateness to release certain documents.

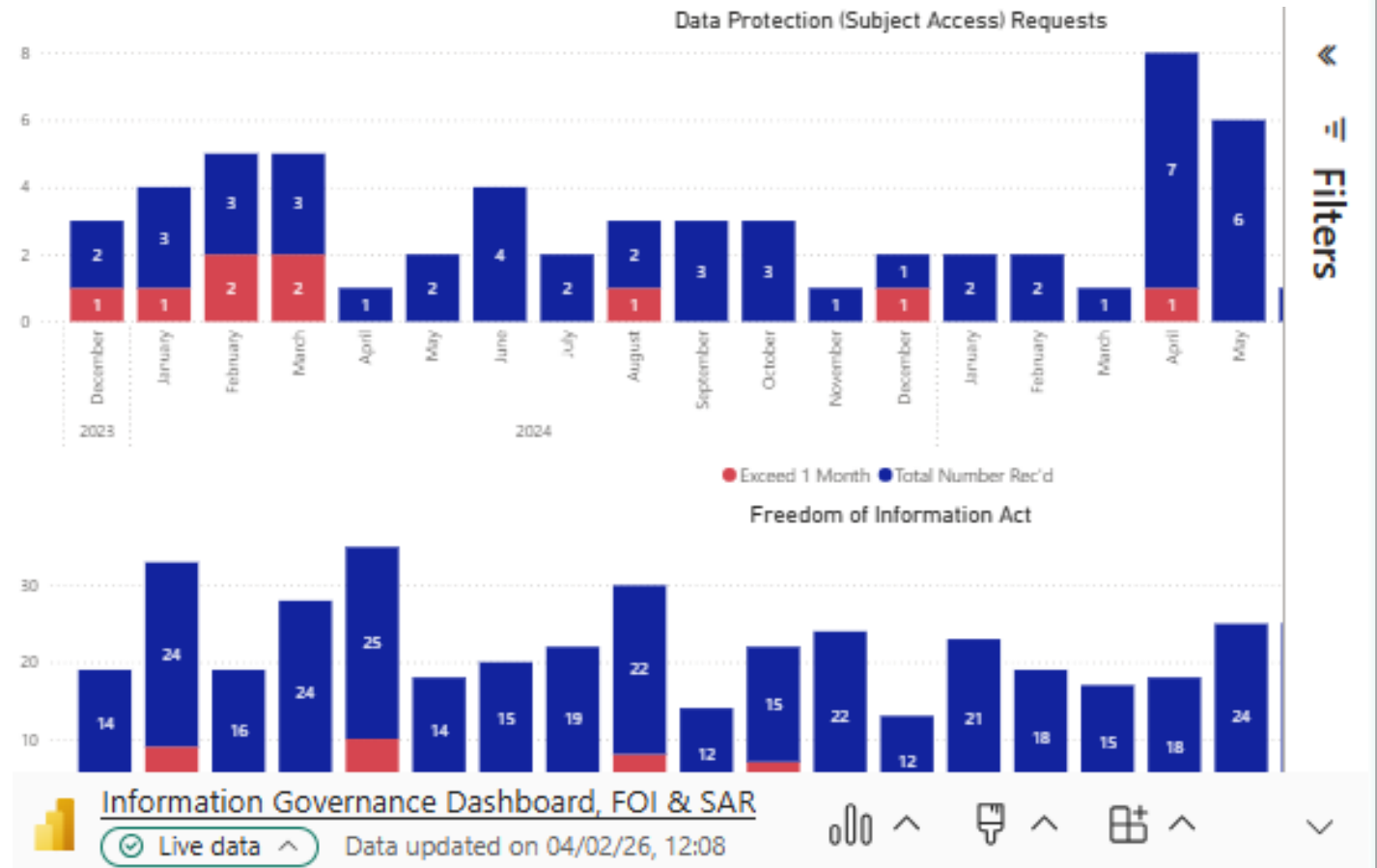
1 is on hold awaiting proof of Identity and entitlement.

Freedom of Information Act

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

- 13 Received
- 20 days
- 0 Non-Compliant

Of the 13 FOI requests received in December 2025, there have been 0 non-compliant, with all requests receiving a formal response within the 20-day time frame.



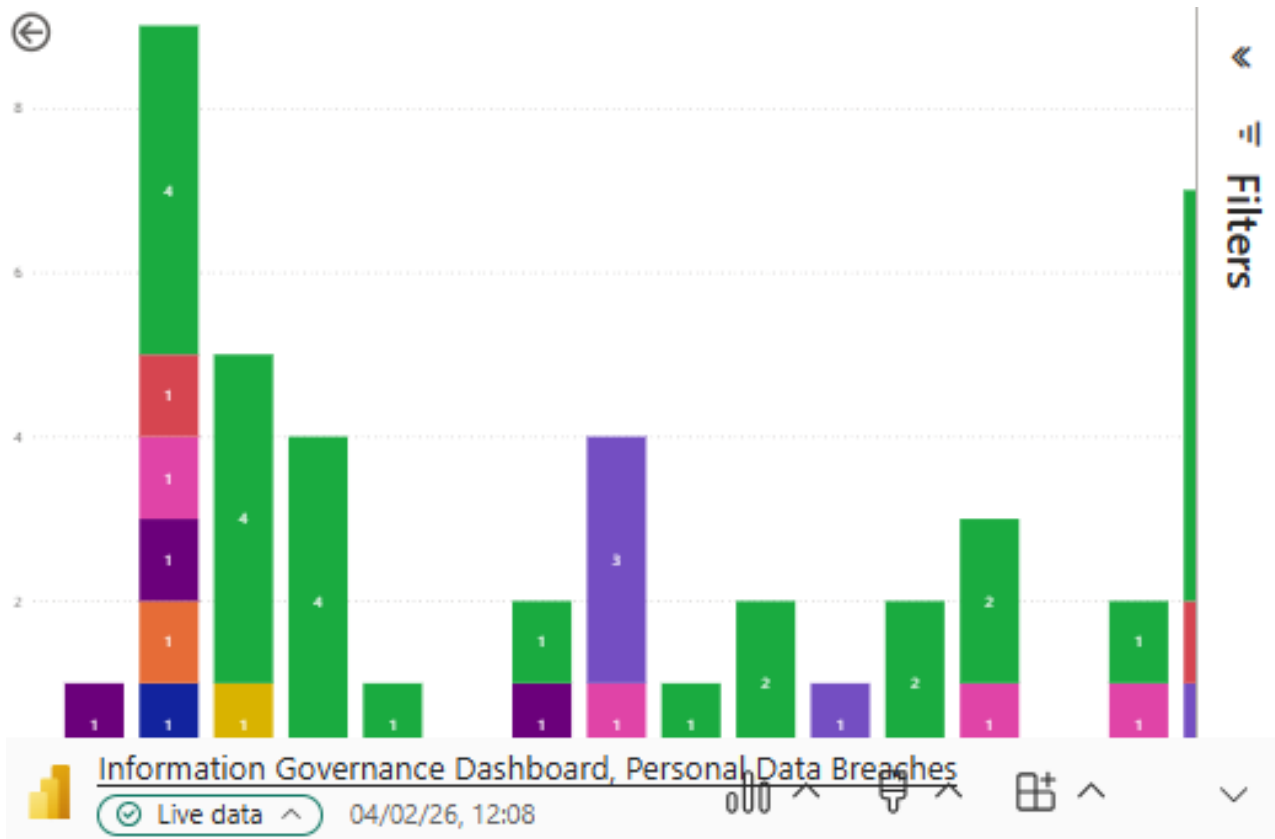


Corporate and Information Governance



Information Governance

Personal Data Breaches



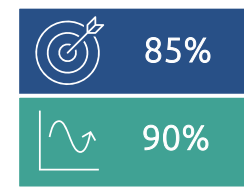
| Reported | Escalated |
|----------|-----------|
| 3 | 0 |

There were 3 PDBs in December 2025:

- **Screening** – 2 letters sent in 1 envelope. 2 data subjects involved.
- **Health & Wellbeing** – An email containing a wrong attachment. There were multiple data subjects involved, primarily within dental practices.
- **Health Protection** – A breach in Microbiology with blood culture samples booked under the wrong location. 2 data subjects involved.

None of these incidents met the requirement to escalate to the ICO.

Mandatory Information Governance Training



Organisation-wide compliance with Information Governance mandatory training **exceeds** the national target in January-26.



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



Clinical Governance, Quality, Safety and Improvement



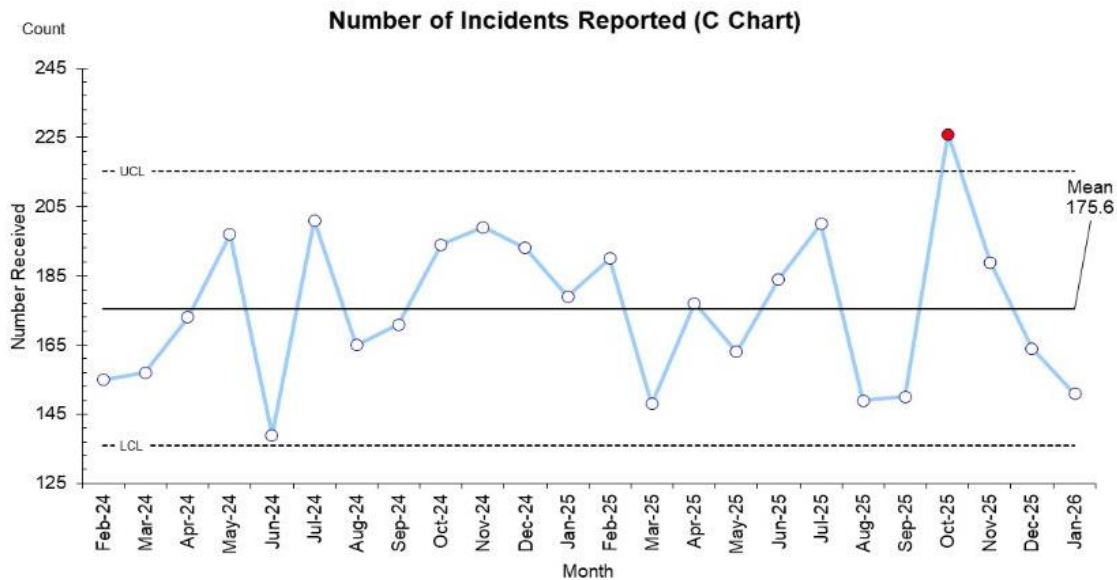
Externally Reportable Incidents - January update

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

Additional assurance is provided in the focus area on pages 14

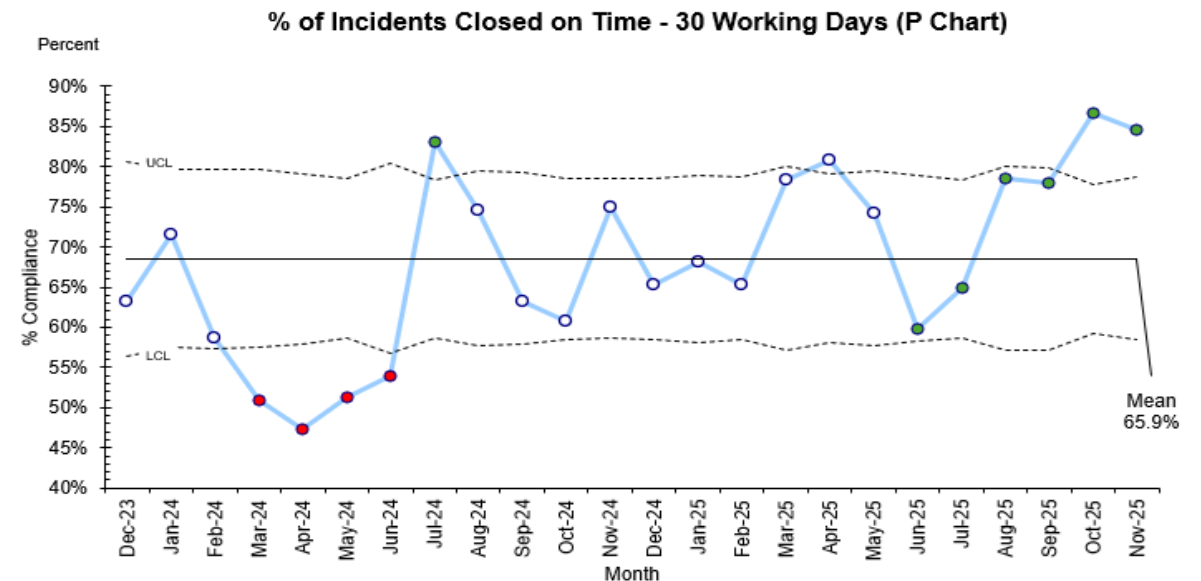


No. Incidents Reported Over Time



Increased reporting in Oct 25, due to Out-of-Date Vials being used in CSW. Noted decrease in reporting over last 3 months. This is in line with Q4 reporting last 24 months. However, there is a noted decrease in CSW reporting.

Percentage of Incidents Closed within 30 Working Days



Upwards trend in improvement in closure figures over last 6 months; due to PTR team working closely with teams and OMD to close incidents.



In Focus: Externally Reportable Incidents



1 Nationally Reportable Incident was reported in January by Health Protection:

The Health Protection Division (HPD) raised concerns about data collection and sharing practices within Public Health Wales' Sexual Health Service, which manages partnership work with Health Boards, the condom card scheme, and the online Test and Post service. The service processes large volumes of sensitive data monthly, including thousands of sexual health test kits, condom cards, emails, and referrals for treatment. This would include service users who are under 18 years of age.

Formal Complaint Response Compliance:

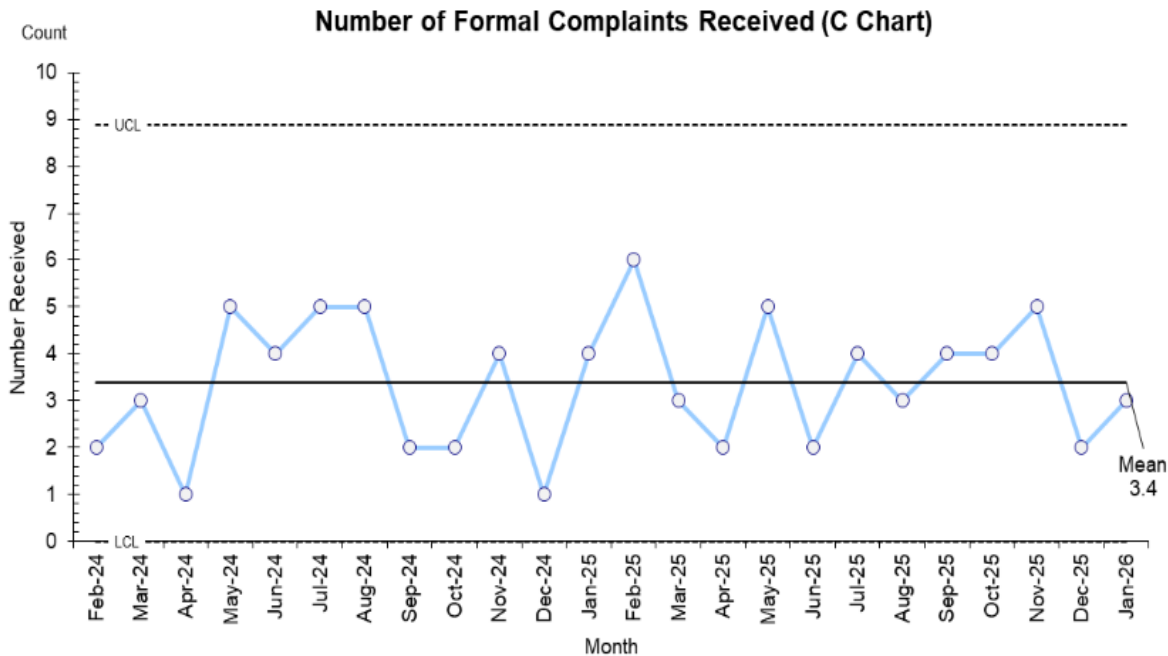
Of the five complaints received in November 2025, two missed the 30-working day deadline for responding. The two complaints were received by Breast Test Wales, and both were interval cancer reviews requiring complex review and investigation. Due to this and requests for amendments during the Quality Assurance process, both complaint responses were sent after the deadline date. The complainants were informed of the delays and both complaint responses were sent within 10 working days of the deadline.



Clinical Governance, Quality, Safety and Improvement



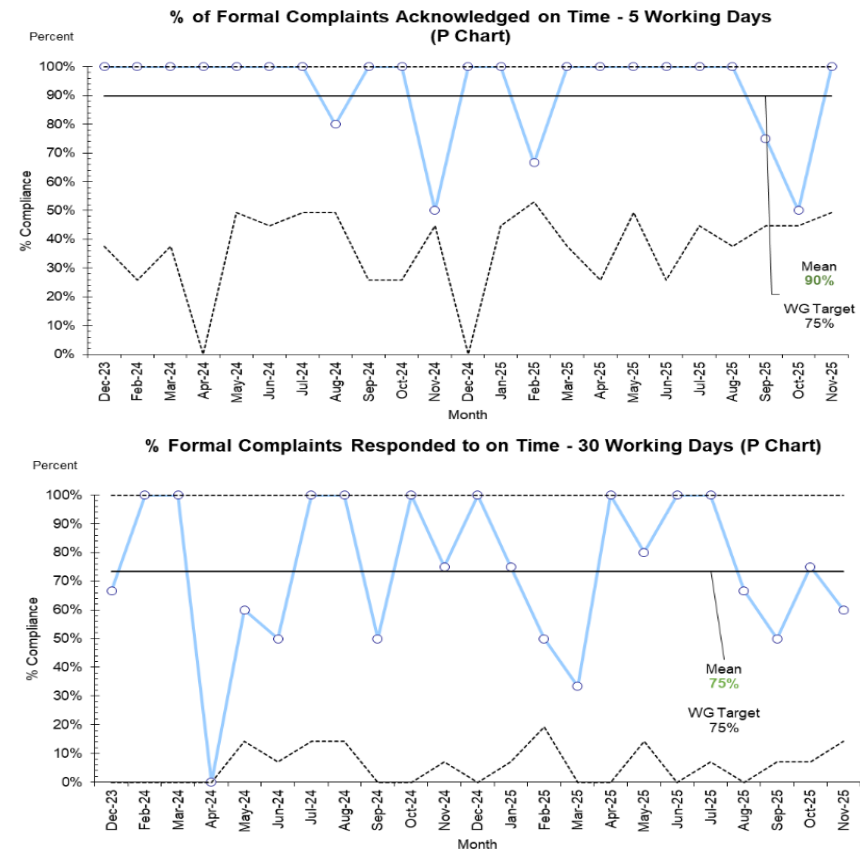
Number of Formal Complaints Received



Normal variation noted, no special cause identified.

Formal Complaints Compliance

Additional assurance is provided in the focus area on pages 14



Within variation limits, meeting Welsh Government targets. See in focus slide for comments on closure rate compliance.

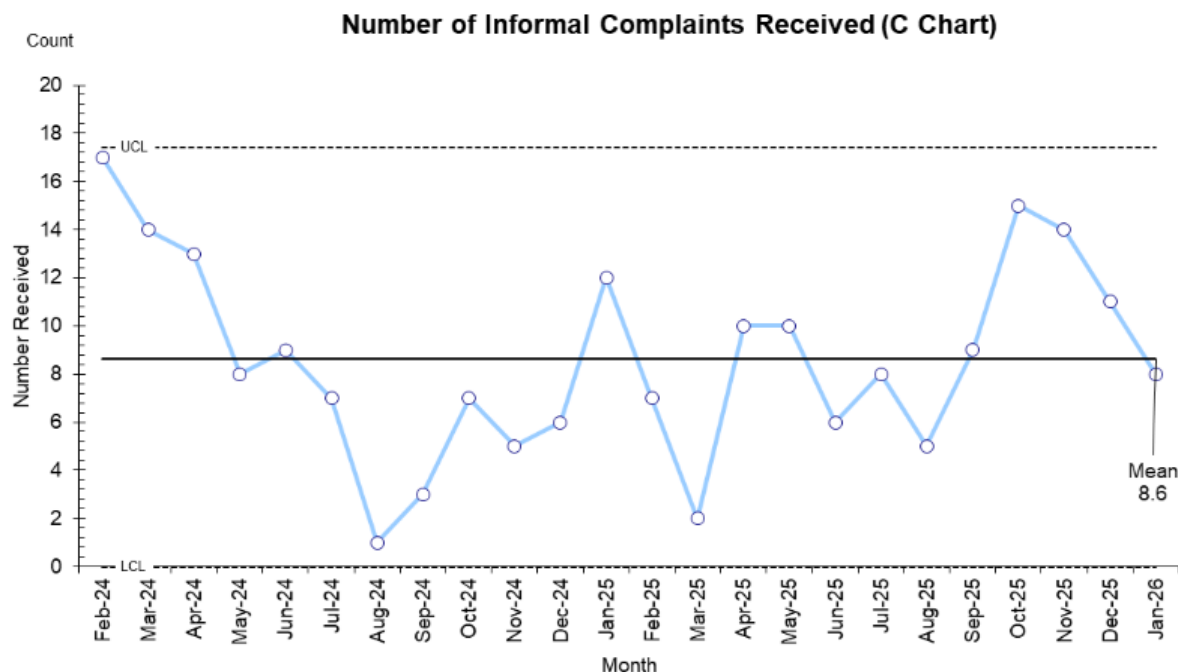
*NB Nov 23 and Jan 24 data points hidden as nil complaints received those months.



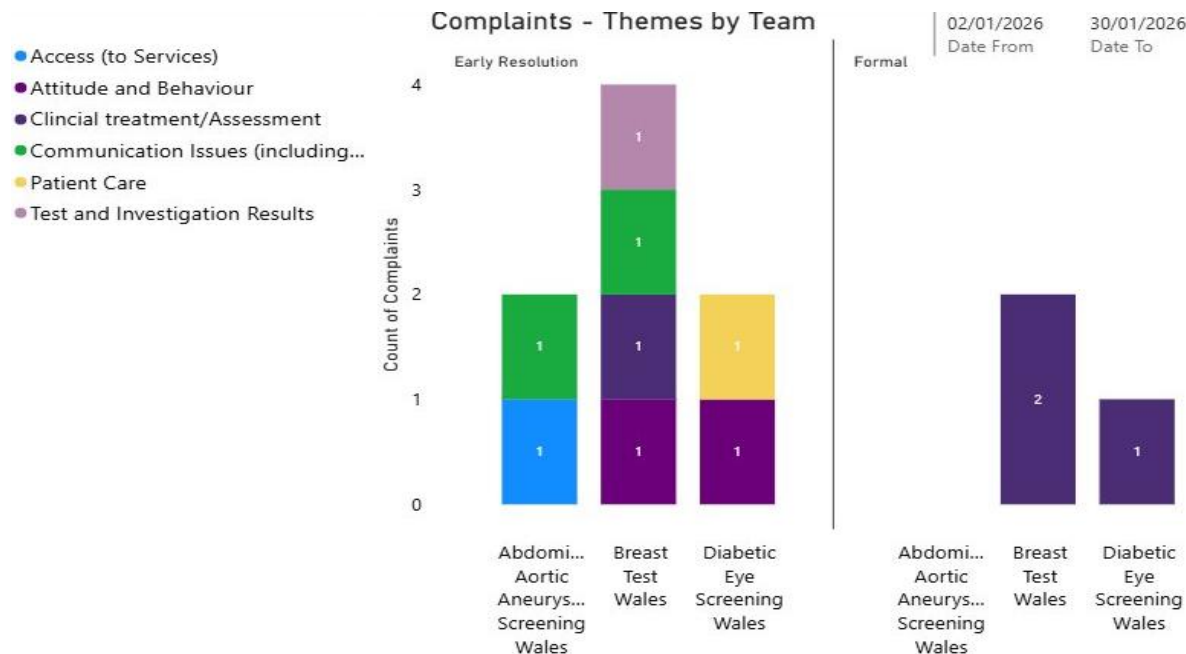
Clinical Governance, Quality, Safety and Improvement



Number of Informal Complaints Received



Themes and Service Areas – January 2026



3 Formal complaints and 8 Early Resolution complaints received in January.

Claims

January 2026

3

1 new confirmed claim and 2 new potential claims were received in January.

Of the 32 ongoing claims, 26 are confirmed claims and 6 are potential claims.

Redress

January 2026

0

No new Redress cases were received in January.

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



Section 2 Service Delivery





Key Performance Indicator Summary



| Screening Services | Target | 12 Month Look Back | Feb-25 | Mar-25 | Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 | Oct-25 | Nov-25 | Dec-25 | Jan-26 |
|--|------------------|--------------------|-------------------|---------|---------|-------------------|---------|---------|-------------------|---------|---------|-------------------|---------|--------|
| Bowel Screening Wales – Waiting time for index colonoscopy (4 weeks) (Health Board Delivery) | 90% | | 20.5% | 8.4% | 6.9% | 3.9% | 4.9% | 8.8% | 14.1% | 10.5% | 19.7% | 22.5% | 28.5% | |
| Cervical Screening Wales – Waiting time for colposcopy appointment (8 weeks) (Health Board Delivery) | 90% | | 98.9% | 98.9% | 98.2% | 98.4% | 98.8% | 98.4% | 98.8% | 95.3% | 98% | 98.3% | 98.9% | |
| Breast Test Wales – Assessment invitations (3 weeks) | 90% | | 11.1% | 23.1% | 8.8% | 16.7% | 19.6% | 24.1% | 24.6% | 31.6% | 17.4% | 41% | 28.3% | 13.5% |
| Diabetic Eye Screening Wales – Coverage (12 Months) | 80% | | 40.7% | 40.3% | 40.2% | 40% | 39.3% | 38.9% | 38.4% | 39.6% | 39.6% | 38.4% | 38.4% | 38.9% |
| Abdominal Aortic Aneurysm – Timely referral to elective vascular network (MTD) | 100% | | 100% | 50% | 100% | 75% | 100% | 66.7% | 100% | 100% | 100% | 100% | 100% | 83.3% |
| Infection Services | | | | | | | | | | | | | | |
| Total Microbiology Rejection Rates | <5% | | 5.2% | 4.9% | 5.2% | 5.2% | 5.1% | 5% | 5% | 4.8% | 4.8% | 4.8% | 5% | |
| Total Microbiology Diagnostic Sample Requests | *N/A | | 154,804 | 167,166 | 160,143 | 162,735 | 162,252 | 178,612 | 156,429 | 168,719 | 184,730 | 167,313 | 164,861 | |
| Blood Culture - Collected to Incubation SMI <4hrs | >95% | | 69.2% | 71.4% | 67.3% | 68.8% | 68.5% | 68.3% | 68.1% | 68.3% | 70.3% | 69.9% | 67.8% | |
| Blood Culture - Received (PHW Laboratory) to Incubation <4hrs | >95% | | 99.5% | 99.7% | 98.7% | 99.4% | 99.7% | 98.4% | 99.6% | 99.6% | 99.3% | 99.2% | 99.7% | |
| Health Protection | | | | | | | | | | | | | | |
| Test and Post (STI self-sampling) – Test Turnaround Times (Less than 7 days) | 99% | | 99.96% | 99.91% | 99.93% | 99.85% | 99.66% | 99.94% | 99.95% | 99.97% | 99.97% | 100% | 99.89% | |
| Response times by priority - Urgent (<4 hours) | 90% | | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | |
| Response times by priority - High (<24 hours) | 90% | | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | |
| Response times by priority - Medium (<48 hours) | 90% | | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | |
| Compliance to surveillance reporting schedules | 90% | | 97% | 100% | 100% | 100% | 100% | 100% | 75% | 87% | 79% | 92% | 95% | |
| Health & Wellbeing | | | | | | | | | | | | | | |
| JUSTB – Number of Schools with 2-day training completed by month** | 35 Schools | | 2 | 7 | 1 | 6 | 4 | N/A | N/A | 1 | 4 | 5 | 1 | 4 |
| JUSTB – Number of Schools with 2-day training completed YTD** | | | 22 | 29 | 30 | 36 | 40 | N/A | N/A | 1 | 5 | 10 | 11 | 15 |
| Whole School Approach – Percentage of schools with an Action in Place (All schools) | 80% | | 78% | 83% | 83% | 85% | 87% | 88% | 88% | 89% | 90% | 92% | 96% | |
| Whole School Approach – Percentage of schools with an Action in Place (Secondary schools) | 100% | | 97% | 98% | 98% | 98% | 99% | 99% | 99% | 99% | 99% | 99% | 100% | |
| Help Me Quit - Benchmark for timely first contact (NTSS) | 90% | | 90% | 86% | 96% | 92% | 94% | 89% | 96% | 93% | 95% | 95% | 94% | |
| Help Me Quit – 4-week self-reporting quit rate (NTSS) | 35% | | 71% | 82% | 83% | 73% | 48% | 72% | 75% | 72% | 59% | 66% | 81% | |
| Research Data & Digital | | | | | | | | | | | | | | |
| Number of Major Breaches | 0 Major Breaches | | Quarter 4 (24/25) | | | Quarter 1 (25/26) | | | Quarter 2 (25/26) | | | Quarter 3 (25/26) | | |
| Percentage of publications without breaches | 100% | | 0 Breaches | | | 0 Breaches | | | 0 Breaches | | | 0 Breaches | | |
| Percentage of user follow up to RD&D products | 100% | | 76% | | | 76% | | | 76% | | | 76% | | |
| | | | 20% | | | 33% | | | 33% | | | 33% | | |
| Policy and International Health | | | | | | | | | | | | | | |

Indicators and targets to be developed where applicable

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

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

Key: RAG Status

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



Health Protection and Screening Services



Screening Services

Latest activity

- Papers prepared for assurance and improvement – with detailed improvement plans prepared for Bowel, Breast and Diabetic Eye Screening.
- Responses to the follow up questions from Welsh Government on the Business Justification Case for lung cancer screening have been submitted.

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



Timeliness remains above the 90% standard in December 2025.



Breast Screening - Assessment invitations within 3 weeks of screen

This remains below the 90% standard in January 2026.

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



Key steps being taken:

- West and South region supporting reading for North
- Radiology lead assessment clinics in Wrexham when required
- BCU supporting additional assessment clinics by March 2026.
- Working to recover timeliness of West and South with staff returning from sick leave and planned leave.



Bowel Screening - Colonoscopy within 4 weeks of booking SSP appointment

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

As of 6th February 2026, the average waiting time for a screening colonoscopy has remained at 8 weeks and 2 days. The waiting time ranged from 6 to 17 weeks across the 14 screening centres. Average Specialist Screening Practitioner waiting time is 9 days which is within standard.

To support improvements in colonoscopy waiting times, key themes identified through collaborative discussions with Health Boards have been shared back with them, and corresponding actions within the Screening Programme are now being scoped

An accreditation assessment day is planned for March 26.

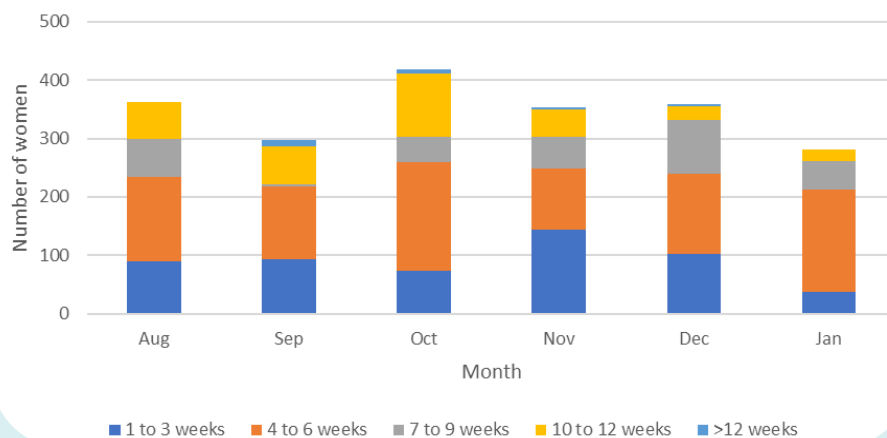




In Focus: Breast Test Wales Assessment Waits



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

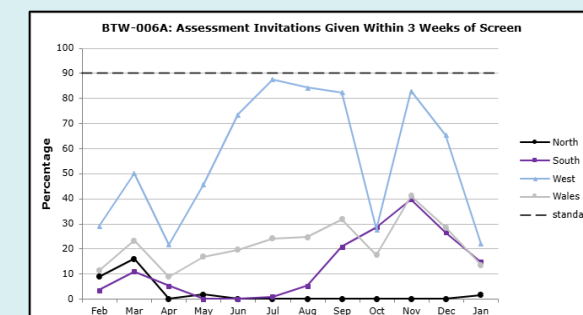
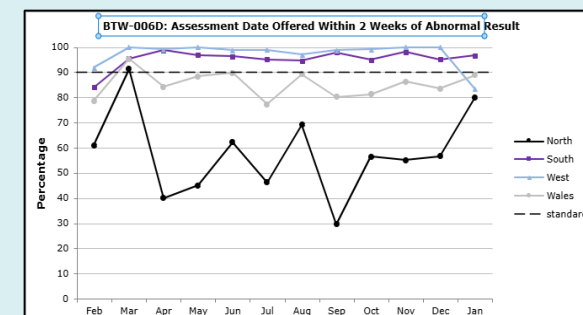
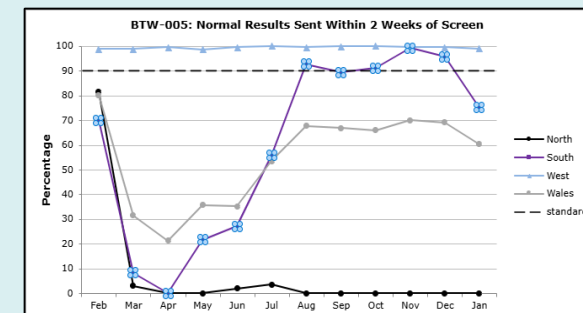


Assessment invitations given within 3 weeks has not met the standard over the last 12 months. There was a reduction in timeliness this month with 13.5% achieving standard. There are two other standards that are key to understanding this pathway, this includes 'Timeliness of reading mammograms which is measured in normal results sent within 2 weeks of screen' and 'Assessment date offered within 2 weeks of abnormal results'.

The West and South consistently meet standard for results within 2 weeks, but the South has seen a dip in January report due to lower levels of staffing due to leave and impact of bank holidays (the standards are calendar days). The standard for women having assessment date within 2 weeks of abnormal result has been consistently met with a dip in the West in January due to impact of bank holidays. The North region is not meeting timeliness standards and currently has the longest waiting times for assessments. Reading is not within two weeks however; the primary issue is insufficient capacity within assessment clinics.

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

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





In Focus: Breast Test Wales Assessment Waits



Current Issues and Challenges:

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

Impact:

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

An action plan for improvement is in place:

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

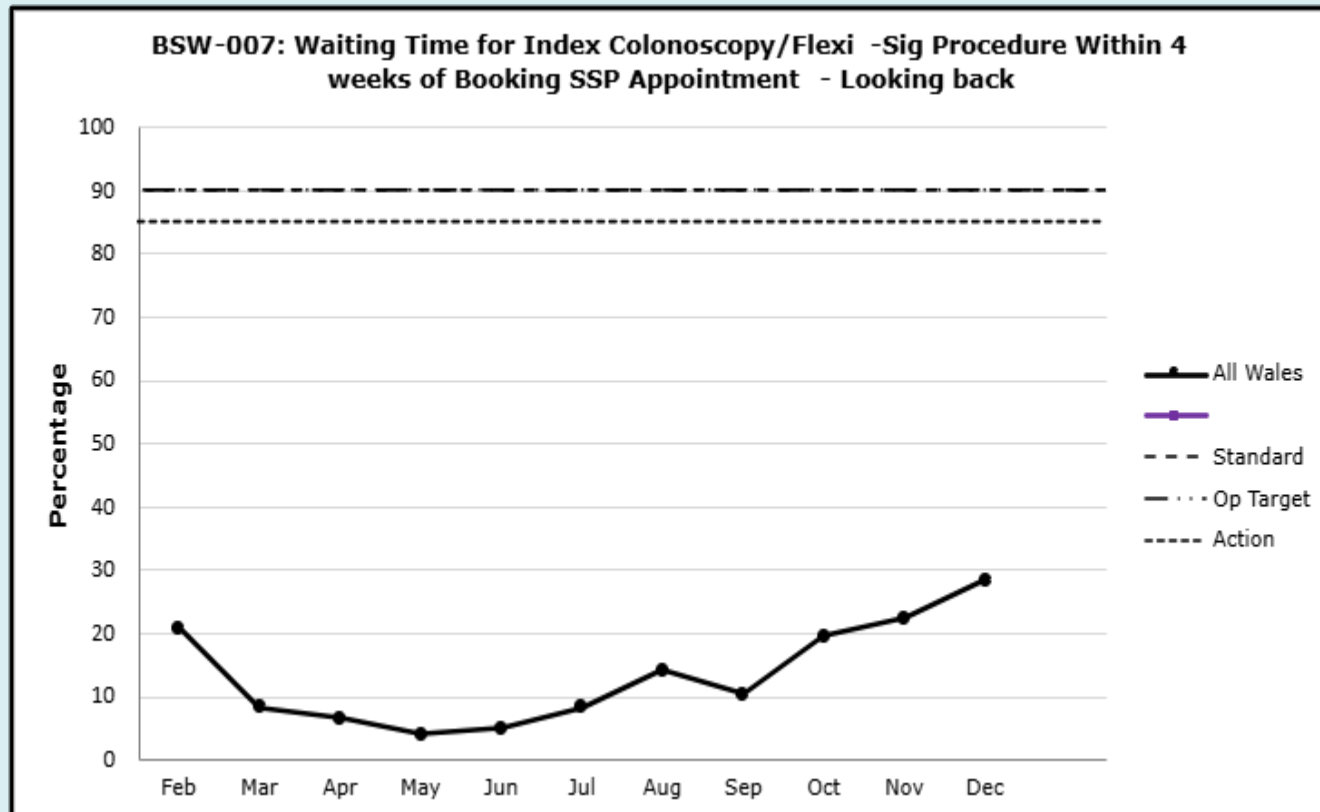


In Focus: Bowel Screening Wales Colonoscopy Waits



Trend data and latest waits – December 2025

Colonoscopy is a commissioned service from the Health Boards



Waiting times as of Friday 6 February

| Local Assessment Centre | Waiting time SSP assessment | Waiting time colonoscopy | Total waiting time |
|-------------------------|-----------------------------|--------------------------|--------------------|
| 1 | 0 weeks 4 days | 7 weeks 5 days | 8 weeks 2 days |
| 2 | 0 weeks 6 days | 14 weeks 4 days | 15 weeks 3 days |
| 3 | 1 weeks 4 days | 15 weeks 0 days | 16 weeks 4 days |
| 4 | 0 weeks 4 days | 6 weeks 6 days | 7 weeks 3 days |
| 5 | 0 weeks 6 days | 7 weeks 0 days | 7 weeks 6 days |
| 6 | 1 weeks 3 days | 6 weeks 2 days | 7 weeks 5 days |
| 7 | 2 weeks 4 days | 2 weeks 5 days | 5 weeks 2 days |
| 8 | 1 weeks 6 days | 7 weeks 2 days | 9 weeks 1 days |
| 9 | 1 weeks 6 days | 8 weeks 5 days | 10 weeks 4 days |
| 10 | 1 weeks 3 days | 3 weeks 5 days | 5 weeks 1 days |
| 11 | 1 weeks 3 days | 4 weeks 3 days | 5 weeks 6 days |
| 12 | 0 weeks 6 days | 5 weeks 0 days | 5 weeks 6 days |
| 13 | 0 weeks 6 days | 4 weeks 5 days | 5 weeks 4 days |
| 14 | 0 weeks 4 days | 5 weeks 3 days | 6 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 demands and reduce the existing backlogs. Since 2021, BSW has successfully optimised the screening programme, with the final phase in October 2024 seeing invites sent to 50-year-olds with FIT sensitivity increased from 120µg/g to 80µg/g.
- Whilst the increase in demand from screening optimisation has been funded (via BSW) for Health Boards, there has also been an increase in demand from other sources. Colonoscopy capacity has not kept pace with demand.
- Colonoscopy Insourcing and Waiting Time List (WLTs) are being used across many Health Boards to support the increased demand, but these do not provide a long-term solution.

Impact:

- Waiting times for screening colonoscopy remain outside the BSW 4-week standard in all local assessment centres in Wales. There is improvement in the number of participants seen within 4 weeks standard.
- As of 6 February 2026, the average waiting time for a total wait is 8 weeks and 2 days. The waiting time ranged from 5 weeks to 17 weeks across the 14 screening centres.

Current Actions:

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

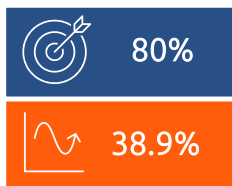


Health Protection and Screening Services



Screening Services

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



In January, coverage at 12 months for annual recall remains below standard at 38.9%. However, coverage at 24 months for the low-risk recall pathway is higher at 73.9%, though below standard of 80%.

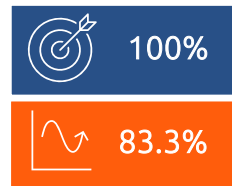
Uptake of eye screening is just below standard at 79.9% demonstrating that participants are taking up their screening appointments. This is also reflected in positive service user experience elicited through the SMS (text message) pilot.

The number of inadequate images captured in Diabetic Eye Screening has continued to be much reduced since introducing the new cameras. The inadequate rate was 5.7% in January 2026.

To further benefit from the introduction of new cameras an evaluation framework is being developed to explore the safety, feasibility and effectiveness of adopting a staged mydriatic approach to eye screening which is being planned for April/May 2026. During the evaluation period we will have fewer appointments which will likely lead to a temporary drop in recall and coverage.



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



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

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

The service has dropped below its target for January 2026.





In Focus: Diabetic Eye Screening Wales Coverage



Current Issues and Challenges:

- Prevalence of diabetes across Wales increasing. New referrals prioritised as higher risk participants. Over 99% of new referrals, approximately 1,400 a month are appointed within 90 days.
- Service delivery model reliant on provision of suitable venues by Health Boards in appropriate locations, on required number of days and with adequate venue opening hours. Mismatch between staff availability and HB venue availability.
- Staff sickness levels above PHW average which is impacting on clinic cancellations.
- High volume of cancellations of fixed time appointments and non-attendance of approximately 20% at scheduled clinic appointments
- Image capture failure rate impacted by participants with cataracts who are awaiting Hospital Eye Service review.
- New technology which has the potential to modify usage of eye drops and improve efficiency but requires evaluation to enable a change to delivery model.
- Transformational lead on 3-month secondment within Directorate.

Impact:

- Delayed offer of appointment on one year recall pathway, with improvement over the last 6 months. New referrals pathway is not delayed.
- Increase in population cohort from 175,314 participants in 2018/19 to 201,193 eligible active participants - growth rate of over 14%. Prioritisation of new referrals reduces capacity for recall participants
- Inadequate clinic appointments in suitable locations resulting in geographical inequities in access.
- Staff sickness leading to short notice clinic cancellations, resulting in ongoing demand due to need to re-book participants.
- Clinic utilisation below target resulting in poor staff utilisation and inefficiencies in service delivery.
- Failsafe of participants awaiting Hospital Eye Service review back into DESW recall cohort.

Current Actions:

- Piloting three different clinic models to explore feasibility of improving capacity by increasing efficiency. Two models have piloted well – drop-in appointments and low risk recall pathway and these will be now implemented in appropriate clinic locations from March.
- Screening pathway admin capacity released from e-referral form focusing on backfill clinic appointments with target of 90% clinic utilisation.
- Provision of extended hours clinic on evenings and weekends in place to provide service outside of working hours. 12-month evaluation indicated high participant satisfaction for those who attended but uptake remains equivalent or lower than standard clinic operating hours. Decision to continue with monthly Saturday clinic and fortnightly evening clinics to provide participant choice whilst managing staff feedback and operational challenges of providing extended hours service.
- Development of 'Culture Club' within DESW led by Senior Management and engaging across all staff groups to develop a Culture Action Plan to support staff in the workplace.
- Implementation of new business rules to manage repeat cancellations and frequent non-attenders.
- Implementation of Autobook for automated booking of appointments from 23 February 2026
- Planning evaluation of new technology and modified usage of eye drops now expected to be in April and May 2026 which would be step change to improve efficiency and potentially reduce inequity. This will impact on the number of appointment delivered in April and May and expect to see a drop in recall and coverage over that time.

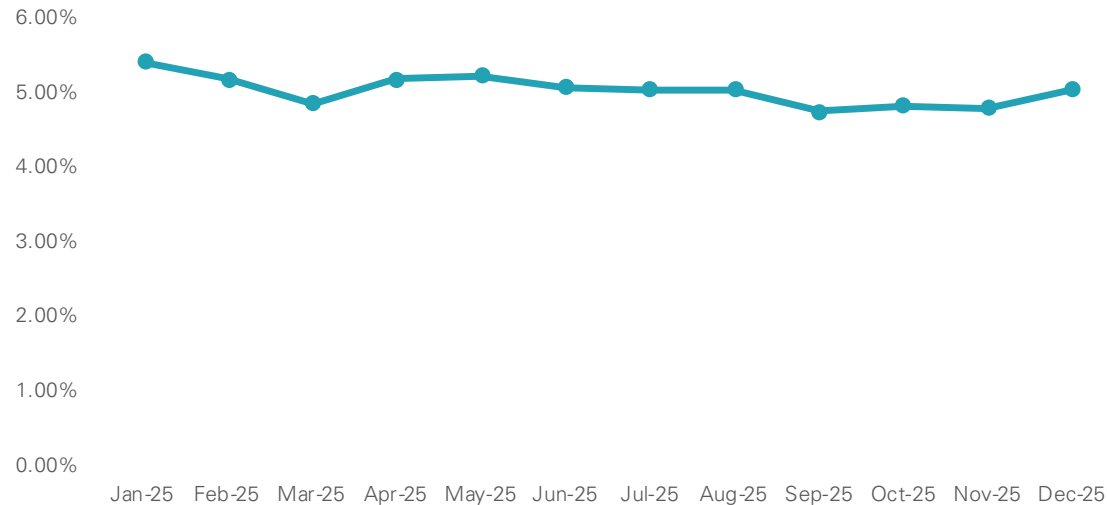


Health Protection and Screening Services



Infection Services

Total Microbiology Rejection Rates



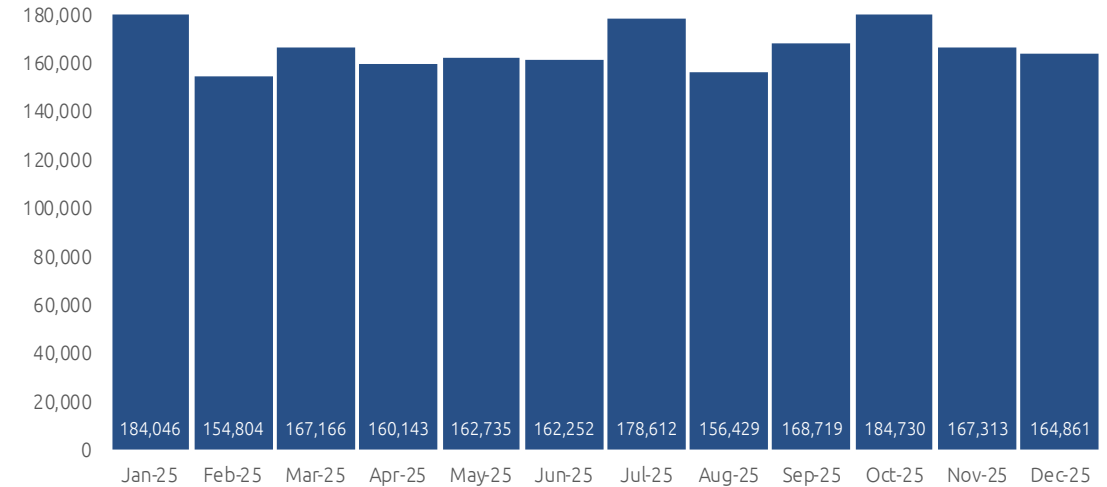
<5%

5%

In December, 8,308 out of 164,861 sample requests for diagnostic testing were rejected, a rate of 5.04%, representing a slight increase from the previous month. The Specimen Acceptance Policy outlines clear criteria for accepting or rejecting samples, with most rejections due to broken, leaking, contaminated, or improperly contained specimens. Rejection rates differ among health boards, and no single primary cause has been identified. The policy is in place to ensure patient samples are treated correctly and no wrong results are reported.

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

Total Microbiology Diagnostic Sample Requests



Monthly requests for microbiology diagnostic samples have stayed above 156,000 over the past year. In December 2025, these requests dropped to 164,861 from 167,313 in November 2025.

Request numbers are expected to keep changing due to seasonal trends and outbreaks from respiratory viruses, gastrointestinal pathogens, and healthcare-associated infections (HAIs). As a result, proactive planning and flexible resource management will remain essential to help manage these regular shifts in demand, however as a service we are equipped to respond to the fluctuations, and they are expected through the year.

Ensuring appropriate specimens are collected and sent is primarily the Health Boards responsibility but we work together with Health Board colleagues launching targeted efforts that make sure diagnostic tests are clinically necessary and resources are used efficiently. These actions help maintain high service quality and responsiveness, especially when demand peaks.

*Target not applicable

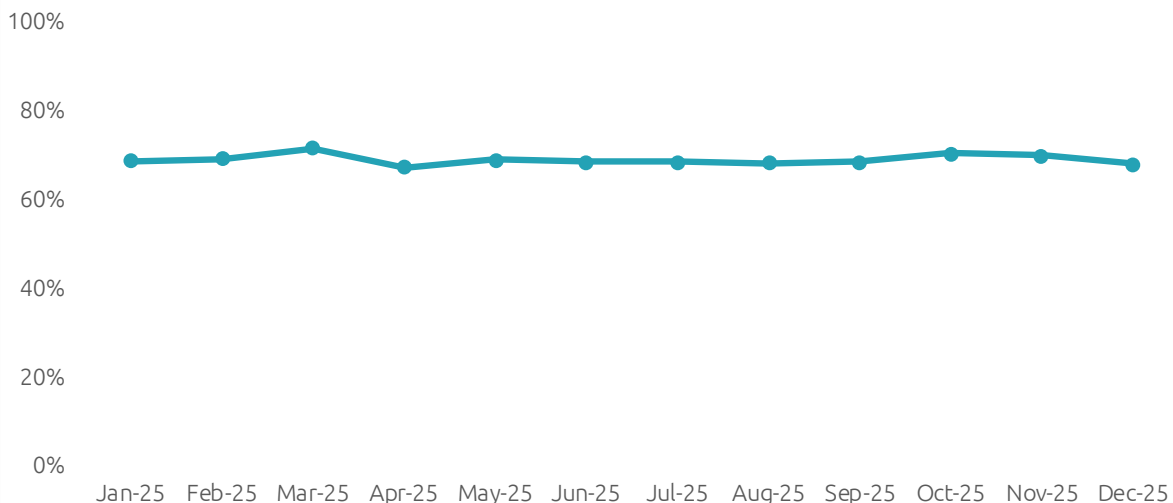


Health Protection and Screening Services



Infection Services

Blood Culture - Collected to Incubation SMI <4hrs

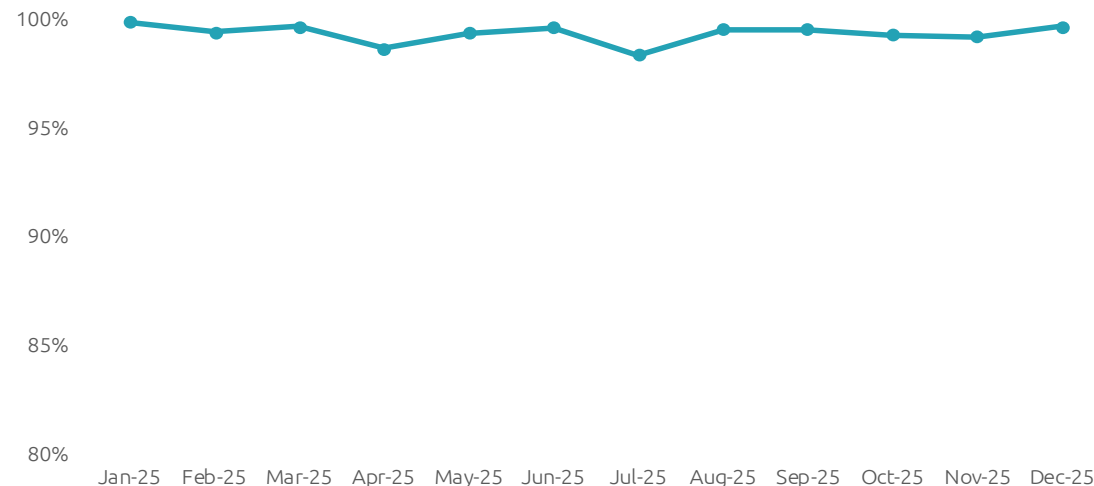


- The UK SMI requires that blood culture samples be incubated within four hours of collection. In December, compliance with this standard was 67.82%, dropping from the previous month.
- Maintaining the 4hr limit is essential for accurate and timely clinical diagnosis, especially in sepsis management. However, to be able to meet this target relies on efficient procedures within Health Boards to facilitate rapid transport of samples from various collection points a challenge that can be difficult to control. These operational issues are regularly reviewed in partnership with key stakeholders and are supported by educational programmes and retraining to emphasise the importance of adherence.

>95%

67.8%

Blood Culture - Received (PHW Laboratory) to Incubation



- The evaluation of the four-hour incubation target for blood culture samples is based on the receipt time in the laboratory to when they are loaded for testing on the Blood Culture analysers. In December, the rate increased to 99.69%. This demonstrates our ongoing compliance with the recommended four-hour standard and indicates steady operational efficiency and robust internal processes.
- Our laboratory's scheduling and staffing are designed to support this target, although further gains may be limited given the already high level of compliance. The primary operational challenge continues to be the prompt transport of specimens from clinical wards to the laboratory however the metric provides assurance that once received by Infection Division, protocols and procedures are adhered to.

>95%

99.7%



Health Protection and Screening Services

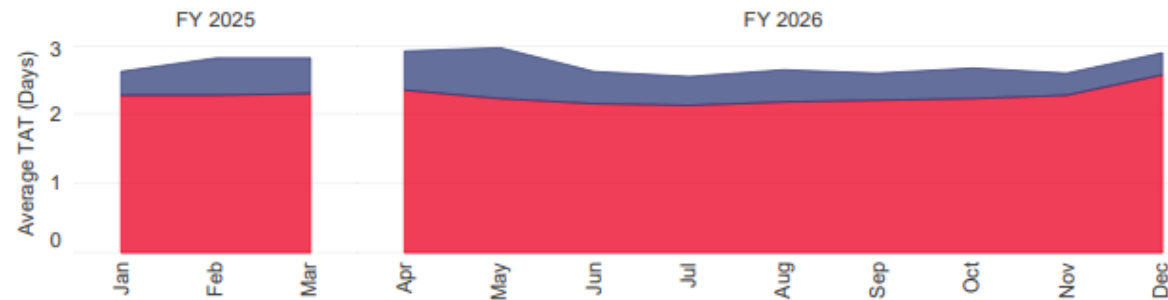


Health Protection


Test and Post – STI self-sampling


Test Turnaround Times

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



- 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 December 2025, 99.89% met the 7-day turnaround standard.
- 5 requests of 4708 total requests (0.11%) did not meet the 7-day TAT standard.
- 4,708 total requests equated to 29,942 tests being undertaken.

 **99%**

 **99.89%**

Actions to improve:

- Ongoing monthly monitoring
- LGV TAT – Secondary Testing

AWARe Response Times by Priority

Urgent (<4 hours)

 **90%**

 **100%**

High (<24 hrs)

 **90%**

 **100%**

Medium (<48 hrs)


 **90%**

 **100%**

- Our response to cases of communicable disease cases within timescales is an important performance indicator because it ensures the necessary public health actions are initiated in a timely manner.
- Response time performance currently has exceeded all priority level targets.
- Over the past 12 months, these indicators have consistently met their targets.

Compliance to Surveillance Reporting Schedules (%)

 **90%**

 **95%**

- This is the third month in succession we have been above target since we changed the reporting method.
- The delayed reports were due to delays with digital uploads and awaiting data from UKHSA

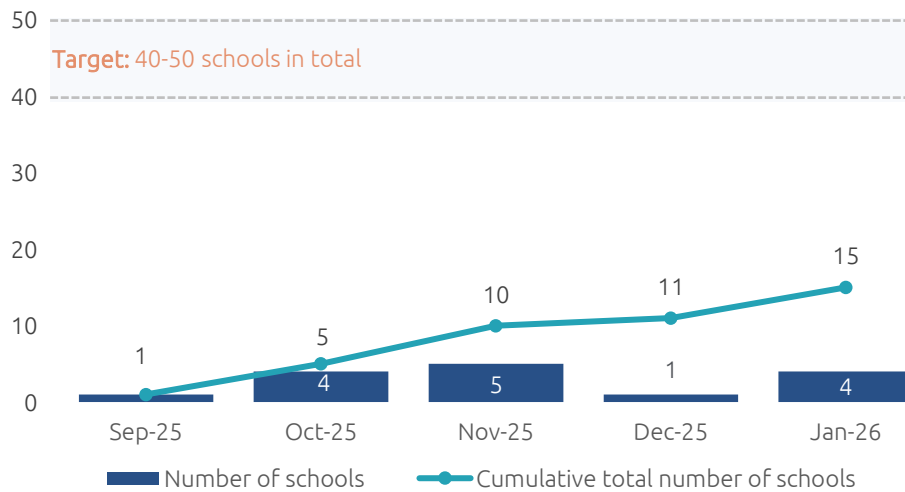


Health and Wellbeing

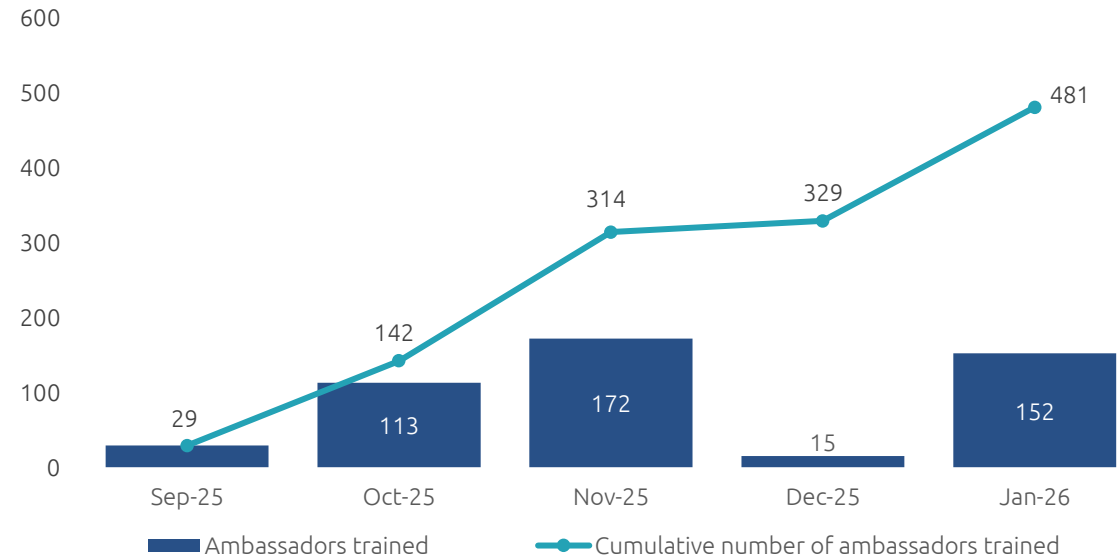


JUSTB / BYW BYWYD

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



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



- JUSTB / BYW BYWYD is an evidence-based smoking prevention programme that utilises peer influence and networks to disseminate smoke-free norms.
- The programme is delivered during term-time to Year 8 pupils in secondary schools with the highest smoking rates.
- The 2025/26 academic school year is planned to progress to normal delivery levels of **40-50 schools in total**.
- During 2024/25, recruitment was challenging with schools perceiving smoking to be less of an issue than vaping.
- A review of the JUSTB programme focus will be carried out during this academic year.
- This monthly report is designed to show progress over the academic year from September to June.
- In January 2026, 152 Ambassadors were trained from 4 schools.

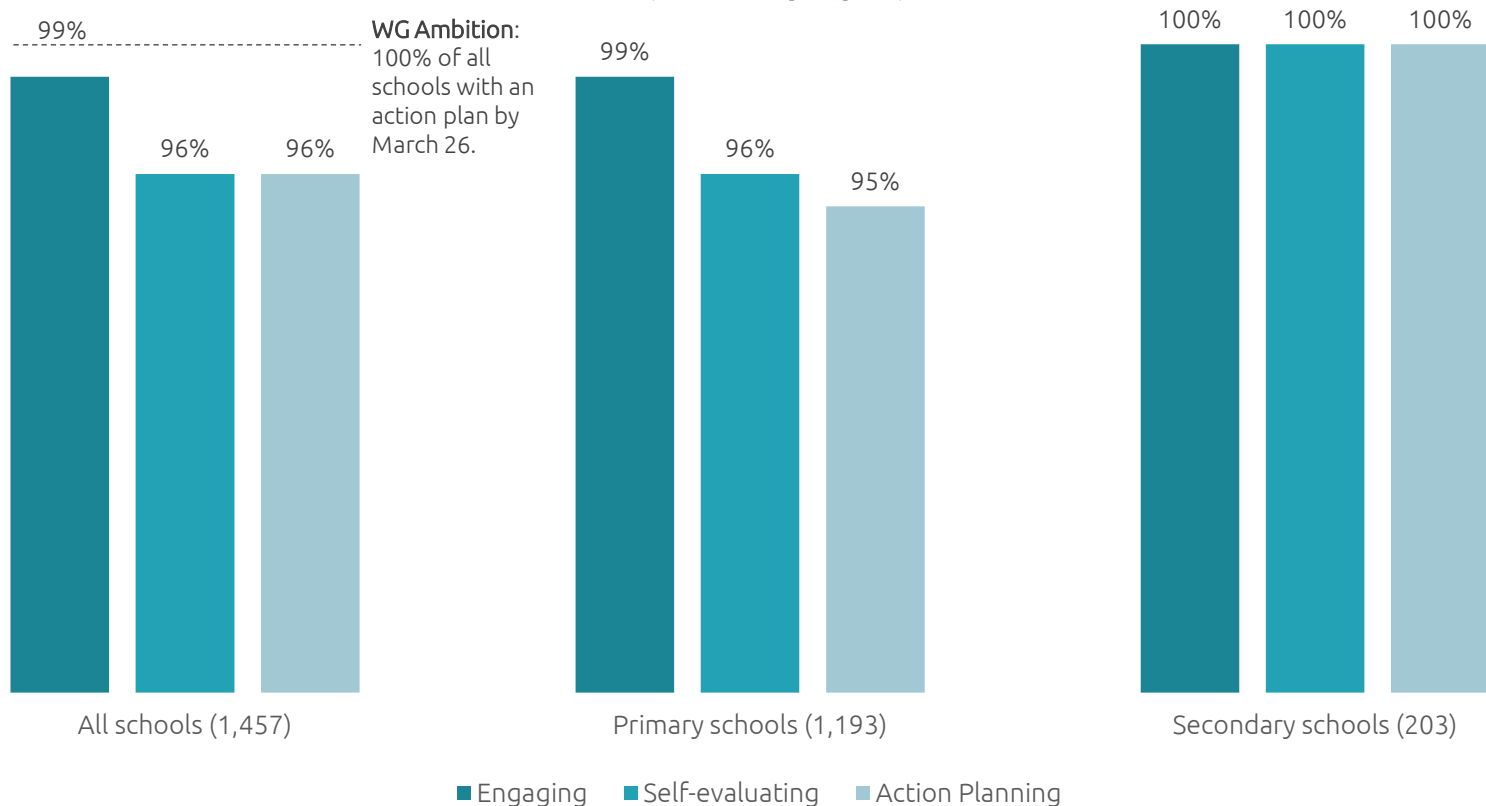


Health and Wellbeing



Whole School Approach to Emotional and Mental Wellbeing

Percentage of schools 'on-board', 'self-evaluating', or 'action planning' as part of their Whole-School Approach to Emotional and Mental Well-being (WSAEMWB) (Date: 04/02/26)



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

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

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

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

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



Health and Wellbeing



Help Me Quit

In December 2025, the Hub was responsible for contacting 944 new referrals representing a decrease compared to November 2025 (982) as well as a reduction when compared with the same month (December) last year (1,025).

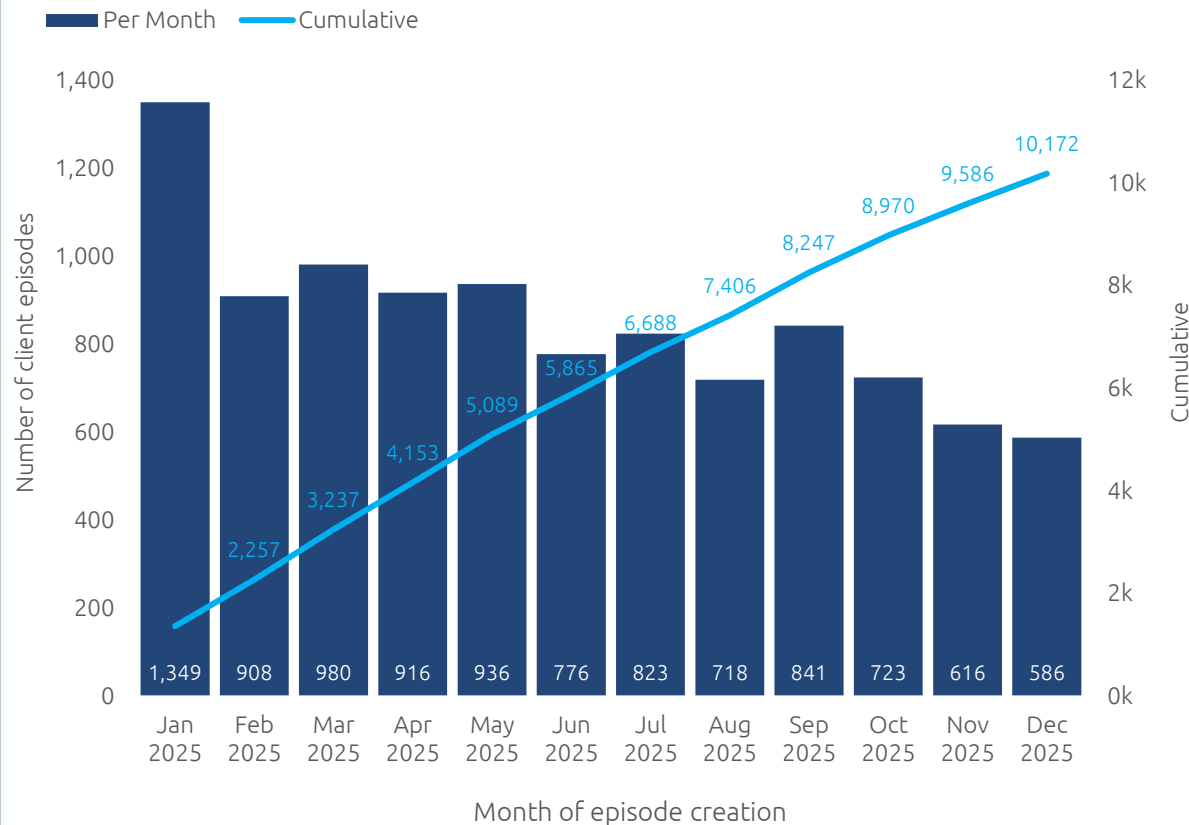
The Help Me Quit team handled 668 inbound calls, an increase from 652 in the same period last year.

The Hub created 586 new client episodes in December 2025, a reduction from 616 in December 2024.

Timeliness of first contact: 94% received their first call attempt within two working days, exceeding the target of 90%. This is comparable figure to the one we saw in December 2024 (96%).

National Telephone Support Service (NTSS): The proportion of NTSS client episodes meeting the target of scheduling an assessment within 14 days of initial contact fell from 90% in November 2025 to 84% in December 2025.

Number of client episodes created by the Hub



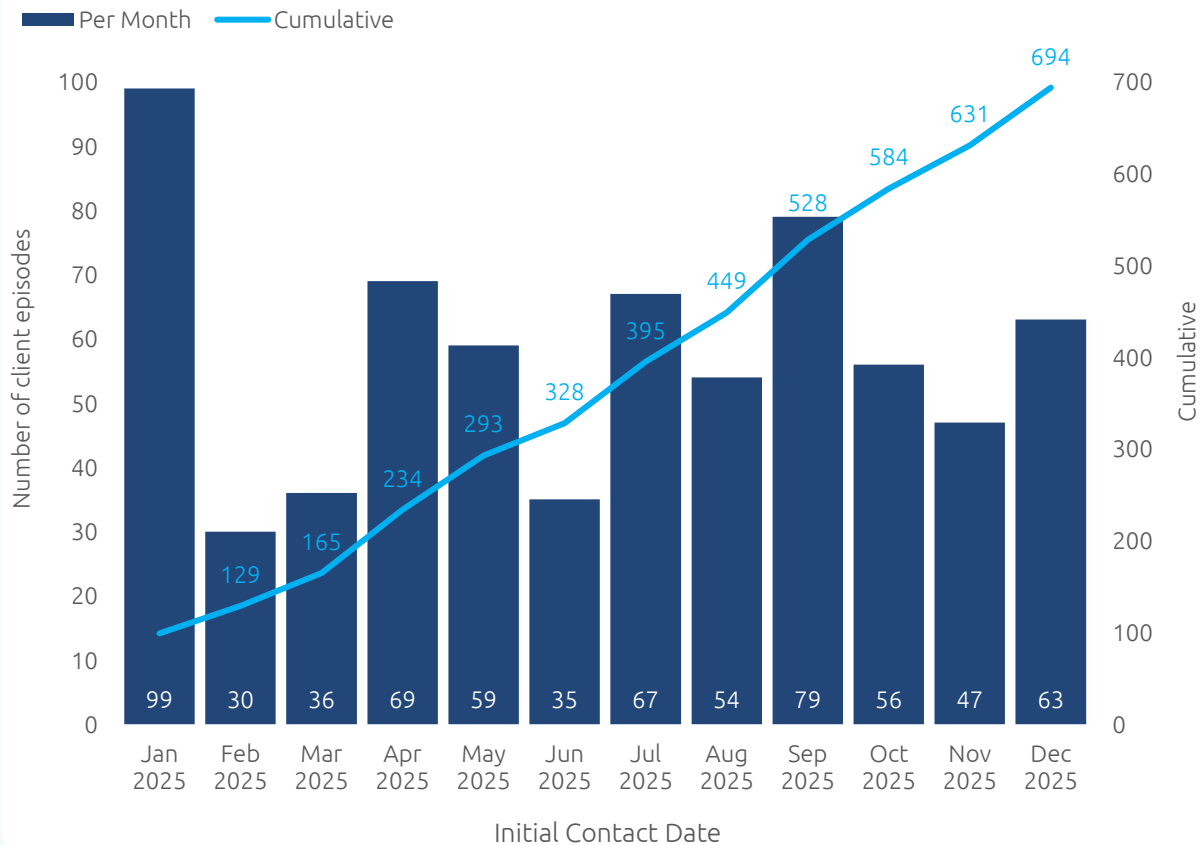


Health and Wellbeing

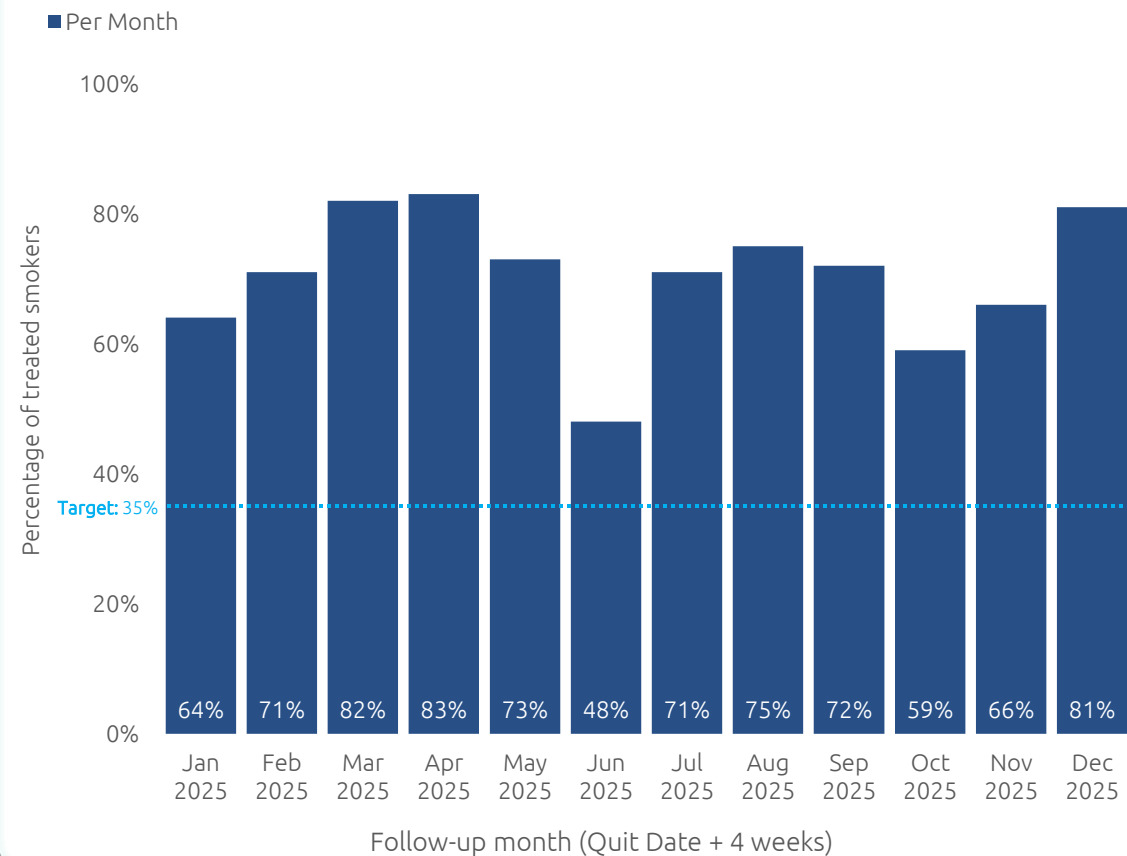


Help Me Quit

Number of clients who attend an assessment session (NTSS)



4-week self-reporting quit rate (NTSS)



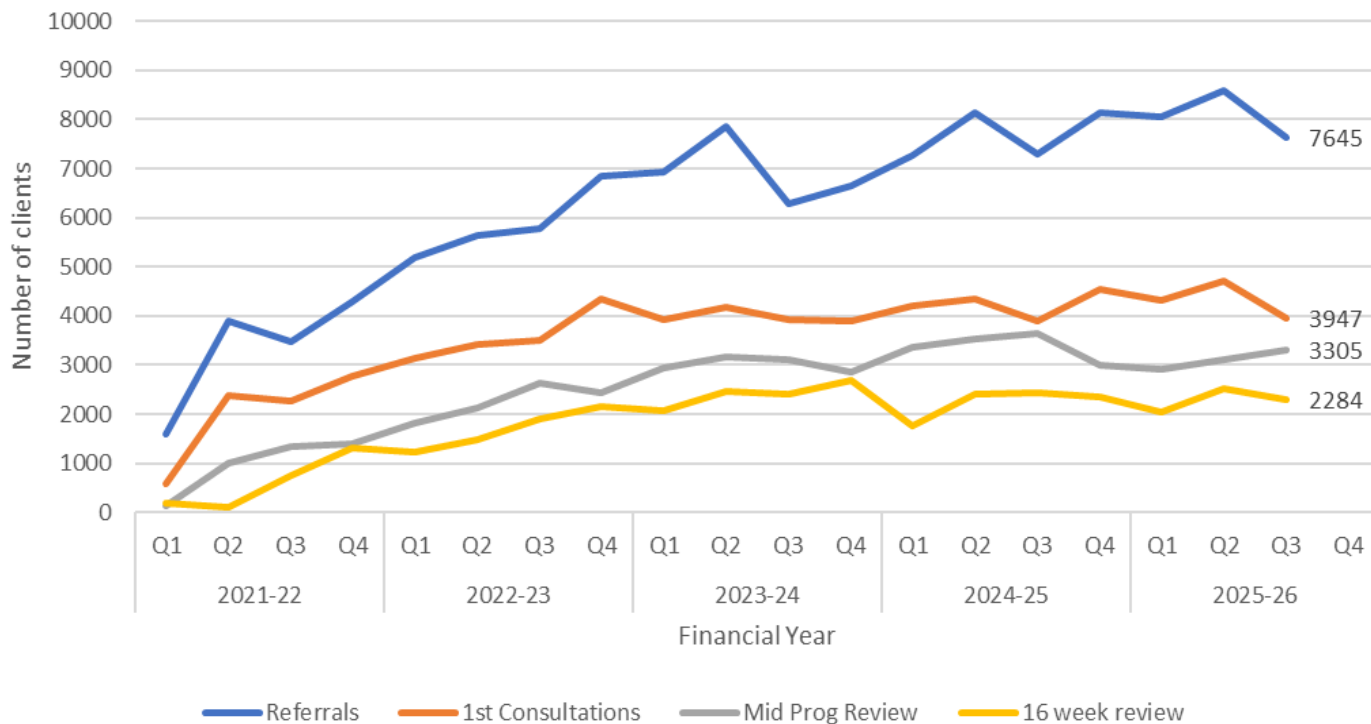


Health and Wellbeing

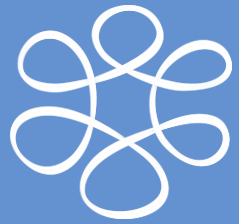


National Exercise Referral Programme

All Wales NERS reporting Apr 2021 - Dec 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 number of referrals to the NERS Programme over time (per quarter) and over a specific time period, number of 1st consultations held, number of mid programme reviews held, and number of 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.
- A new dashboard for accessing and displaying NERS data is in development. Additional outcome data will become more routinely available upon completion – expected in 2026.
- Activity in terms of completed 1st consultations has remained consistent since Quarter 4 2022-23, due to maximum capacity being reached based on staff levels - which has decreased by 10.6WTE from 2012 to 2025 due to real-time cuts.
- Referrals continue to be high, with a slight drop in Quarter 3 (seen each year due to Christmas).



Section 3
Strategy Delivery





Key Performance Indicator Summary



| Strategic Plan | 12 Month Look Back | Feb-25 | Mar-25 | Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 | Oct-25 | Nov-25 | Dec-25 | Jan-26 |
|---|--------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Strategic Plan – Percentage of milestones currently green or complete | | 87.9% | 84.6% | 96.1% | 93.5% | 91.8% | 90.2% | 89.3% | 89.8% | 88.5% | 86.5% | 85.2% | 85.7% |
| Strategic Plan – Percentage of milestones currently red | | 2.6% | 3% | 0.9% | 1.2% | 2.1% | 2.1% | 0.8% | 2.9% | 1.6% | 1.2% | 2.9% | 0% |
| Request for Change (RFC) – Number of milestone changes submitted for approval | | 4 | 7 | 4 | 3 | 8 | 5 | 5 | 7 | 5 | 7 | 8 | 1 |
| Strategic Priority 1 – Wider determinants | | 77.8% | 77.8% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Strategic Priority 2 – Promoting mental and social wellbeing | | 100% | 100% | 100% | 100% | 81.8% | 81.8% | 81.8% | 81.8% | 81.8% | 72.7% | 72.7% | 72.7% |
| Strategic Priority 3 – Promoting healthy behaviours | | 74.1% | 67.9% | 94.1% | 92.1% | 89.5% | 89.5% | 86.8% | 89.5% | 86.8% | 84.2% | 84.2% | 84.2% |
| Strategic Priority 4 – Sustainable health and care system | | 95.2% | 92.9% | 100% | 93% | 93% | 88.4% | 88.4% | 86% | 91% | 88% | 91% | 90.7% |
| Strategic Priority 5 – Excellent public health services | | 83.3% | 83.3% | 91.1% | 93% | 93.1% | 91.4% | 91.4% | 91.4% | 82.8% | 77.6% | 77.6% | 79.3% |
| Strategic Priority 6 – Climate change | | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Enabling delivery of our plan | | 89.1% | 94.4% | 97.2% | 92.5% | 91.3% | 90% | 88.8% | 90% | 91.3% | 92.5% | 87.5% | 87.5% |
| Strategic Change Programmes – Percentage of milestones currently green/amber | | 75% | 62.5% | 75% | 100% | 100% | 88% | 88% | 88% | 89% | 89% | 88% | 88.9% |
| Strategic Change Programmes – Percentage of milestones currently red | | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0.0% |



Strategic Plan Milestone Delivery



Strategic Priority Delivery Status

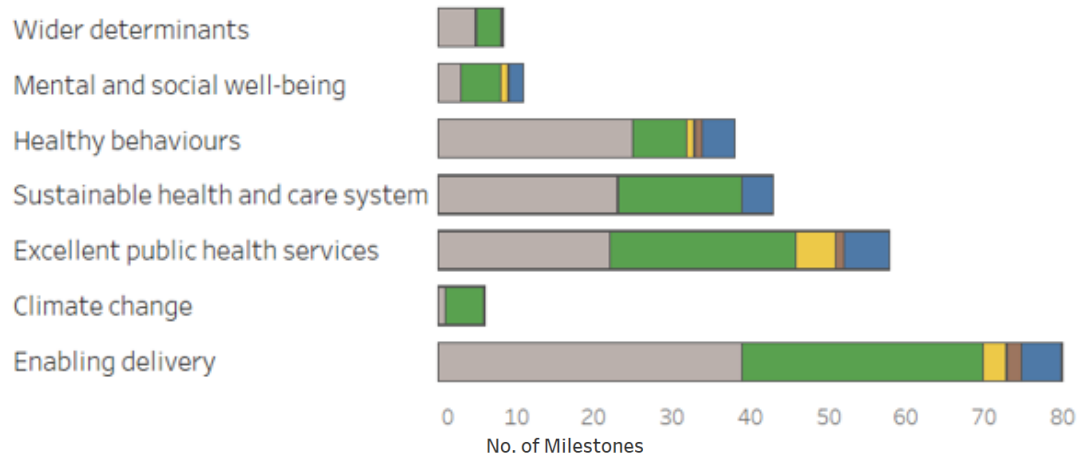


Request for Change

A total of 1 Request for Change were submitted for approval in January 2026.



By Strategic Priority



At Month 10, 118 milestones have been completed, and 91 milestones are reporting as Green. This indicates that 75% of the remaining plan is on track for completion.

Of the remaining milestones, 97 are due in March 2026. Considering this high volume, we recommend all directorates review their remaining milestones to determine feasibility and take early action to ensure delivery, including re-profiling if necessary.

Most of the 10 amber milestones have been reporting as amber for an average of 4 months. Reasons include resource issues and external dependencies, with 2 milestones awaiting a decision or approval from Welsh Government.

Only 1 Request for Change (RFC) has been submitted this month, which reflects the low number of milestones due in January 2026. *'Developed a programme of work to reduce harm from the out of home food sector'* has requested to extend the delivery date from March 2026 to September 2026 to allow more time to present and agree with the new Welsh Government group for out of home food.

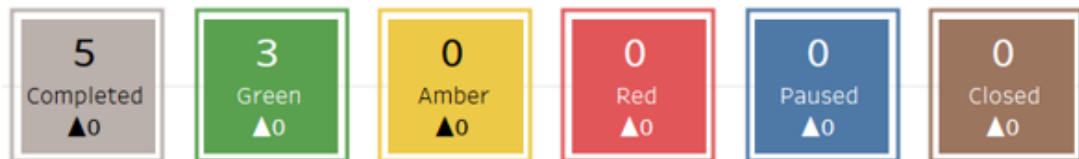


Strategic Plan Milestone Delivery



Strategic Priority 1 – Wider determinants

Current Delivery Status



By Directorate

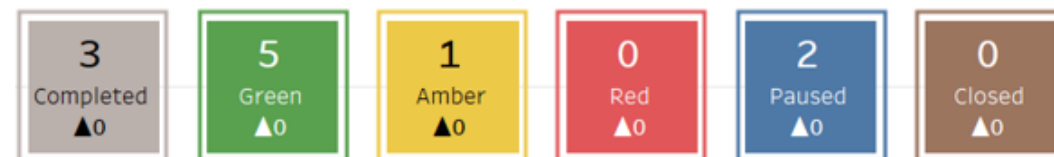


In Year Changes to Plan

No requests for change received in month 10

Strategic Priority 2 – Promoting mental and social wellbeing

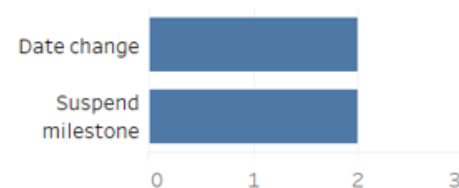
Current Delivery Status



By Directorate



In Year Changes to Plan



3
Total RFC's YTD
2025/26

No requests for change received in month 10

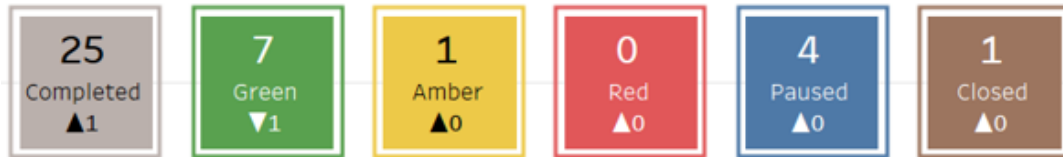


Strategic Plan Milestone Delivery

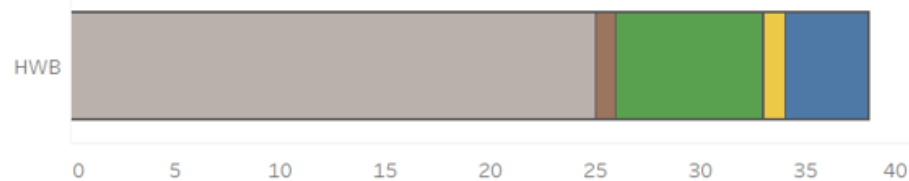


Strategic Priority 3 – Promoting healthy behaviours

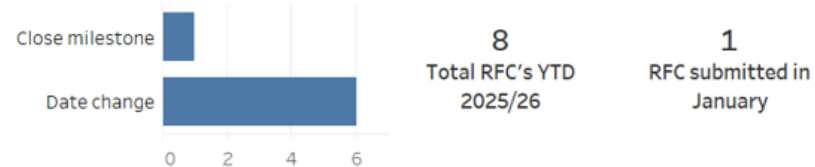
Current Delivery Status



By Directorate

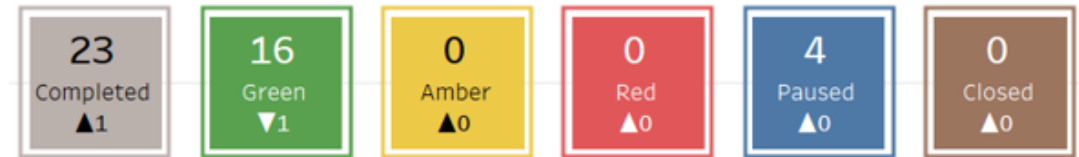


In Year Changes to Plan

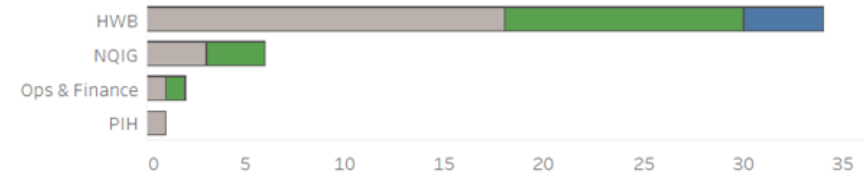


Strategic Priority 4 - Sustainable health and care system

Current Delivery Status



By Directorate



In Year Changes to Plan



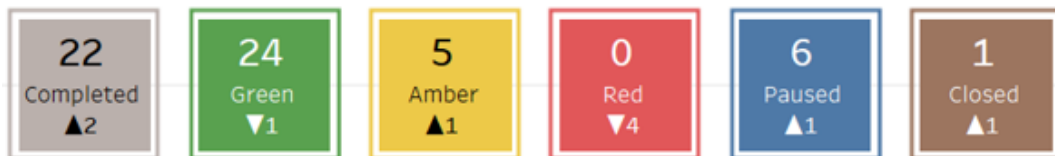


Strategic Plan Milestone Delivery

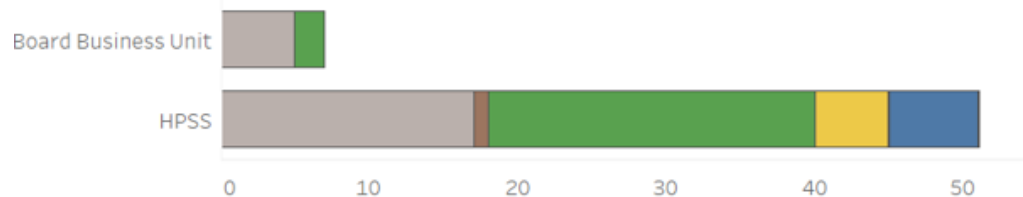


Strategic Priority 5 – Excellent public health services

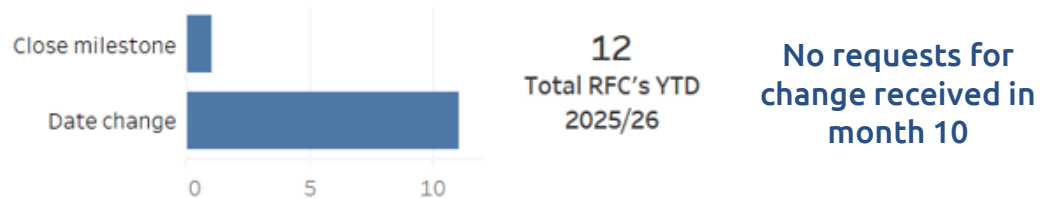
Current Delivery Status



By Directorate



In Year Changes to Plan

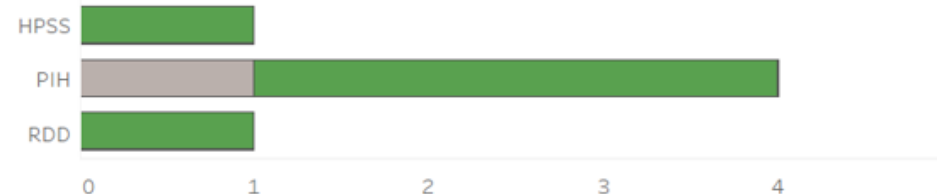


Strategic Priority 6 – Climate change

Current Delivery Status



By Directorate



In Year Changes to Plan

No requests for change received in month 10

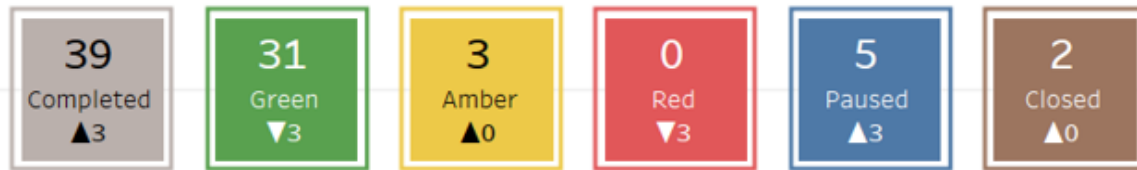


Strategic Plan Milestone Delivery

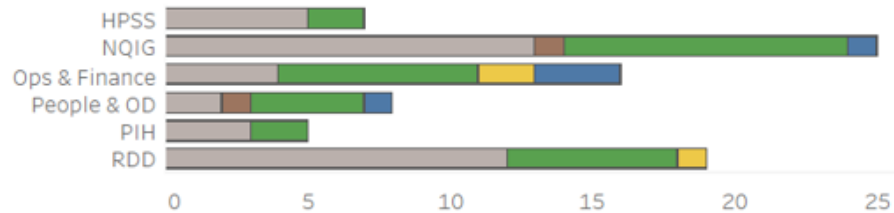


Enabling delivery of our plan

Current Delivery Status



By Directorate



Changes to Plan



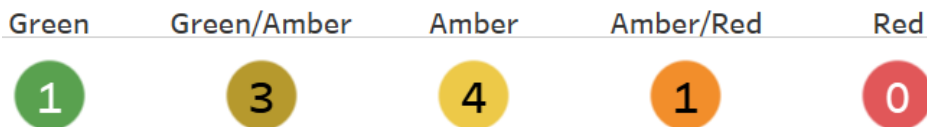


Strategic Change Programmes



Strategic Change Programmes Overview

Detail on all programmes is available on the Performance and Assurance dashboard. A high-level summary of the DCA status for Tier 1 & 2 programmes, as of January 2026, is provided below.



Key Information

Whilst programme status is relatively unchanged, a number of significant risks and issues are being managed.

DESW Transformation is reporting Amber-Red for a second month, due to the continuing lack of programme and project management capacity, along with external digital dependencies. The programme needs significant strengthening to deliver transformational outcomes. This programme is due to be discussed specifically on 12 February Change Board.

Both **Lung Screening** and **Digital Health Protection (DHP)** programmes continue to await final Welsh Government approvals but are making good progress in the meantime with key mobilisation activities.

Web Transformation has moved from Green-Amber to Amber status reflecting risks relating to Welsh language compliance, eLearning platform validation, uneven directorate readiness and operational transition, all of which are being managed. The full launch of the new website remains on track for 26 March 2026.

The **DARC Programme** remains at Amber status due to additional complexities identified in migrating data to NDAP which could extend timelines, continuing DHCW-related risks and the challenging delivery objectives overall. However good progress continues to be made in relation to data migration planning, including agreement of initial work for genomics to migrate 200 TB of data.

Tackling Diabetes Together continues to progress well due to improvements in system working, leadership and programme governance over the last few months.

It is proposed the **Automation and AI programme** leaves the portfolio due to an AI governance framework now being in place and data automation being covered by the DARC programme.

Programme Detail

| £ | Programme | Nov | Dec | Jan |
|---|---|-----|-----|-----|
| 1 | Diabetic Eye Screening Transform.. | A | A/R | A/R |
| | Digital Health Protection | A | A | A |
| | National Targeted Lung Cancer Screening | G/A | G/A | G/A |
| | Tackling Diabetes Together | G/A | G/A | G/A |
| 2 | Automation and AI | A | A | A |
| | Data, Analytics, Registers, Cloud | A/R | A | A |
| | Gambling Related Harm Reduction Pro.. | G | G/A | G/A |
| | North Wales Estate | G | G | G |
| | Web Transformation | G/A | G/A | A |

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





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Cymru
Public Health
Wales

*Gweithio gyda'n gilydd
i greu Cymru iachach*

**Working together
for a healthier Wales**