



GIG  
CYMRU  
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WALES

Iechyd Cyhoeddus  
Cymru  
Public Health  
Wales

# Performance and Insight Report

February 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	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26
<b>People Governance</b>														
12m Rolling Sickness Absence FTE %	<3.25%		4.41%	4.46%	4.51%	4.51%	4.58%	4.61%	4.58%	4.57%	4.52%	4.58%	4.46%	4.52%
Statutory and Mandatory Training	85%		92.9%	93.2%	93.3%	93.2%	93.2%	93.0%	93%	92.9%	92.9%	92.9%	92.9%	92.8%
Appraisal Compliance	85%		84.5%	83.7%	86.3%	86.1%	86.2%	86.3%	86.8%	86%	86.5%	86.5%	86.0%	85.7%
Diversity ESR Data	N/A		76%	76%	76%	77%	77%	77%	77%	78%	77%	77%	77%	78%
Agency Spend, % of Total Pay Bill	≤1.7%		1.7%	1.2%	1.3%	1.4%	1.4%	1.4%	1.3%	1.2%	1.1%	1.0%	1.0%	1.0%
<b>Financial Governance</b>														
Revenue Position YTD	Breakeven		£195K	£7K	£19K	£10K	£10K	£33K	£0.016k	£0.002k	£0.040k	£0.069k	£0.034k	£0.054k
Revenue Position Forecast	Breakeven		£195K	£0k	£0k	£0k	£0k	£0k	£0k	£0k	£0k	£0k	£0k	£0k
Capital Year-End Position	Breakeven		£3.578K	£0K	£14K	£23K	£62K	£225K	£0.282k	£0.656k	£0.738k	£1.014k	£2.149k	£3.304k
Public Sector Payment Policy (PSPP)	95%		98.09%	98.21%	96.98%	97%	97.36%	97.56%	97.41%	97.38%	97.34%	97.34%	97.32%	97.27%
<b>Information Governance</b>														
Freedom of Information Request Response*	Within 20-Days		2	0	1	4	2	1	1	1	0	0	1	
Subject Access Request Response*	1 Month Avg		0	1	0	0	0	0	0	0	0	1	0	
Personal Data Breaches Reported	N/A		2	3	0	2	7	1	2	1	3	3	4	
Personal Data Breaches Reported - Escalated	N/A		0	0	0	1	0	0	0	1	2	0	1	
Mandatory Information Governance Training	85%		91%	92%	91%	91%	91%	91%	91%	91%	90%	90%	90%	95%
<b>Clinical Governance</b>														
Moderate or above harm incidents - monthly	N/A		4	6	6	6	0	0	2	1	2	7	6	6
Moderate or above harm incidents - YTD*	N/A		70	6	12	18	18	18	25	26	28	35	41	47
Number of externally reported incidents (NRI's, EWI, RIDDOR, IRMER) - In Month	N/A		1	0	2	1	0	2	3	1	0	4	1	0
Number of externally reported incidents (NRI's, EWI, RIDDOR, IRMER) - Rolling 12m	N/A		12	11	11	12	10	13	15	13	13	20	24	24
Incident Closure Compliance**	85% PHW		78.4%	80.8%	73.8%	59.7%	65%	79%	79%	86%	85%	70%		
Formal Complaints - Acknowledged within 5 working days**	75% WG 95% PHW		100% (5)	100% (2)	100% (4)	90% (3)	100% (4)	100% (3)	75% (4)	50% (4)	100% (5)	100% (2)		
Formal Complaints - Responded to within 30 working days**	75% WG 95% PHW		33% (5)	100% (2)	80% (4)	75% (3)	100% (4)	67% (2)	50% (4)	75% (4)	60% (5)	100% (2)		
Informal Complaints - In Month	N/A		3	9	9	5	6	8	7	11	14	11	8	9
Informal Complaints - Rolling 12m	N/A		80	76	77	75	75	81	85	91	103	109	105	108

\*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.

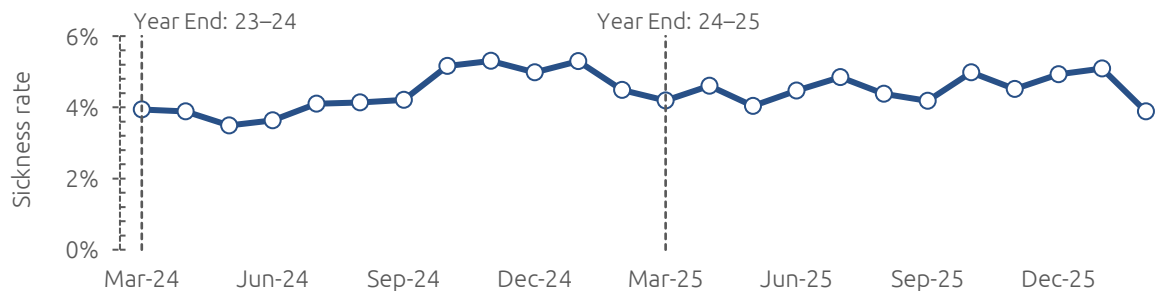
\*\*Note Figure in brackets refer to total complaint numbers received.



# People Governance

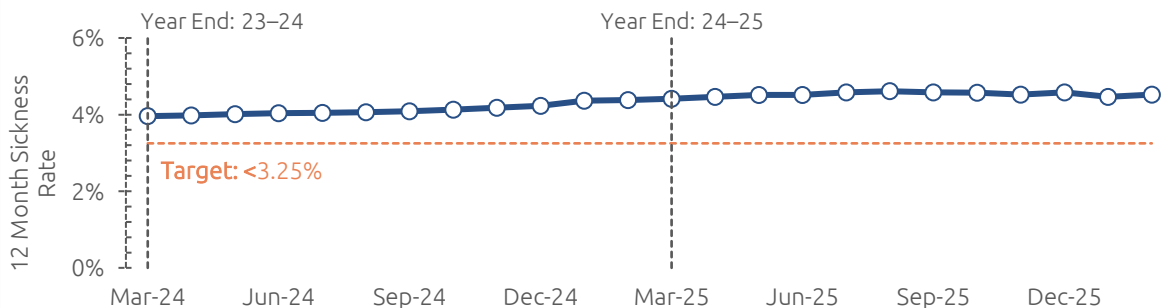


## Sickness Absence



**3.88%** Decreased by **1.21%** in February 2026.

## 12 Month Rolling Absence



**3.25%**



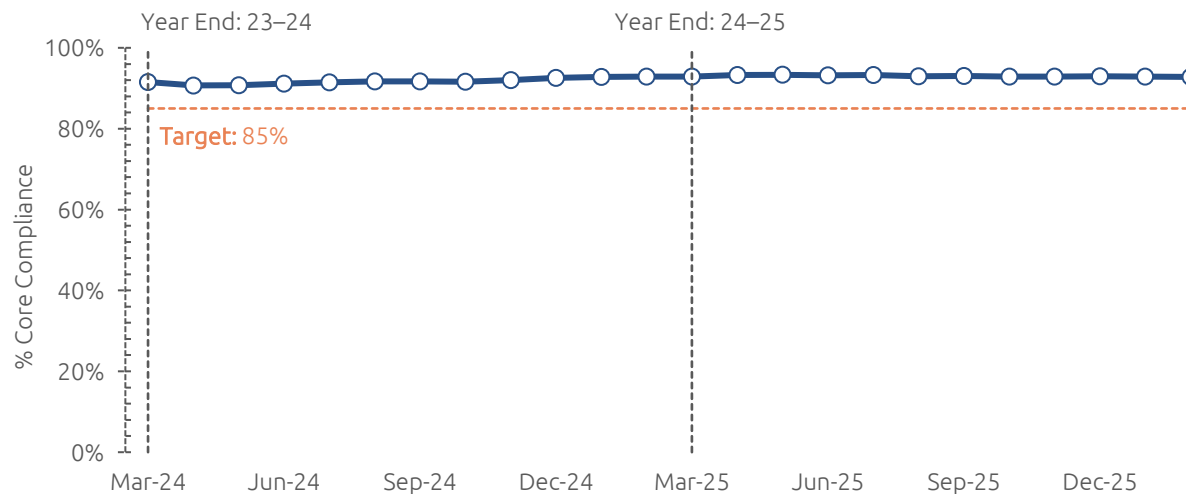
**4.52%**

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 February 2026.

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



**92.8%**

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



# In Focus: Sickness Absence



## Key Insights

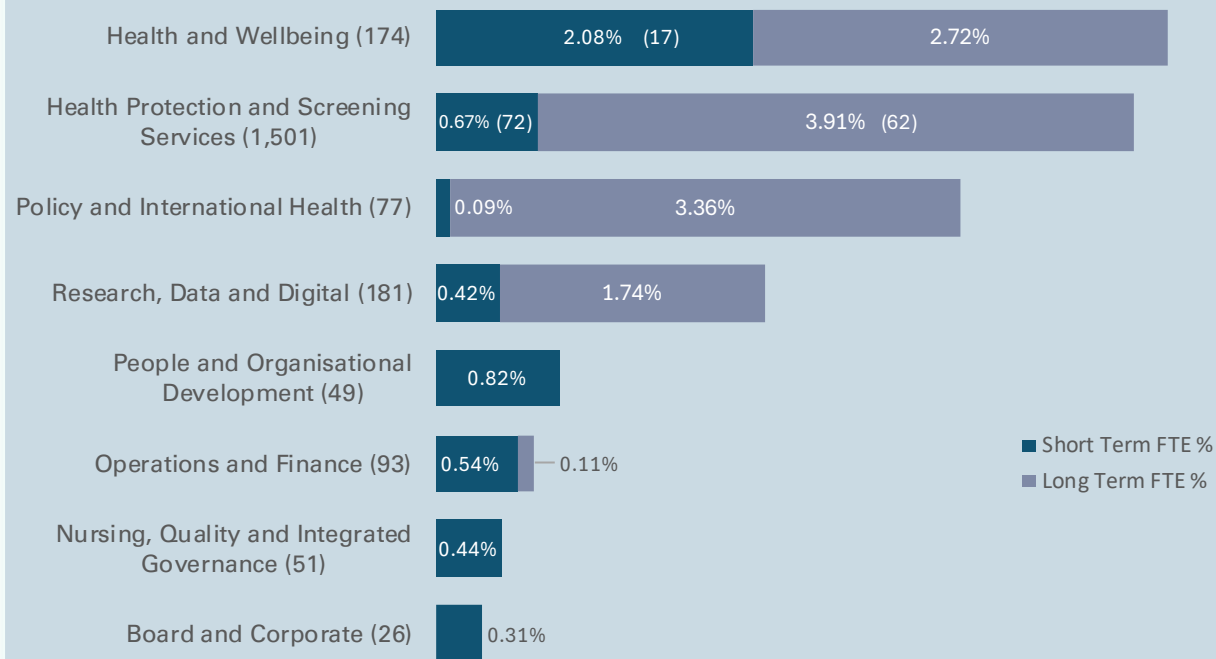
- Overall sickness absence reduced to 3.88% in February 2026, a significant improvement from 5.09% in January 2026.
- Long-term sickness absence continues to be the primary driver, accounting for 81% of FTE days lost, with short-term absence representing 19%. This mirrors national evidence from the CIPD Health and Wellbeing at Work Report 2025, which highlights that mental ill-health is the leading cause of long-term absence and a significant contributor to short-term absence across the UK workforce.
- Anxiety, stress, depression and other psychiatric illnesses remain the most frequently reported causes of absence. This aligns with CIPD findings that stress and mental ill-health account for around a quarter of both short- and long-term sickness absence, reinforcing the importance of sustained focus on mental health, wellbeing, and early intervention.

## Assurance and Actions

- People & OD are providing focused 1:1 advice and case management support to managers in areas with persistently high levels of long-term and stress-related absence, with an emphasis on early intervention and sustained return-to-work outcomes.
- In line with national evidence on the increasing impact of mental ill-health on sickness absence, targeted support continues for anxiety, stress and depression-related cases, alongside ongoing engagement with Trade Union colleagues to address workplace issues at an early stage.
- Work continues to improve the accuracy and completeness of sickness absence data, including targeted follow-up of unknown absence reasons and improved recording of work-related versus non-work-related stress.
- Further work is underway to enhance benchmarking and trend analysis, including improved comparability with national data, to support more informed decision-making and targeted interventions.

## Sickness Absence by Directorate

The breakdown of Directorate level sickness absence for February 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.

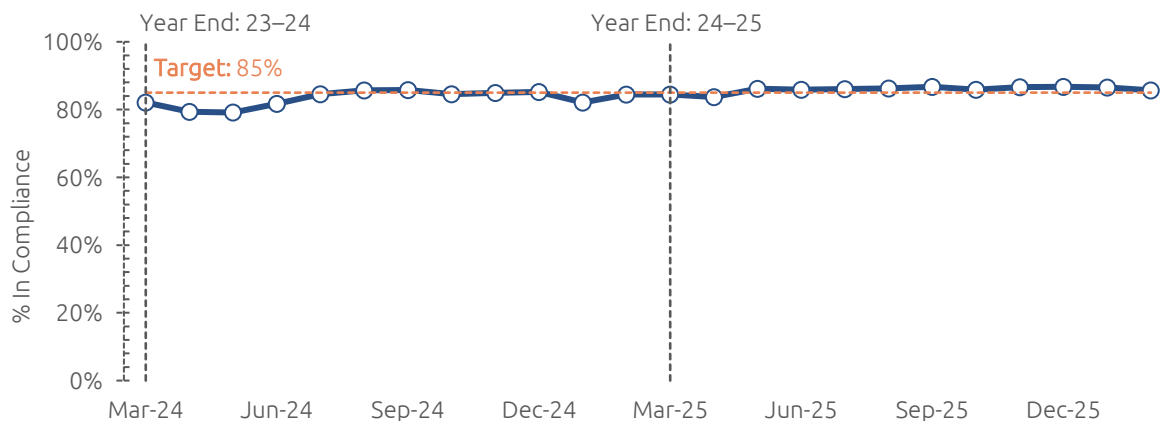




# People Governance



## Appraisal and Development Reviews



85%



85.7%

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

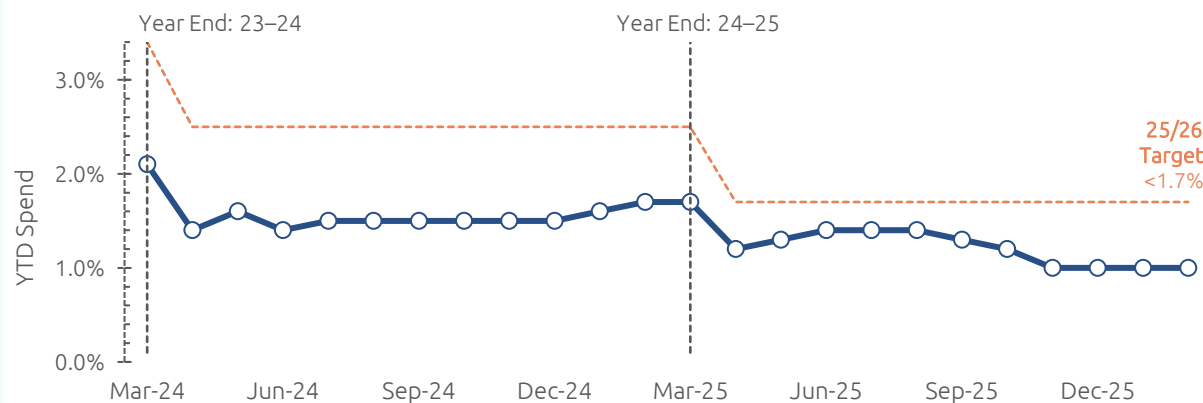


78%

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



1.0%  
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 1.0%, 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 February, PHW spent £112k on agency staff, £71k 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.

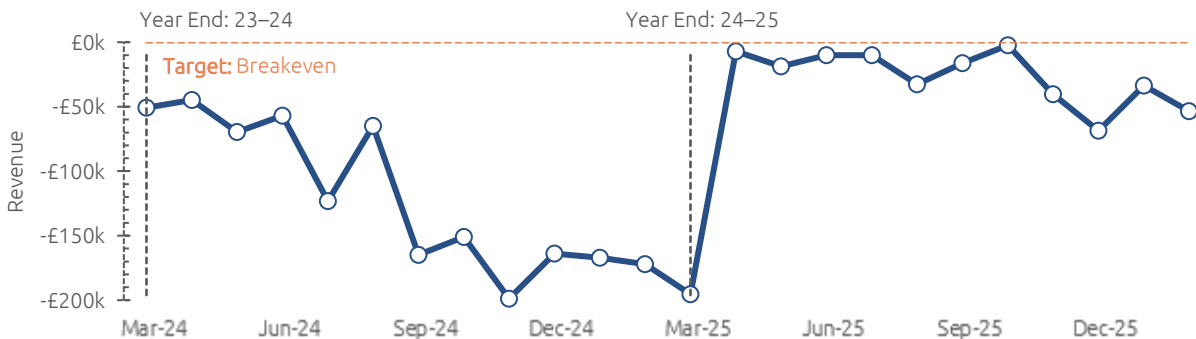


# Financial Governance



## Revenue Position

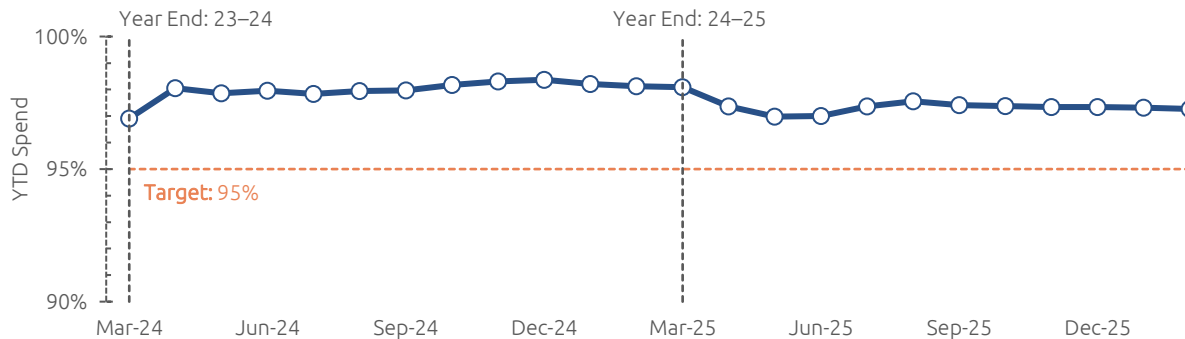
Break-even
 -£0.054k YTD
 £0k Forecast



## Public Sector Payment Policy (PSP)

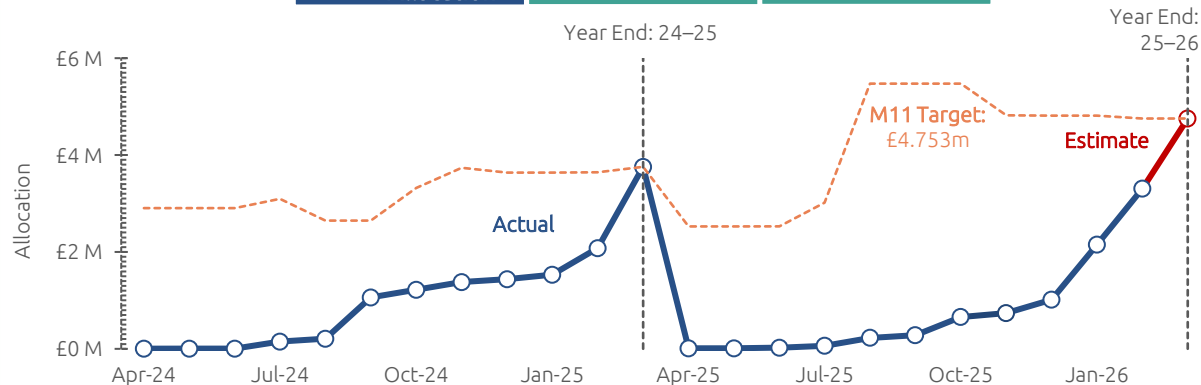
95%
 97.27% YTD
 >95% Forecast

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



## Capital Position

£4.655m Allocation
 £3.304k YTD
 £4.655m Forecast



The Capital forecast is **breakeven**. PHW capital funding is made up of a discretionary allocation of £1.595m and a strategic allocation of £3.060m. Risks relating to capital include availability of strategic capital funding to support the capital plan included in the IMTP.



Click to access further detail in the latest Finance Board Report

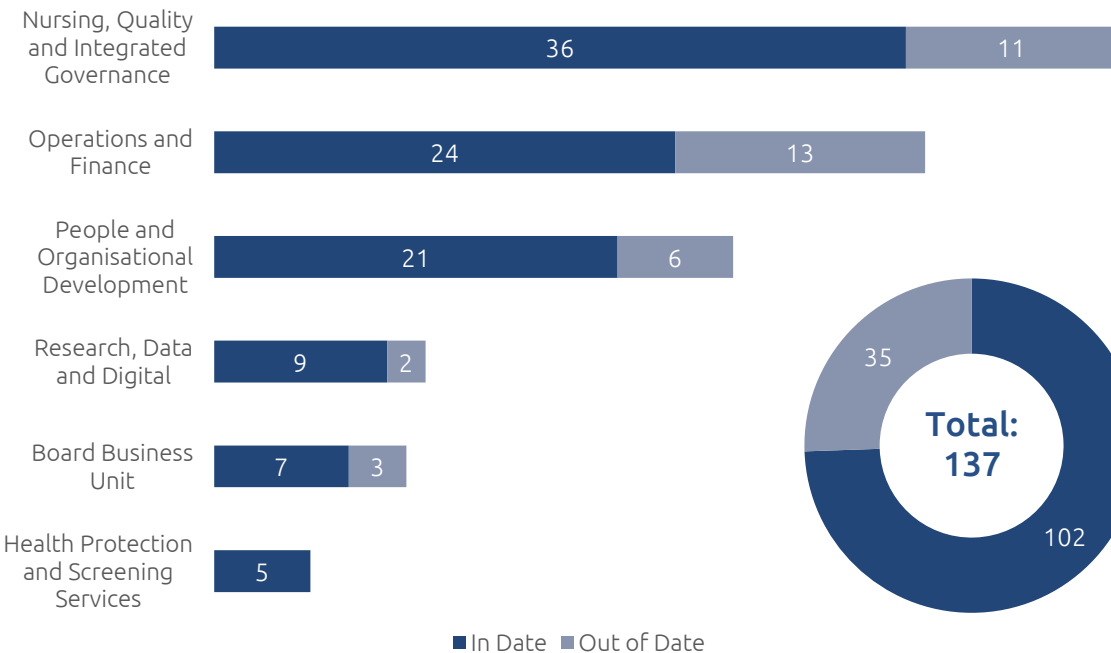


# Corporate and Information Governance



## Corporate Governance

### Corporate Policies Compliance

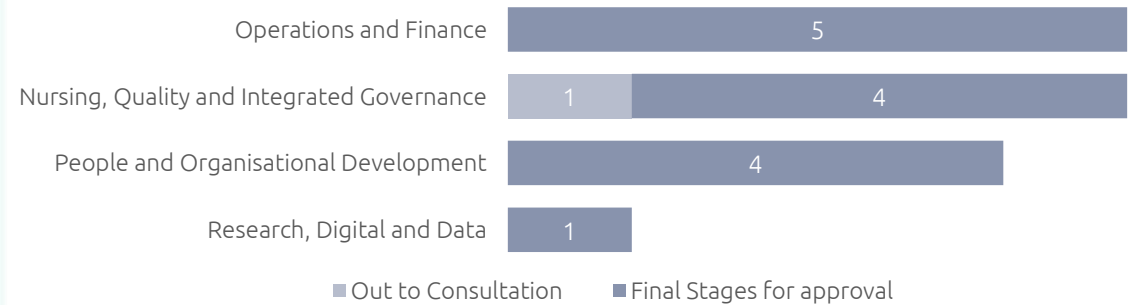


### In February 2026:

- 6 policies were approved in Operations and Finance (2), Health Protection and Screening Services (2), Nursing, Quality and Integrated Governance (1) and Research, Digital and Data (1).

### Review of Policies - Out of date

- Of the 35 Policies out of date, 15 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

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



### New Policies being developed

- 3 new policies are being developed.





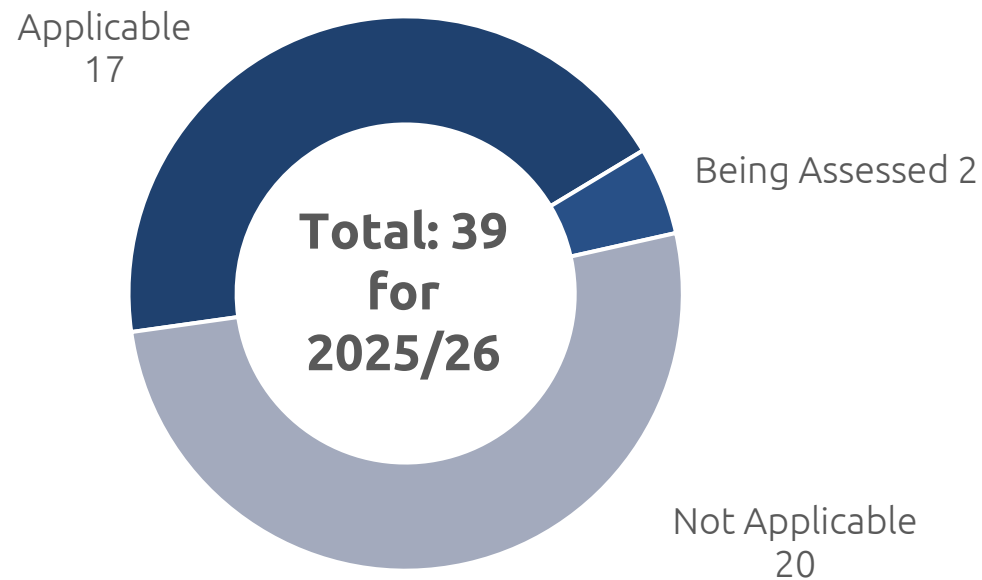
# Corporate and Information Governance



## Corporate Governance

### Wales Health Circular Compliance 2025/26

For the Period 1 - 28 February 2026:



3 Welsh Health Circulars (WHC) were received :

- 1 WHC assessed as Applicable:
  - **WHC 2025 (053)** – Expansion of RSV vaccine eligibility to adults aged 80+ and residents in a care home for older adults
- 1 WHC assessed as Not Applicable:
  - **WHC 2026 (007)** – Critical UK-wide Bone Cement Shortage – Immediate National Requirements for NHS Wales
- 1 WHC being assessed:
  - **WHC 2025 (044)** – Code of Practice Quality Assurance and Performance Management, Escalating Concerns, and Closure of Regulated Care and Support Services

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.

- 2 Received
- 1 Month
- 0 Exceeded

In January 2026, 1 Data Subject Access Request was received with 1 Data Disclosure Request.

The Subject Access Request was compliant and responded to within 1 calendar month. The Data Disclosure Request is awaiting further formal documentation.

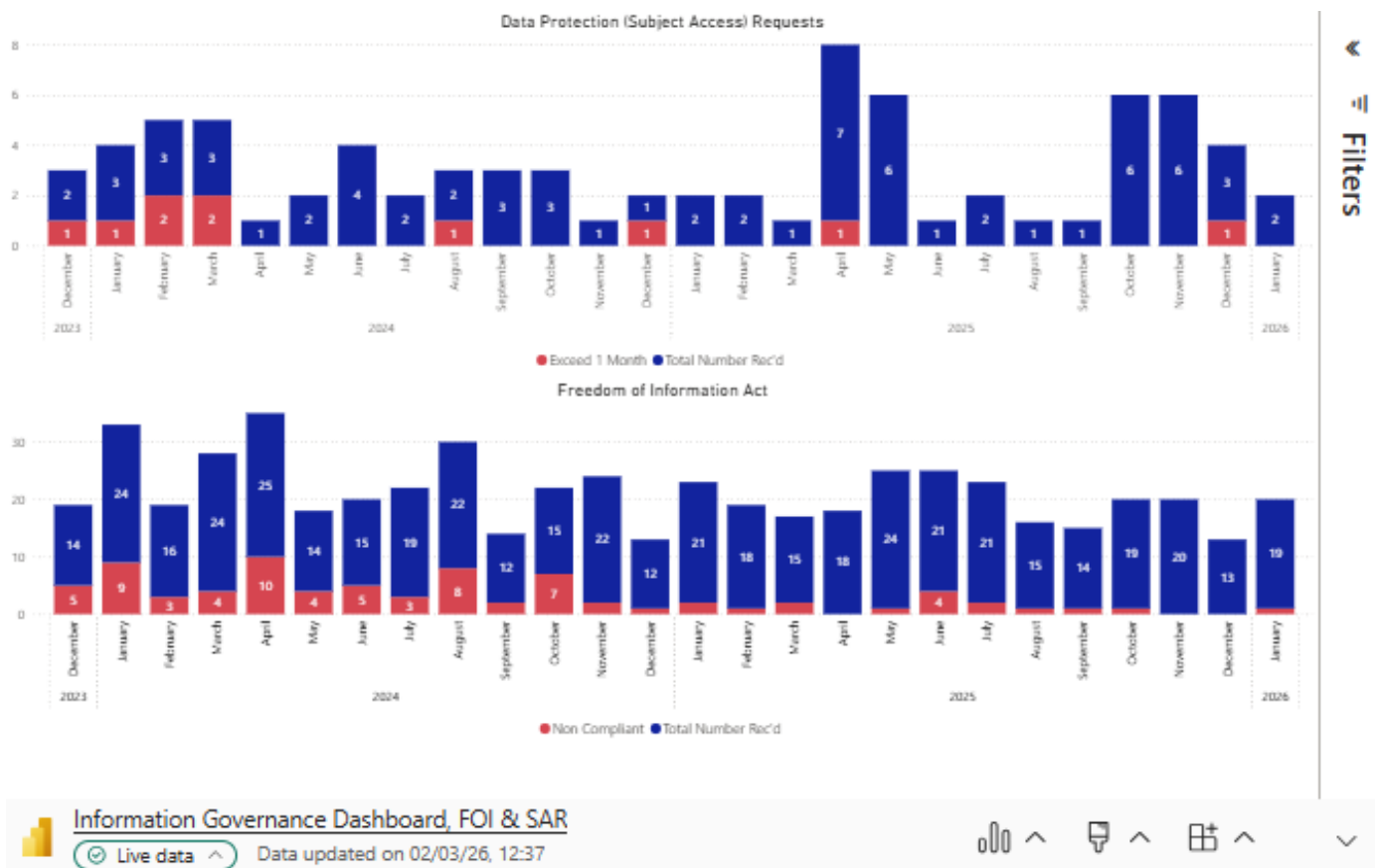
### Freedom of Information Act

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.

- 19 Received
- 20 days
- 1 Non-Compliant

Of the 19 FOI requests received in January 2026, 1 FOI request was non-compliant.

The 1 out of compliance required consultation with third parties before releasing the information. 1 party has requested to apply a qualified exemption which now requires a public interest test to take place. The deadline has therefore been extended to accommodate.



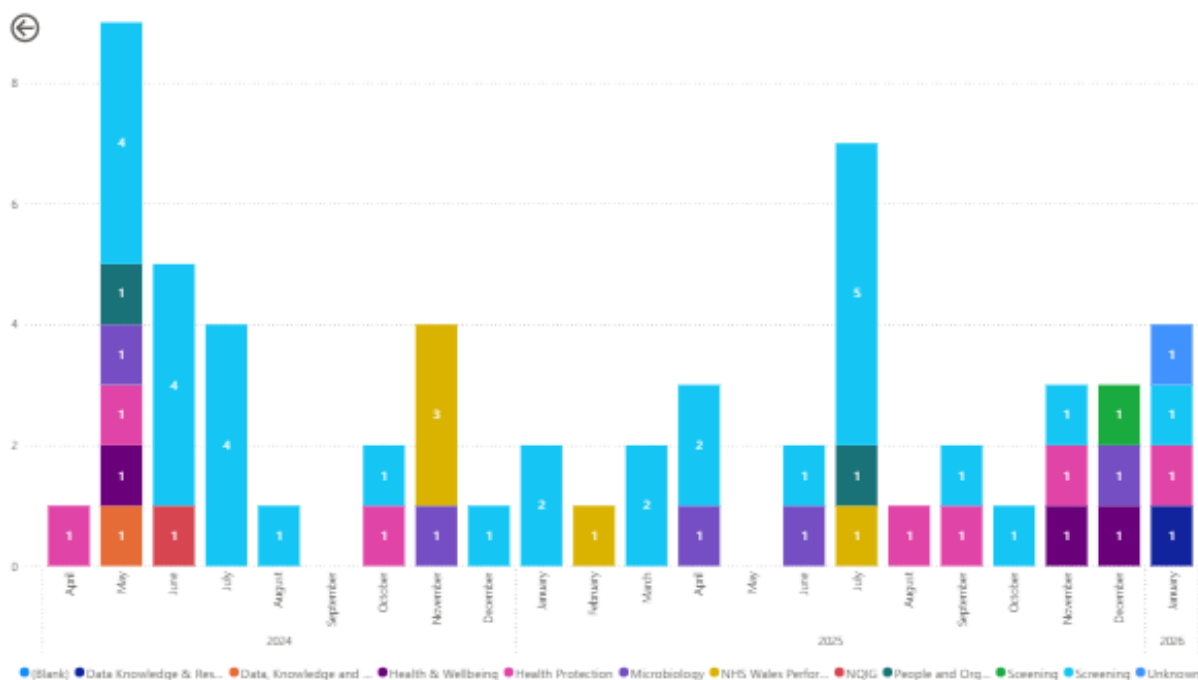


# Corporate and Information Governance



## Information Governance

### Personal Data Breaches



Filters

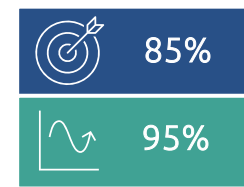
Reported	Escalated
4	1

There were 4 PDBs in January 2026:

- **Matrix House** – Personal information was placed in normal waste instead of confidential waste.
- **Health Protection** – Online identifiers were disclosed to service users who have suspected malicious ordering of STI kits.
- **Screening** – An incident email was sent to incorrect GP.
- **Research, Data and Digital** – A concern around small number of information provided in reporting of sex work slides leading to the information potentially being identifiable.

The Health Protection incident met the threshold of reporting to the ICO.

### Mandatory Information Governance Training



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



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



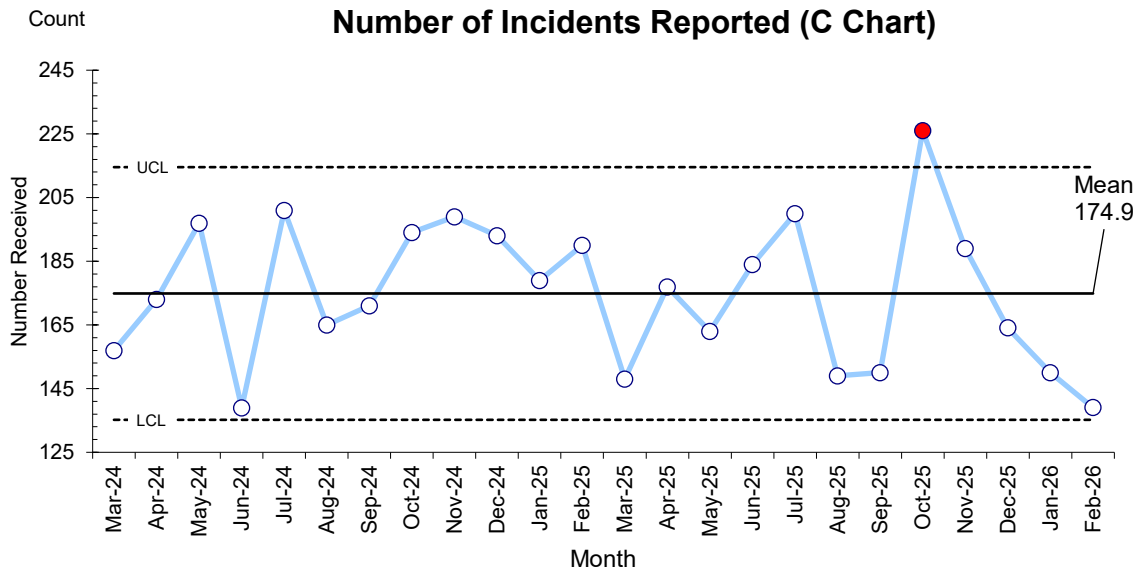
# Clinical Governance, Quality, Safety and Improvement



## Externally Reportable Incidents - February update

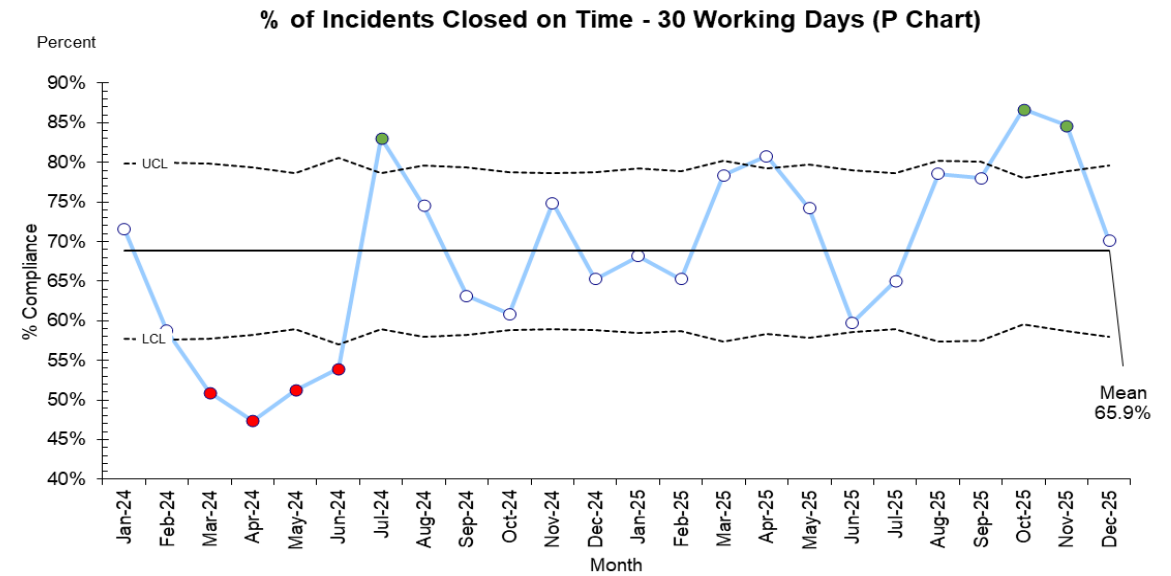
- 0 Nationally Reportable Incidents reported
- 0 Early Warning Incident reported
- 0 Duty of Candour Incident reported
- 0 Post Investigation Harms (Moderate or above)

## No. Incidents Reported Over Time



Reporting has decreased over the last 4 months; this is due to the astronomical data point in Oct-25 and is now falling to within normal variation limits. The astronomical data point in Oct-25 is due to increased reporting in CSW, relating to out-of-date vials used by sample takers.

## Percentage of Incidents Closed within 30 Working Days



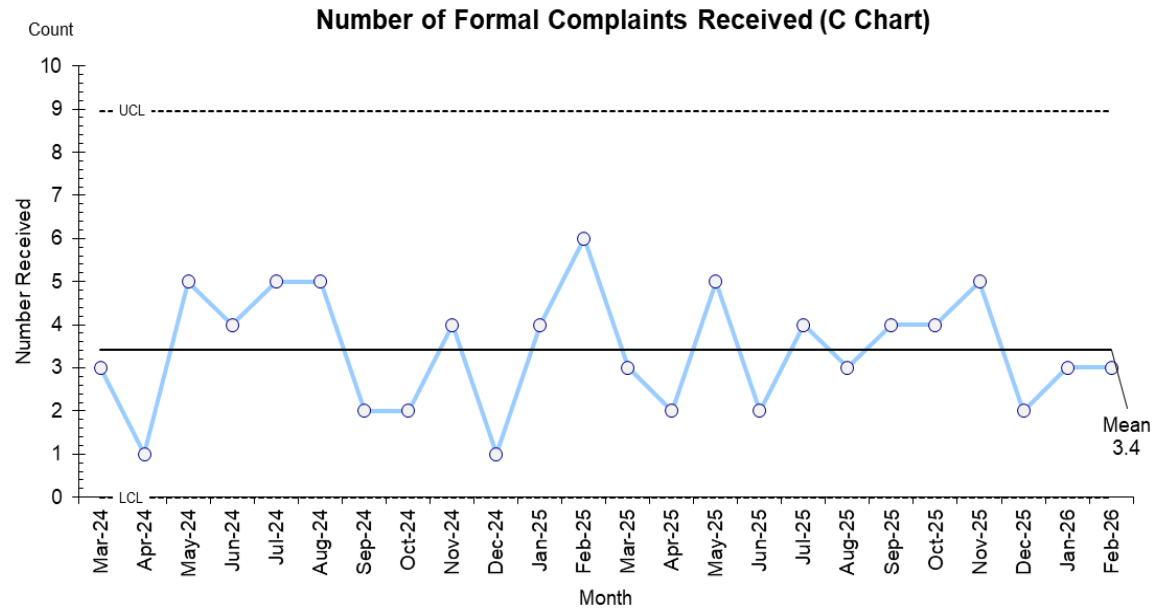
Special cause variation identified in Oct and Nov-25, due to increased focus on closure by OMD and NQIG. Slight decrease in closures in Dec-25, analysis of year-on-year reporting shows this is commensurate with previous years.



# Clinical Governance, Quality, Safety and Improvement

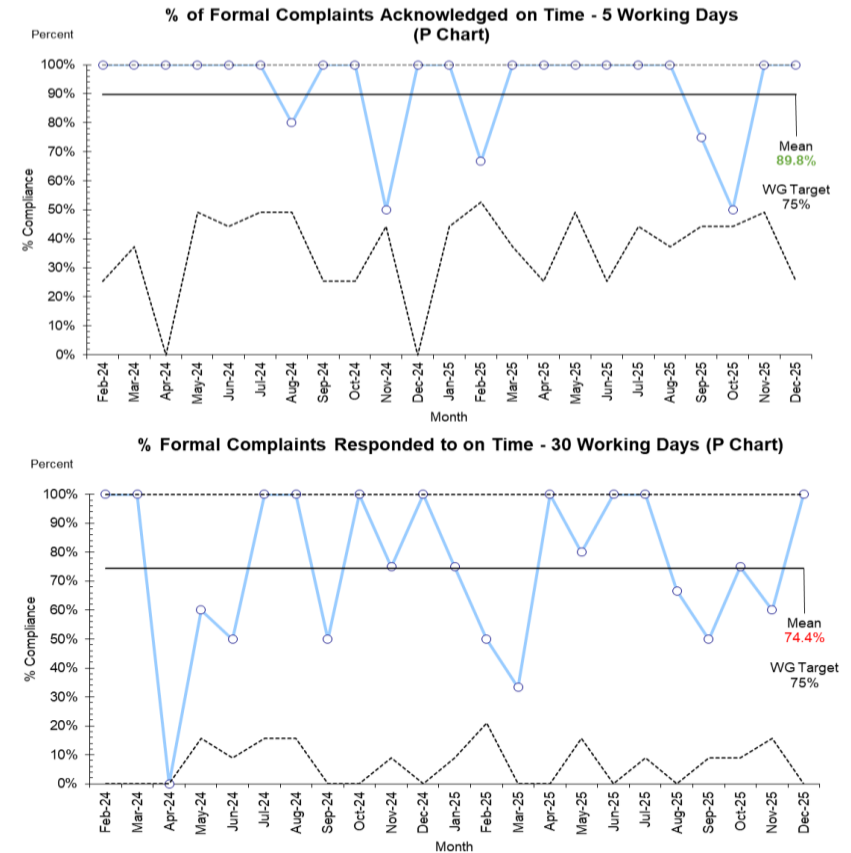


## Number of Formal Complaints Received



Normal variation noted, no special cause identified.

## Formal Complaints Compliance



Normal variation, no special cause identified. Response rates, slightly under WG Target figure due to Aug-Nov figures affecting timelines. Small data set where slight changes impact % compliance.

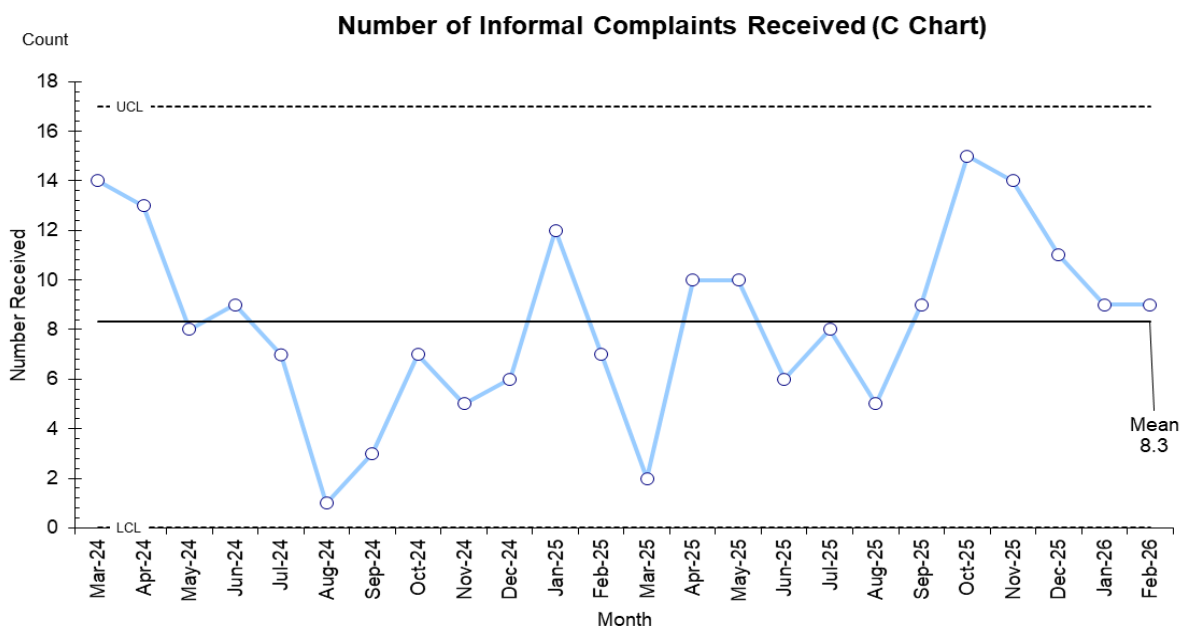
\*NB Nov 23 and Jan 24 data points hidden as nil complaints received those months.



# Clinical Governance, Quality, Safety and Improvement



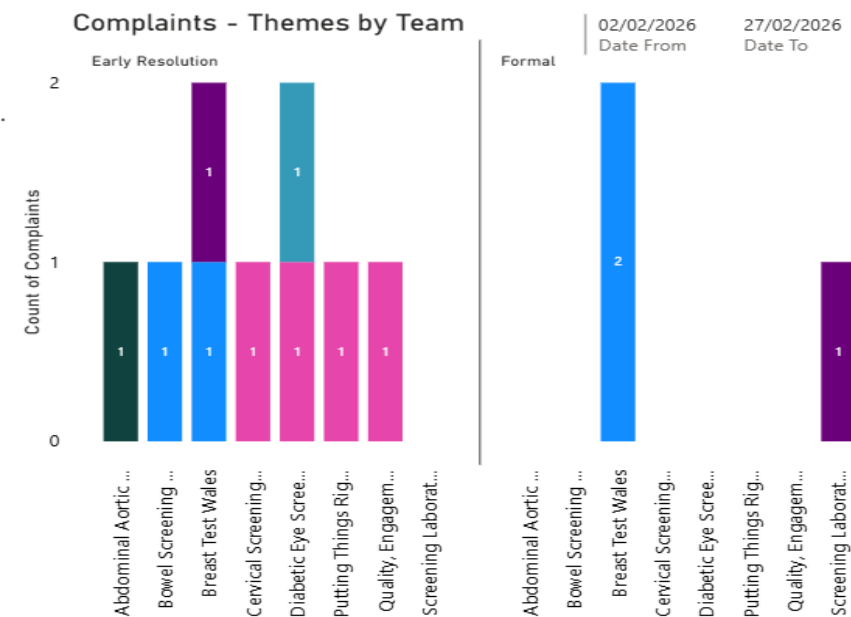
## Number of Informal Complaints Received



## Themes and Service Areas – February 2026

- Access (to Services)
- Clinical treatment/Assessment
- Communication Issues (including...)
- Environment/Facilities
- Test and Investigation Results

### Complaints - Themes by Team



3 Formal complaints and 9 Early Resolution complaints received in February.

## Claims

February 2026

2

2 new potential claims were received in February. Of the 32 ongoing claims, 25 are confirmed and 7 potential.

## Redress

February 2026

0

No new Redress cases were received in February.

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	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26
Bowel Screening Wales – Waiting time for index colonoscopy (4 weeks) (Health Board Delivery)	90%		8.4%	6.9%	3.9%	4.9%	8.8%	14.1%	10.5%	19.7%	22.5%	28.5%	18.8%	
Cervical Screening Wales – Waiting time for colposcopy appointment (8 weeks) (Health Board Delivery)	90%		98.9%	98.2%	98.4%	98.8%	98.4%	98.8%	95.3%	98%	98.3%	98.9%	98.7%	
Breast Test Wales – Assessment invitations (3 weeks)	90%		23.1%	8.8%	16.7%	19.6%	24.1%	24.6%	31.6%	17.4%	41%	28.3%	13.5%	10.6%
Diabetic Eye Screening Wales – Coverage (12 Months)	80%		40.3%	40.2%	40%	39.3%	38.9%	38.4%	39.6%	39.6%	38.4%	38.4%	38.9%	39.5%
Abdominal Aortic Aneurysm – Timely referral to elective vascular network (MTD)	100%		50%	100%	75%	100%	66.7%	100%	100%	100%	100%	100%	83.3%	100%
<b>Infection Services</b>														
Total Microbiology Rejection Rates	<5%		4.9%	5.2%	5.2%	5.1%	5%	5%	4.8%	4.8%	4.8%	5%	5%	
Total Microbiology Diagnostic Sample Requests	*N/A		167,166	160,143	162,735	162,252	178,612	156,429	168,719	184,730	167,313	164,861	172,196	
Blood Culture - Collected to Incubation SMI <4hrs	>95%		71.4%	67.3%	68.8%	68.5%	68.3%	68.1%	68.3%	70.3%	69.9%	67.8%	69.7%	
Blood Culture - Received (PHW Laboratory) to Incubation <4hrs	>95%		99.7%	98.7%	99.4%	99.7%	98.4%	99.6%	99.6%	99.3%	99.2%	99.7%	99.7%	
<b>Health Protection</b>														
Test and Post (STI self-sampling) – Test Turnaround Times (Less than 7 days)	99%		99.91%	99.93%	99.85%	99.66%	99.94%	99.95%	99.97%	99.97%	100%	99.89%	99.98%	
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%		100%	100%	100%	100%	100%	75%	87%	79%	95%	92%	95%	
<b>Health &amp; Wellbeing</b>														
JUSTB – Number of Schools with 2-day training completed by month**	35 Schools		7	1	6	4	N/A	N/A	1	4	5	1	4	5
JUSTB – Number of Schools with 2-day training completed YTD**			29	30	36	40	N/A	N/A	1	5	10	11	15	20
Whole School Approach – Percentage of schools with an Action in Place (All schools)	80%		83%	83%	85%	87%	88%	88%	89%	90%	92%	93%	96%	96%
Whole School Approach – Percentage of schools with an Action in Place (Secondary schools)	100%		98%	98%	98%	99%	99%	99%	99%	99%	99%	99%	100%	100%
Help Me Quit - Benchmark for timely first contact (NTSS)	90%		86%	96%	92%	94%	89%	96%	93%	95%	95%	94%	94%	
Help Me Quit – 4-week self-reporting quit rate (NTSS)	35%		82%	83%	73%	48%	72%	75%	72%	59%	66%	81%	73%	
<b>Research Data &amp; Digital</b>														
			Quarter 1 (25/26)				Quarter 2 (25/26)			Quarter 3 (25/26)			Quarter 4 (25/26)	
Number of Major Breaches	0 Major Breaches		0 Breaches				0 Breaches			0 Breaches			0 Breaches	
Percentage of publications without breaches	100%		76%				76%			76%			76%	
Percentage of user follow up to RD&D products	100%		20%				33%			33%			33%	
<b>Policy and International Health</b>														
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.



# Health Protection and Screening Services



## Screening Services

### Latest activity

- Development of Improvement Implementation plans for Bowel, Breast and Diabetic Eye Screening.
- Deep dive at the QSIC Committee on 24th February on Screening, with a focus on assurance and improvement plans for identified timeliness performance standards in Bowel, Breast and Diabetic Eye Screening
- Completion of Screening section for accountability meeting
- Letter from CEO sent to BCU CEO on constraints round assessment waits in BTW to reduce backlog and improve flexibility of pathway.
- Confirmation from Welsh Government of capital funding for Lung Screening Programme following submission of Business Justification Case.

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

This remains below the 90% standard in February 2026.

Breast Screening assessments waits remain outside of standard. Reading timeless has now recovered in North Wales and is now within standard across Wales. Timeliness of assessment clinics in January was impacted by a reduced number of clinics in December and January, due to bank holidays, staff leave, and the need to rebook clinics following postal delays. There remains a clinical shortage in North Wales and lack of resilience of the surgical support which is impacting assessment capacity in the North, the backlog remains. Discussions are ongoing with BCU at CEO level.

Key steps being taken:

- Improvement of timeliness of South and West in February
- BCU supporting additional assessment clinics by March 2026.
- An Improvement plan has been developed, and a Performance Improvement group has been initiated to take this plan forward.



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



Timeliness remains above the 90% standard in January 2026.



### Bowel Screening - Colonoscopy within 4 weeks of booking SSP appointment

Timeliness remains below the 90% standard in January 2026.

Colonoscopy is a commissioned service from the Health Boards.

As of 6th March 26, the average waiting time for a screening colonoscopy is at 7 weeks and 3 days. The waiting time ranged from 4 to 13 weeks across the 14 screening centres. Average Specialist Screening Practitioner waiting time is 11 days which is within standard.

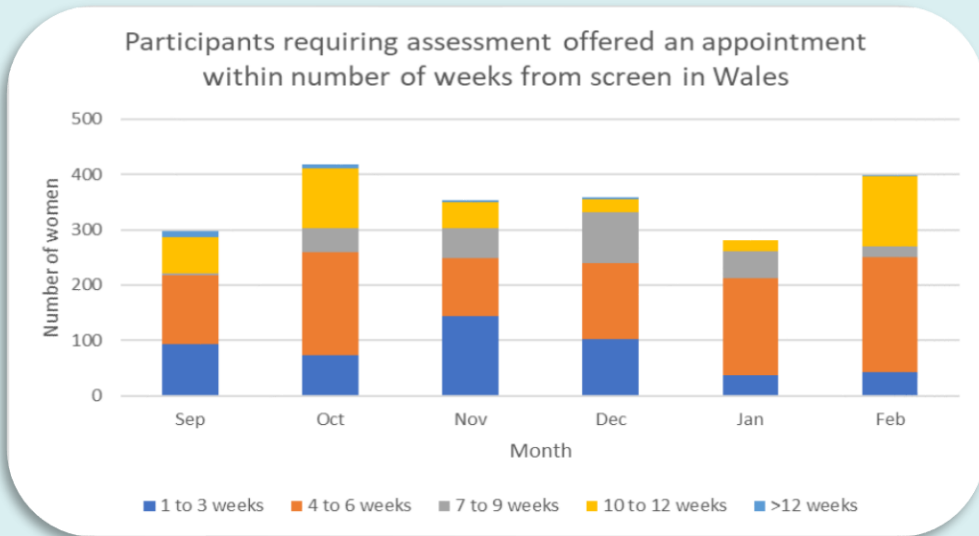
To deliver improvements in colonoscopy waiting times, themes that were identified following collaborative discussions with Health Boards have been shared with Health Boards and recovery plans requested. A screening colonoscopy improvement project is being established.

An accreditation assessment day planned for March 2026 has been postponed due to availability of candidate.





# In Focus: Breast Test Wales Assessment Waits

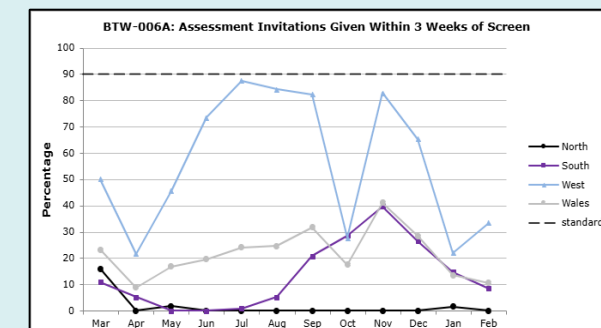
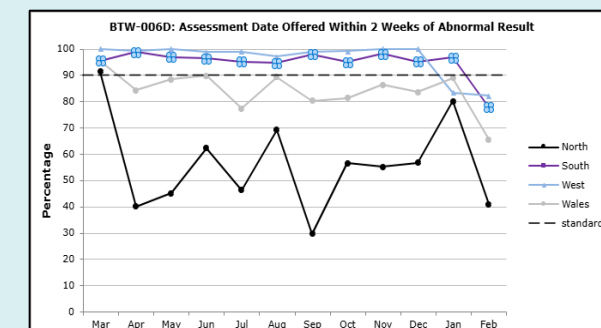
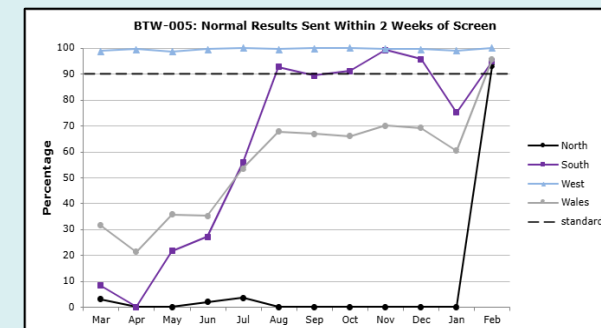


Assessment invitations given within 3 weeks has not met the standard over the last 12 months. There was a reduction in timeliness in February with 10.6% achieving standard. There are two other standards that are key to understanding this pathway, this includes 'Timeliness of reading mammograms which is measured in normal results sent within 2 weeks of screen' and 'Assessment date offered within 2 weeks of abnormal results'.

All three regions met the standard for results within 2 weeks in February as North Wales significantly improved with support from the other regions. The standard for women having assessment date within 2 weeks of abnormal result is below standard with the North region currently having the longest waiting times for assessments. Timeliness of assessment clinics in January impacted by reduced number of clinics in December and January due to bank holiday, leave and rebooking clinic due to postal delay.

Shortages in the medical workforce at the Breast Screening North Centre has limited capacity for image reading, result reporting and clinic assessments. Two film readers have recently qualified in North Wales which now increases capacity. The West and the South region have supported 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. Some additional assessment clinics funded by BCU have been delivered in February and March, but this has not significantly impacted the waiting times.





## 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; two members of staff have recently achieved sign off for film reading with two more staff training.
- 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:

- An improvement plan has been developed and is being monitored for improvement on timeliness of screening pathway. The programme has initiated a Performance Improvement group to take forward actions from improvement plan.
- 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. Two staff have been signed off for reading. This has improved capacity and resilience. Two staff are undertaking training with one expected to qualify in June 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. Escalated to CEO in BCU with a meeting arranged in March 26. 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 two additional clinics being undertaken.
- 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 Spring 2026.

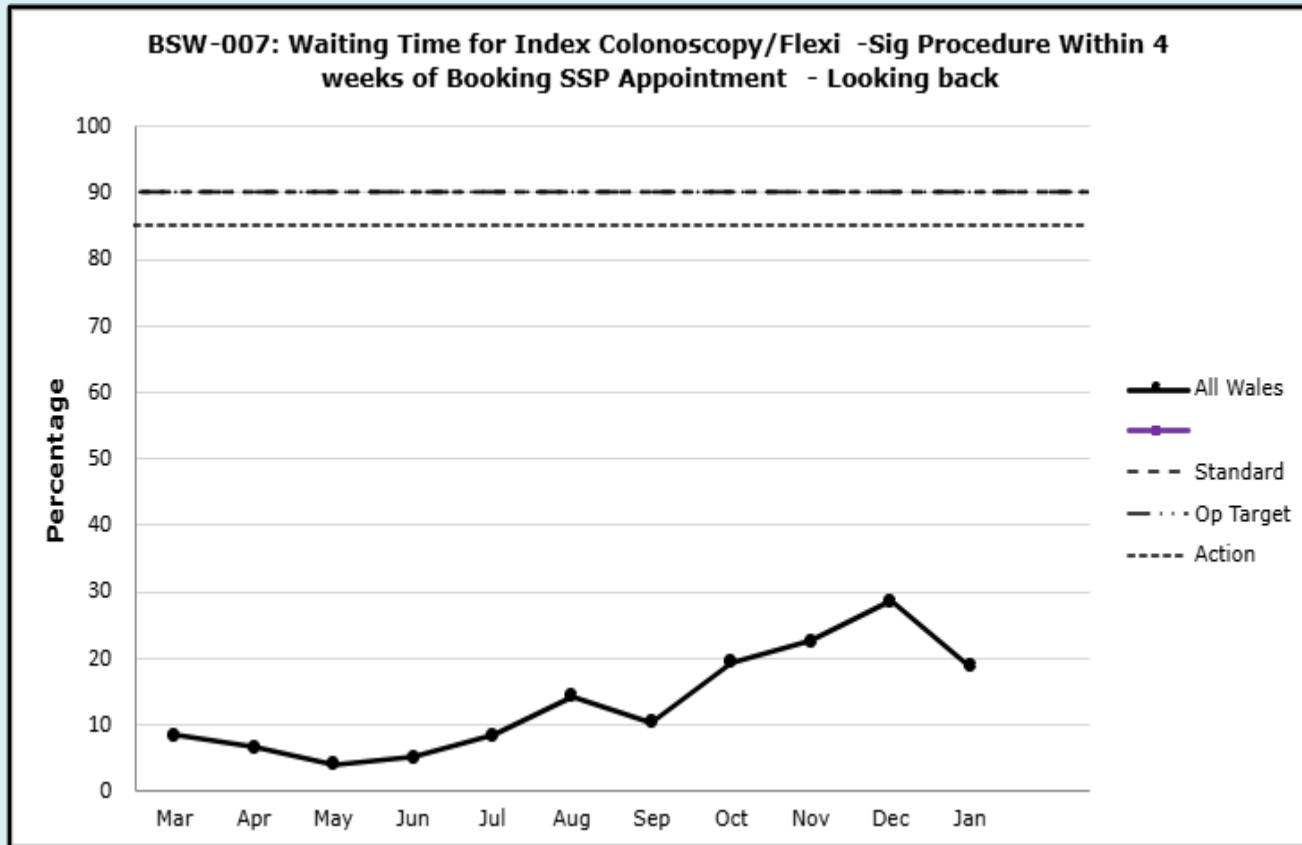


# In Focus: Bowel Screening Wales Colonoscopy Waits



## Trend data and latest waits – January 2026

Colonoscopy is a commissioned service from the Health Boards



## Waiting times as of Friday 6 March

Local Assessment Centre	Waiting time SSP assessment	Waiting time colonoscopy	Total waiting time
1	1 weeks 3 days	4 weeks 4 days	6 weeks 0 days
2	2 weeks 6 days	9 weeks 5 days	12 weeks 4 days
3	2 weeks 6 days	8 weeks 0 days	10 weeks 6 days
4	0 weeks 4 days	7 weeks 5 days	8 weeks 2 days
5	0 weeks 5 days	7 weeks 2 days	8 weeks 0 days
6	1 weeks 4 days	6 weeks 3 days	8 weeks 0 days
7	0 weeks 5 days	2 weeks 5 days	3 weeks 3 days
8	2 weeks 0 days	7 weeks 4 days	9 weeks 4 days
9	2 weeks 0 days	7 weeks 4 days	9 weeks 4 days
10	0 weeks 6 days	3 weeks 1 days	4 weeks 0 days
11	1 weeks 4 days	5 weeks 6 days	7 weeks 3 days
12	1 weeks 0 days	6 weeks 0 days	7 weeks 0 days
13	0 weeks 6 days	3 weeks 5 days	4 weeks 4 days
14	2 weeks 4 days	3 weeks 1 days	5 weeks 5 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 (WLIs) 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. Currently 18.8% of participants seen within 4 weeks standard.
- As of 6 March 2026, the average waiting time for a total wait is 7 weeks and 3 days. The waiting time ranged from 3 weeks to 12 weeks across the 14 screening centres.

### Current Actions:

- An improvement action plan has been developed to improve timeliness with regular monitoring of progress.
- Bowel Screening has initiated a Screening Colonoscopy Improvement Project to identify options to strengthen core screening colonoscopy capacity and improve the resilience of the screening endoscopy services across Wales. Over 40 representatives from across all health boards and partner organisations have signed up to contribute to the project.
- 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 has been developed to take forward issues identified in these meetings. A follow up letter has been sent to follow up on the request for an improvement plan from each health board.
- 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.
- BSW meets monthly with endoscopy teams in each health board to discuss screening waiting times, screening capacity and to agree recovery plans.
- 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

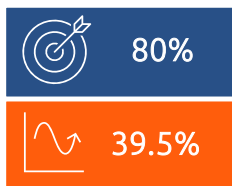


# Health Protection and Screening Services



## Screening Services

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



In February, coverage at 12 months for annual recall remains below standard at 39.5%. However, coverage at 24 months for the low-risk recall pathway is higher at 75.4% though below standard of 80%.

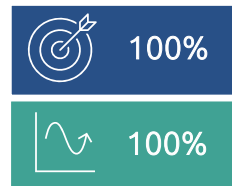
Uptake of eye screening is within standard at 81.6% showing that participants are taking up their screening appointments. This is also reflected in positive service user experience elicited through the SMS (text message) pilot.

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% in February 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. Two new clinic models have been piloted successfully and will be implemented March and April 2026. An improvement plan has been developed, and this is being managed through project group and transformation programme structure.



### 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 reached its target for February 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.
- Transformational lead on secondment within Directorate.
- Loss of Tenovus mobile from May 2026, this will reduce the number of appointments we can offer and increase backlogs in areas where no suitable venue is available.

### Impact:

- Delayed offer of appointment on one year recall pathway, with improvements 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 the 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:

- An improvement plan has been developed with focus of improvement on timeliness of screening pathway. The improvement plan will be managed through a project group and the transformation programme.
- Additional mobile clinics in March to target backlog areas.
- Two new clinic models have been piloted successfully and will be implemented in March and April 2026.
- Screening pathway admin capacity released from e-referral form focusing on backfill clinic appointments with target of 90% clinic utilisation.
- Decision to continue with one 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 to June 2026, which would be a step change to improve efficiency and potentially reduce inequity. This will impact on the number of appointments delivered in this period and we expect to see a drop in recall and coverage over that time.

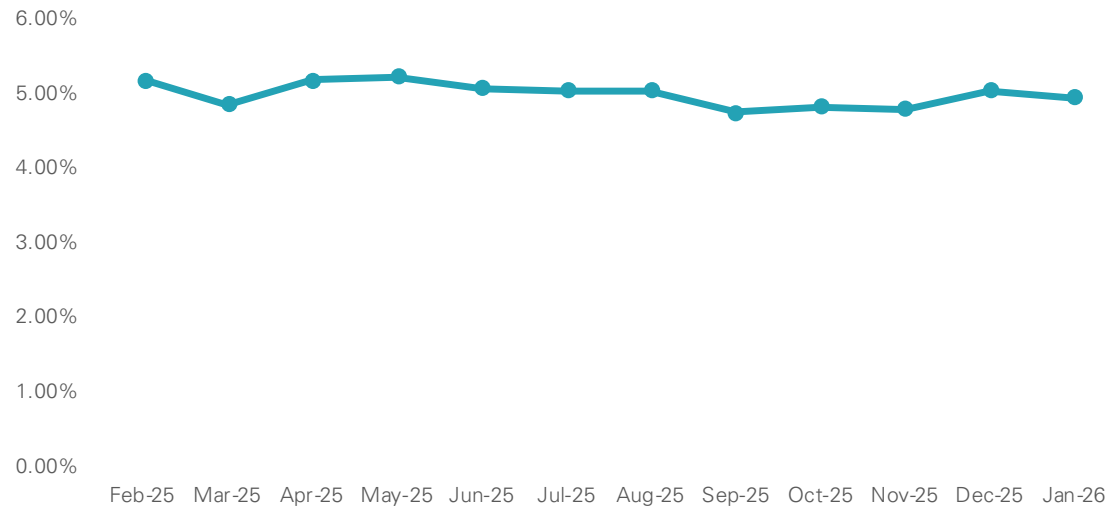


# Health Protection and Screening Services



## Infection Services

### Total Microbiology Rejection Rates



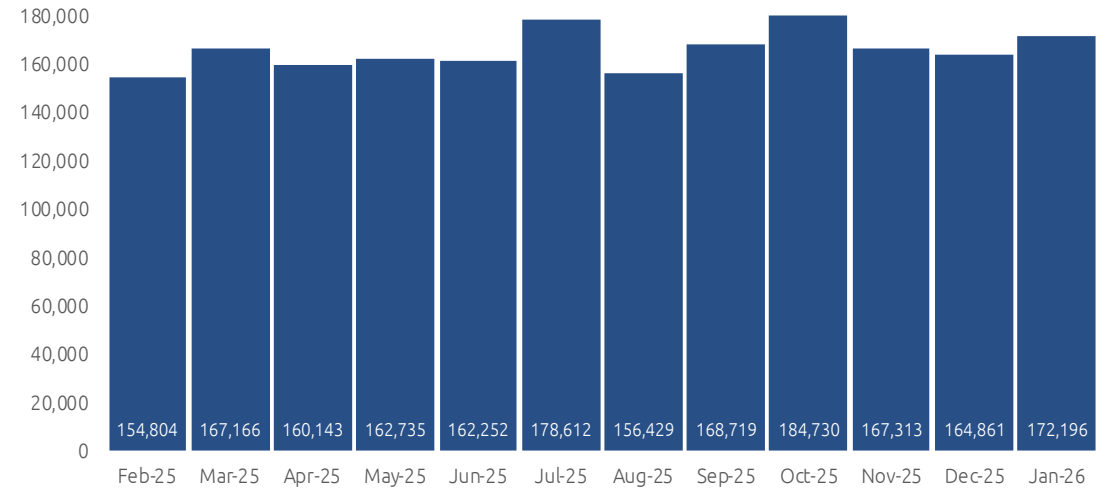
**<5%**

**5%**

In January, 4.96% of diagnostic sample requests (8,541 out of 172,196) were rejected, down slightly and an improvement from 5.04% the previous month. Most rejections were due to damaged or improperly contained specimens. Rejection rates vary by health board, with no main cause identified. The Specimen Acceptance Policy ensures accuracy in patient results.

Infection Quality Leads review trends monthly and work with service users to improve practices via health board portals and newsletters. The upcoming LIMS 2.0 system will enable tailored test sets and better data collection.

### Total Microbiology Diagnostic Sample Requests



Monthly requests for microbiology diagnostic samples have consistently exceeded 156,000 over the past year, except during December, which had three bank holidays, that directly impacts specimen submissions. In January 2026 we saw an increase from 164,861 to 172,196 requests, linked to seasonal HAI outbreaks around the network.

Request volumes frequently fluctuate due to seasonal factors and outbreaks. Proactive planning and flexible resource management are essential to meet changing demand. Our service is ready to respond as needed throughout the year.

Health Boards oversee specimen collection and submission. We work with Health Board colleagues on targeted initiatives to ensure tests are clinically justified and resources are used efficiently, maintaining high service quality during peak demand.

\*Target not applicable

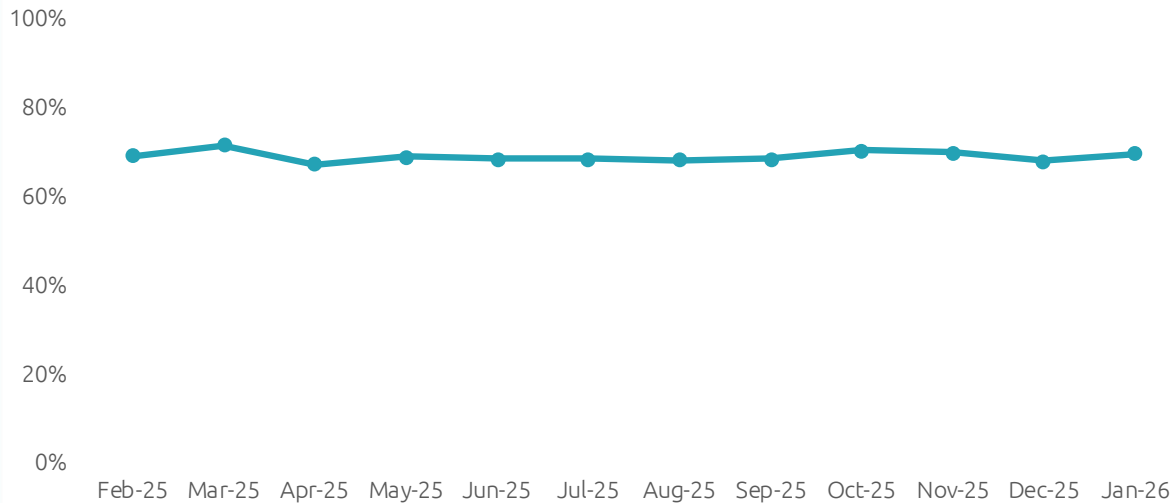


# Health Protection and Screening Services



## Infection Services

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

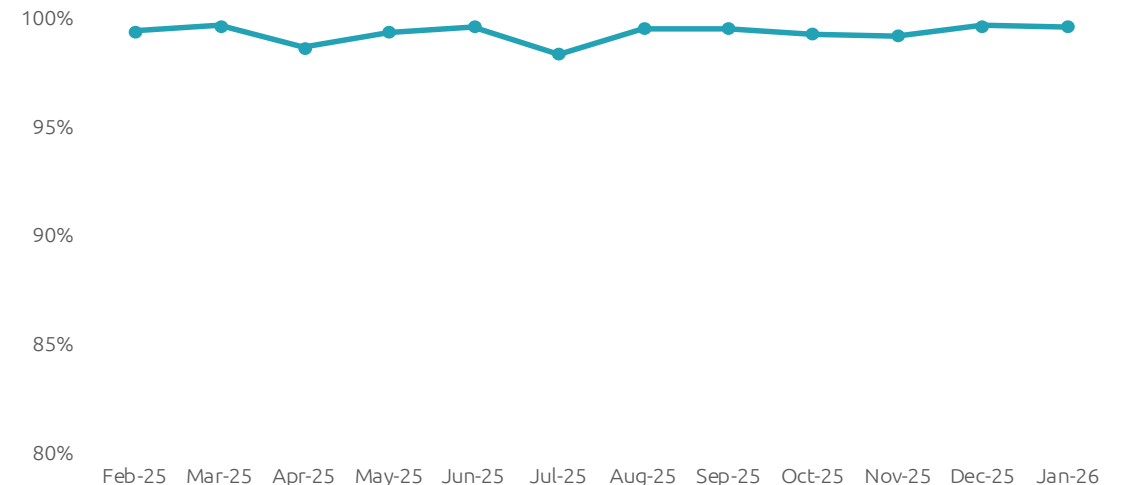


>95%

69.7%

- The UK SMI requires blood culture samples to be incubated within four hours of collection. In January, compliance improved to 69.65% from 67.82% the previous month.
- Meeting the 4-hour limit is crucial for accurate diagnosis, particularly in sepsis cases. Efficient transport procedures within Health Boards are needed but can be challenging to maintain. Operational issues are reviewed with stakeholders and addressed through educational programmes, retraining to reinforce compliance.

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



>95%

99.7%

- Compliance with the four-hour incubation target for blood cultures is measured from lab receipt to analyser loading. In January, the rate was 99.65%, reflecting consistent adherence and operational efficiency with no significant change in month.
- The lab's scheduling and staffing support this achievement, although further improvement may be limited. Timely specimen transport from wards remains the main challenge, but once specimens arrive, protocols are reliably followed.



# Health Protection and Screening Services

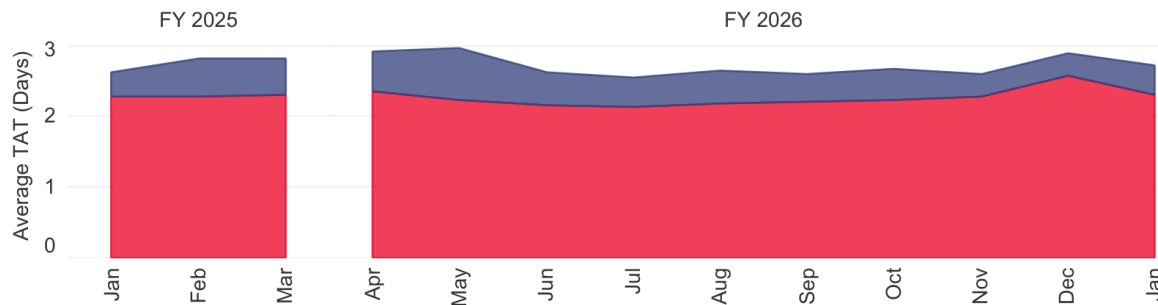


## Health Protection

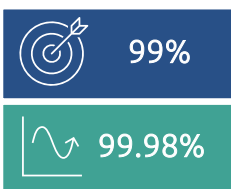
### Test and Post – STI self-sampling

#### 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 January 2026, 99.98% met the 7-day turnaround standard.
- 1 request(s) of 5,852 total requests (0.02%) did not meet the 7-day TAT standard.
- 5,852 total requests equated to 29,942 tests being undertaken.

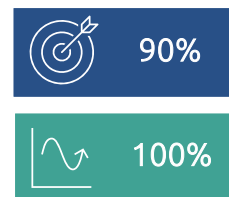


Actions to improve:

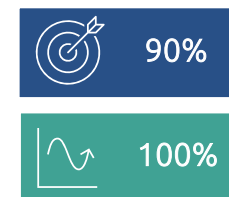
- Ongoing monthly monitoring
- LGV TAT – Secondary Testing

### AWARe Response Times by Priority

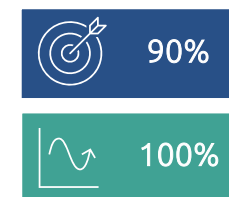
#### Urgent (<4 hours)



#### High (<24 hrs)

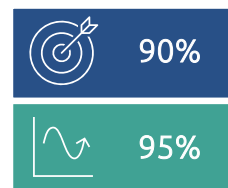


#### Medium (<48 hrs)



- 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 (%)



- We are above target again this month and have been since we changed the reporting method.
- The delayed reports were caused by delays in the data flow required to complete them.



# Research, Data and Digital



## Statistical and Analytical Publications - Quarterly

Quality and compliance with the Code of Practice for Statistics

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

\* Provisional

Major breaches are:

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

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

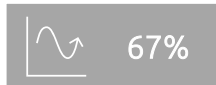
Breaches addressed by:

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

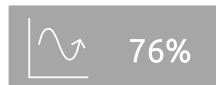
0 Major Breaches

0 Breaches

## Satisfaction and Impact



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



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



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



## Organisational Research & Evaluation - Quarterly

	2024/25				2025/26			
	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar*
No. research grant applications submitted (PHW is Chief Investigator or partner).	3	3	6	9	11	9	3	2
Research grant income to PHW (£)	550k	125K	369K	66K	112K	21k	378K	1.775M
No. personal development research awards.	0	0	0	2	2	0	0	0
No. peer reviewed publications (PHW affiliated).	28	14	24	24	23	30	45	20
No. evaluations completed.	1	1	1	2	2	1	3	2

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



# Policy and International Health



## The Health Impact Assessment (HIA) (Wales) Regulations 2025

*Strategic Priority: Influencing the Wider Determinants of Health*

### Overview

- The HIA Regulations were approved by the Senedd in November 2025, embedding health and wellbeing considerations into the Welsh public body decision-making. These will come into force in April 2027.
- New regulations in Wales require public bodies to consistently consider health, wellbeing and health inequalities in decision-making, improving policies and outcomes.
- This is the world's first legislation of its kind.

### Our impact nationally and internationally

- Organisations, both nationally and internationally are using Wales as an example of best practice of leading the way in the field of HIA. This includes:
  - The [National Health Executive](#) and [the Royal College of Paediatrics and Child Health](#)
  - In Australia, interest from media outlets aimed at policy makers and politicians. [Lessons from Wales, for improving Australians' health and wellbeing – Croakey Health Media and Wellbeing for Future Generations: What Will It Take to Embed Health Impact Assessment in Australia? – Ben Harris-Roxas](#)

- [WHIASU has published two HIA Guides and an animation to help public bodies implement the regulations](#), developed with Welsh Government and a User Reference Group: This has been very positively received.

*"I really appreciate the significant amount of work that has gone into developing these resources, particularly the depth and breadth of information provided."*

- Responses from public bodies to WHIASU's training survey increased from 24 in 2024 to 50 in 2025.
- E-learning registrations have increased, with 117 requests since January 2025
- WHIASU has delivered stakeholder training to 40 people, with training to 30 PHW staff; facilitated workshops (for example, Natural Resources Wales); and given international keynote presentations.
- Further training, including lunch-and-learn sessions, is planned, alongside ongoing support in response to queries (176 received Jan 2025 – Dec 2025).
- All the above will build capacity and enable public bodies to meet the requirements of the Regulations.

### Ongoing and future work to build impact

- WHIASU will continue to support Welsh Government and public bodies to enable consistent, high-quality practice across Wales.
- Training face-to-face, virtual, and e-learning will be delivered to public bodies, guided by the 2025 Training Needs Assessment, throughout the transition and beyond April 2027.
- WHIASU will share expertise internationally and help Welsh Government monitor and evaluate the regulations (planned for 2028-29).



# Policy and International Health



## Launch of the Well-being Economics & Value (WEAVE) Team

*Strategic Priority: Influencing the Wider Determinants of Health*

### Overview

- Established in response to the growing need for robust economic insight in guidance, prevention and public health investment. The WEAVE team works closely with Welsh Government, NHS Wales, the World Health Organization (WHO) and wider partners to strengthen evidence and value informed decision making and investing in prevention.

### Team launch event, 12 February 2026

- Brought together nearly 100 participants spanning government and academic institutions, NHS Wales, wider public, third sector stakeholders and international institutions.
- Showcased the wide WEAVE team portfolio including work on prevention, immunisation, tobacco control, tuberculosis, healthy high streets, well-being and foundational economies.
- Key partner organisations, including Welsh Government and the WHO European Office for Investment for Health and Development presented relevant collaborative work and endorsed the work of the team.

### Our impact

- The team has strengthened PHW's strategic capacity to provide economic and Value-Based insight to Welsh Government, NHS Wales, WHO and partners, supporting more informed and equitable investment decisions.
- An integrated multi-disciplinary approach, combining health, economics, modelling and social value provides actionable intelligence, practical guidance and tools to help progress Wales' commitments towards a Well-being Economy and prevention.
- Key areas of work to date include:
  - Applying social value methodologies to key areas of public health which have not previously considered social value, including immunisation and trauma-informed approaches.
  - Developing evidence on the economic case for increased investment in prevention, providing a new angle on a highly topical policy area.
  - Supporting teams in PHW with economic modelling and analysis across diverse areas including tobacco control (work shared with local authorities) and costs of tuberculosis (work shared with UKHSA and will feature in TB symposium this month).

### Ongoing and future work to build impact

- The WEAVE team will continue to develop and share economic and value models, tools and evidence to support sustainable, equitable investment in prevention across Wales and globally, and expand system capability through skills development, evidence mobilisation and practical guidance.

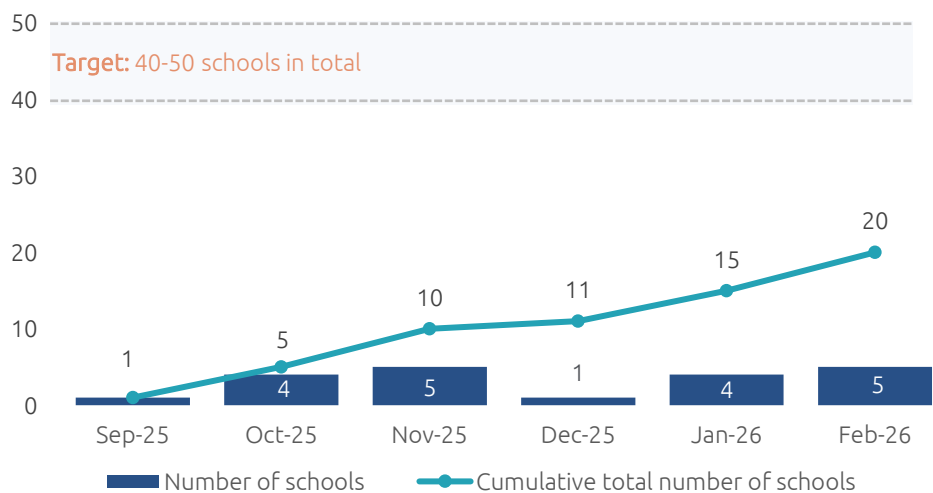


# Health and Wellbeing

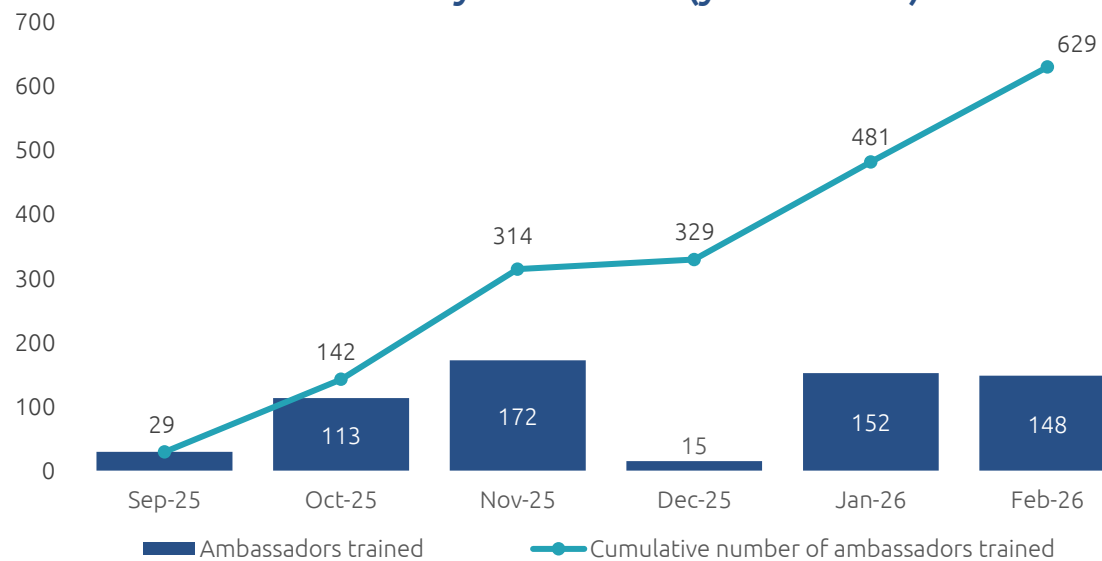


## JUSTB / BYW BYWYD

### 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 February 2026, 148 Ambassadors were trained from 5 schools.

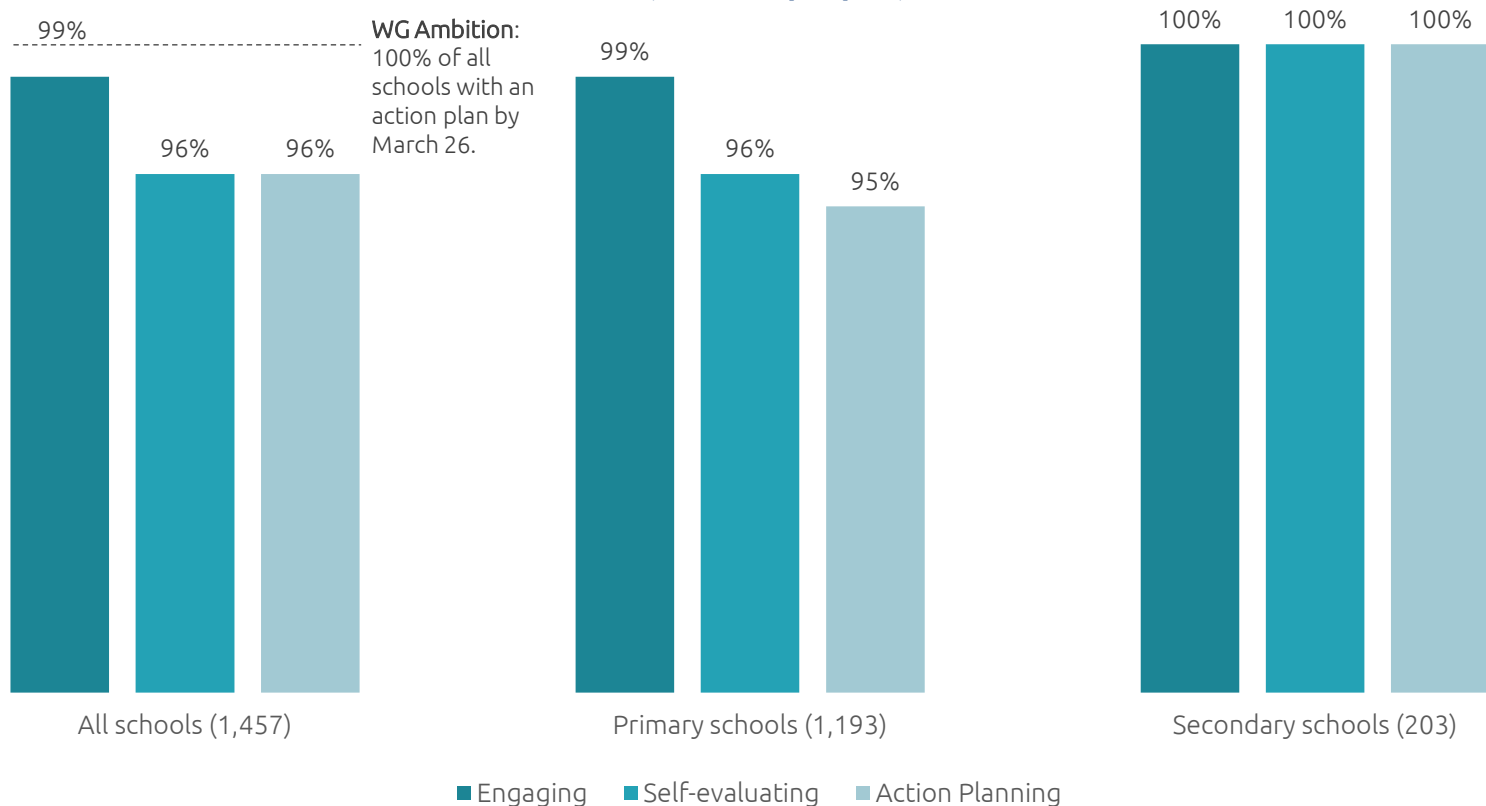


# Health and Wellbeing



## 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: 04/03/26)



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



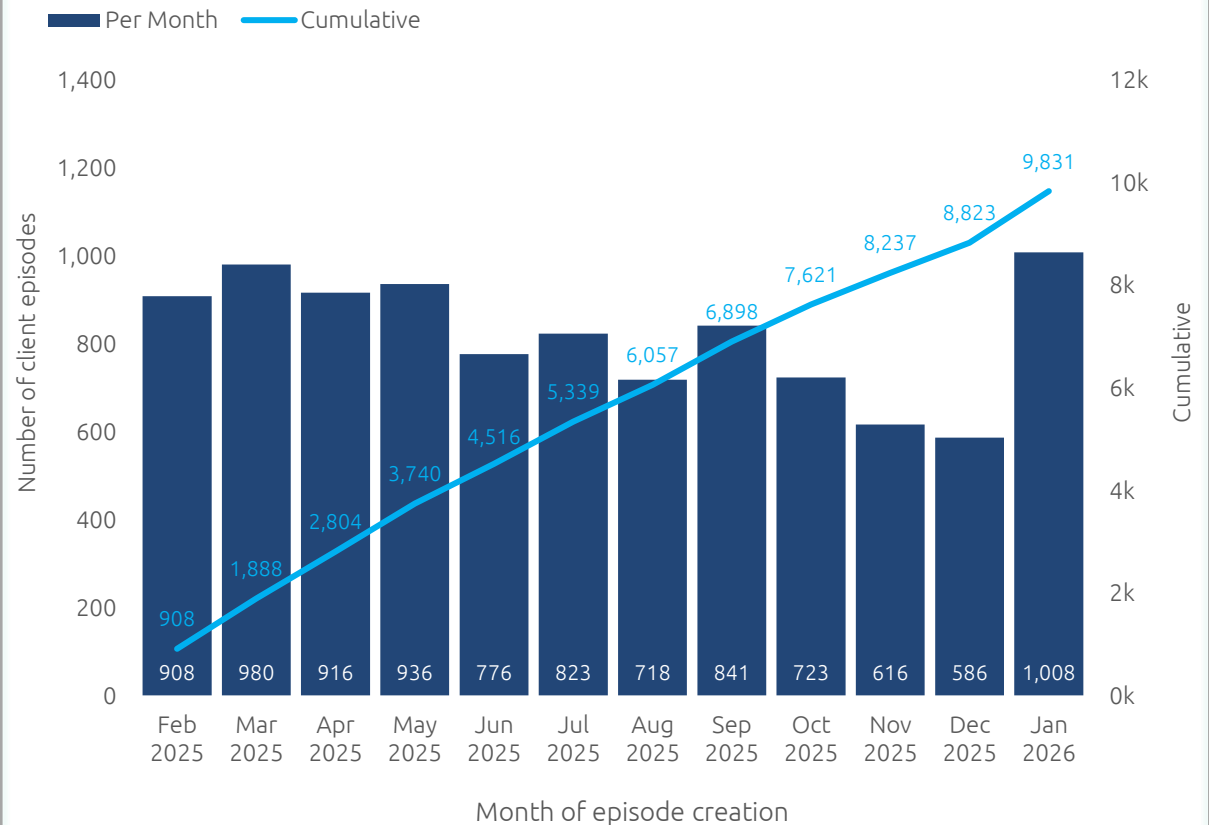
## Help Me Quit

In January 2026, the Hub was responsible for contacting 1,479 new referrals, the Help Me Quit team handled 1,095 inbound calls (1,226 in January 2025) and the Hub created 1,008 new client episodes in January 2026 (1,349 in January 2025). These figures were higher than the previous month but lower than the figure reported for the same month within the previous year.

**Timeliness of first contact:** 94% received their first call attempt within two working days, exceeding the target of 90%. This was the same figure as reported for January 2025.

**National Telephone Support Service (NTSS):** The proportion of NTSS client episodes meeting the target of scheduling an assessment within 14 days of initial contact was 78%. This was lower than December 2025 (84%) and January 2025 (86%) but higher than the latest 12-month average.

Number of client episodes created by the Hub



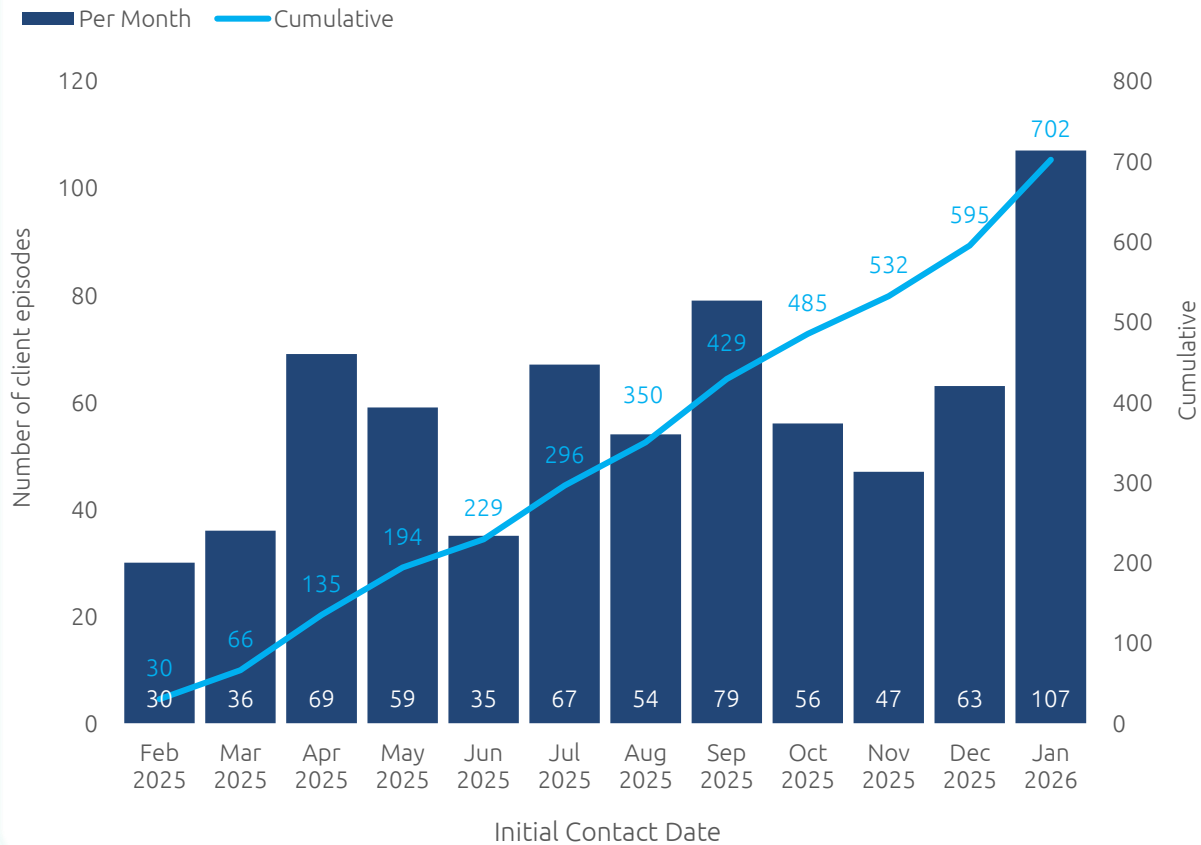


# Health and Wellbeing

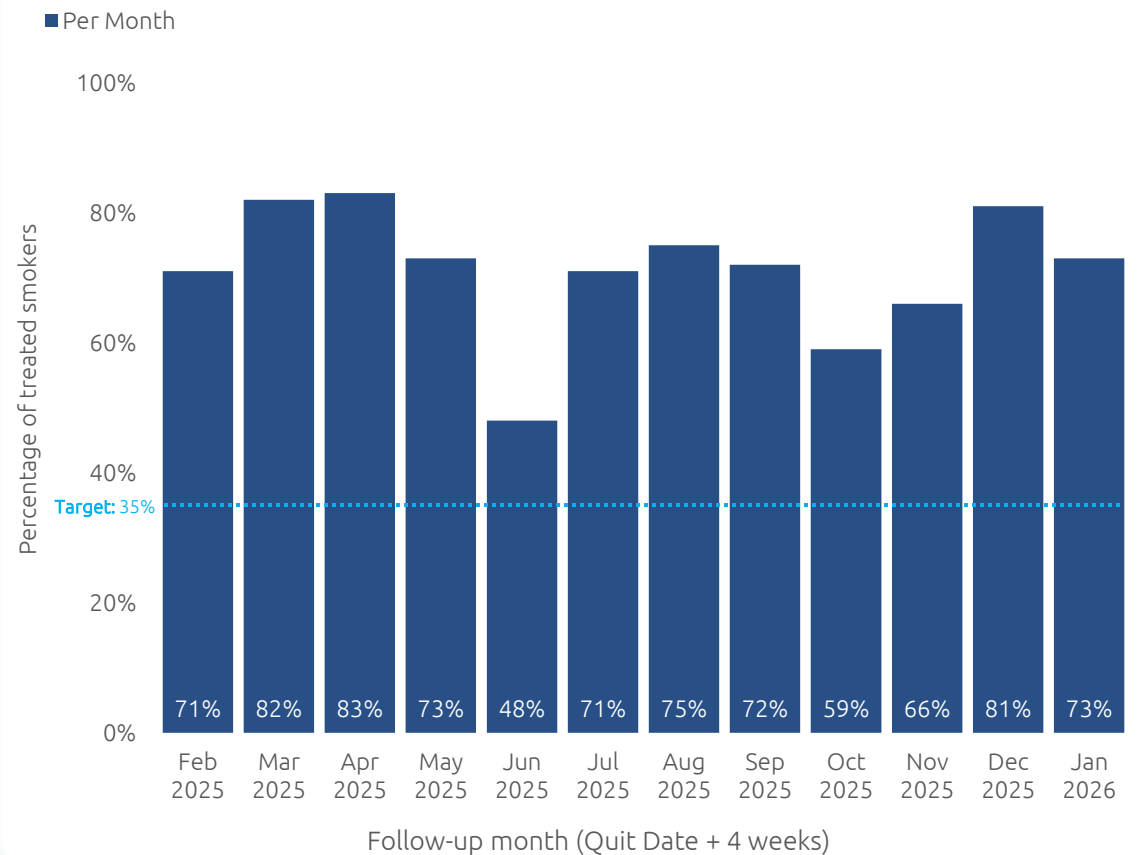


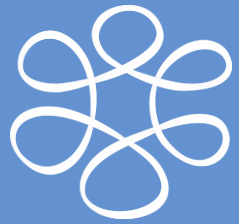
## Help Me Quit

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



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





**Section 3**  
**Strategy Delivery**



# Key Performance Indicator Summary



Strategic Plan	12 Month Look Back	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26
Strategic Plan – Percentage of milestones currently green or complete		84.6%	96.1%	93.5%	91.8%	90.2%	89.3%	89.8%	88.5%	86.5%	85.2%	85.7%	84.4%
Strategic Plan – Percentage of milestones currently red		3%	0.9%	1.2%	2.1%	2.1%	0.8%	2.9%	1.6%	1.2%	2.9%	0%	1.6%
Request for Change (RFC) – Number of milestone changes submitted for approval		7	4	3	8	5	5	7	5	7	8	1	8
Strategic Priority 1 – Wider determinants		77.8%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Strategic Priority 2 – Promoting mental and social wellbeing		100%	100%	100%	81.8%	81.8%	81.8%	81.8%	81.8%	72.7%	72.7%	72.7%	72.7%
Strategic Priority 3 – Promoting healthy behaviours		67.9%	94.1%	92.1%	89.5%	89.5%	86.8%	89.5%	86.8%	84.2%	84.2%	84.2%	84.2%
Strategic Priority 4 – Sustainable health and care system		92.9%	100%	93%	93%	88.4%	88.4%	86%	91%	88%	91%	90.7%	90.7%
Strategic Priority 5 – Excellent public health services		83.3%	91.1%	93%	93.1%	91.4%	91.4%	91.4%	82.8%	77.6%	77.6%	79.3%	79.3%
Strategic Priority 6 – Climate change		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Enabling delivery of our plan		94.4%	97.2%	92.5%	91.3%	90%	88.8%	90%	91.3%	92.5%	87.5%	87.5%	83.8%
Strategic Change Programmes – Percentage of milestones currently green/amber		62.5%	75%	100%	100%	88%	88%	88%	89%	89%	88%	88.9%	75%
Strategic Change Programmes – Percentage of milestones currently red		0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%



# Strategic Plan Milestone Delivery



## Strategic Priority Delivery Status

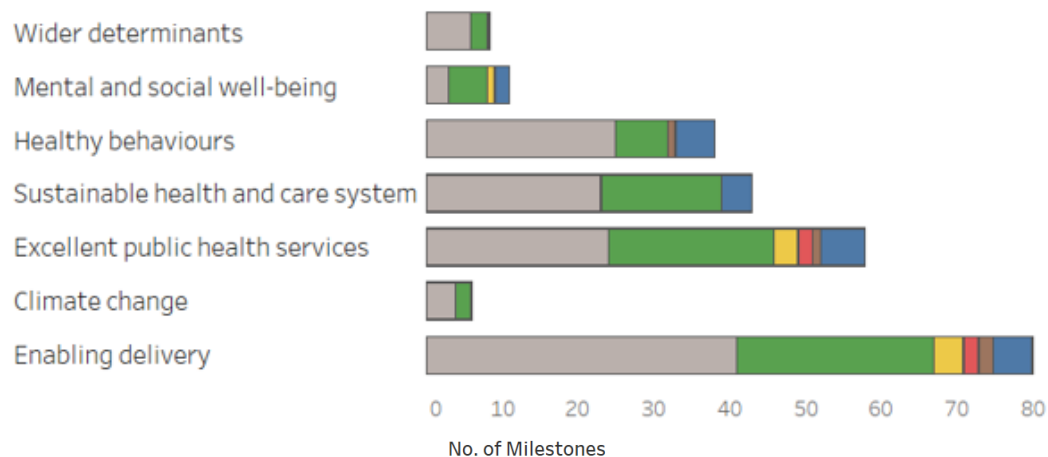


## Request for Change

A total of 8 Request for Change were submitted for approval in February 2026.



## By Strategic Priority



126 milestones have been completed, with 92 remaining for delivery by the end of March. We are currently on track to deliver 84% of our plan by end March 2026. However, it should be noted that 4 milestones have turned from green to red without prior warning this month as highlighted below.

All 4 red milestones reported this month were reporting as green last month. One additional milestone has reported amber this month, which takes the total number of amber milestones to 8. The 4 red milestones are:

- Introduced AI supported diagnostic pathways for faecal parasitology screening of enteric samples
- Worked with WG to finalise the All-Wales TB Action Plan
- Delivered the second year of the PHW nurse retention work within the HEIW programme
- Increased the electric vehicle Infrastructure capacity at key sites across the PHW estate

8 amber/red milestones have submitted RFCs, with 6 proposing to move delivery into the next financial year. The most common reason given for these RFC's is slippage of the original deadline. Other reasons include, awaiting funding approval, external dependencies and resource issues. The 'move to the right' in-year has resulted in an additional 21 milestones (if the RFCs are agreed for this month) requiring completion in 2026/27.

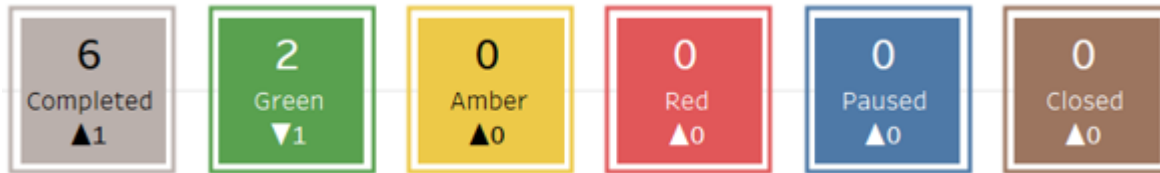


# Strategic Plan Milestone Delivery



## Strategic Priority 1 – Wider determinants

### Current Delivery Status



### By Directorate



### Changes to Plan

No requests for change received in month 11

### Strategic Priority Overview

#### Policy and health impact assessment:

- Launch of statutory and voluntary Health Impact Assessment guides
- Well-being Economics and Value (WEAVE) Team and Programme launched
- Practical framework for PHW teams to consistently address health inequalities

#### Early years, education and work:

- *Better join up, better outcomes for child poverty*: A Needs Assessment around Collaboration for Child Poverty being released in March 2026
- Co-developing pan-Wales employability and health forum for a more joined up approach to ill-health related worklessness. Suicide surveillance highlights unemployment.

#### Healthy places:

- Spatial planning for health: natural spaces, healthy places event held
- Presentation to WG Cross Party Groups on Housing & Fuel Poverty
- Consultation response for South West Wales CJC Strategic Development Plan

#### Partnership Implementation:

- Developing learning approaches for PSB as part of the supporting national PSB group and joining Shaping Places and Futures network for coherent PSB offer

**Routemap:** Developing a collaborative approach to routemap implementation that aligns with the IMTP, the Marmot Nation framework, and the reporting requirements for the IWDOH Priority Board, while also producing a draft plan for a measurement system to support these strategic priorities, including components for surveillance and impact modelling.

**Issues/Risks:** Ambition of Routemap remains a challenge within resource

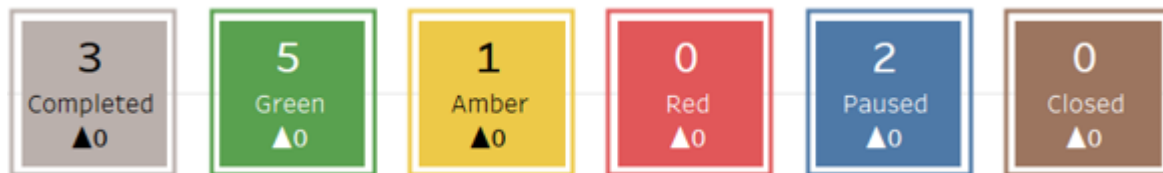


# Strategic Plan Milestone Delivery



## Strategic Priority 2 – Promoting mental and social wellbeing

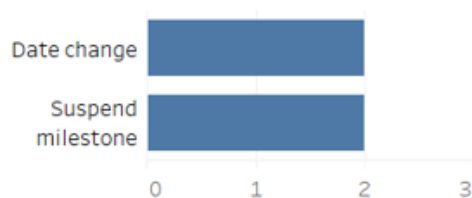
### Current Delivery Status



### By Directorate



### Changes to Plan



3  
Total RFC's YTD  
2025/26

No requests for  
change received in  
month 11

### Strategic Priority Overview

- **Babies, Children and Young People's Mental Health and Wellbeing:** Mental Health and Wellbeing Needs Assessment for Babies, Children and Young People completed – to be presented to the CAMHS Stakeholder Group on 5th March and scheduled for publication in May (post-election).
- **Whole School Approach to Emotional and Mental Wellbeing:** 100% of secondary schools have developed an action plan for their whole school approach to emotional and mental well-being.
- **Delivering the Mental Health and Wellbeing Strategy:** Worked with Welsh Government and NHS P&I to incorporate prevention and promotion within the NHS P&I-led Mental Health Research and Evidence Network. Agreed priorities for the Children and Young People's Knowledge Exchange Group based on findings from the MH&WB Needs Assessment.
- **Creative Health:** Initiated 'Cynefin: A Creative Health Review for Wales', established a project group to deliver the AHRC funded project in collaboration with Arts Council Wales, the Office of Future Generation and the Wales Arts, Health and Wellbeing Network.
- **Healthy Working Wales:** Presented at DWP/WG Trailblazer health and employment event in February and contributed to IOSH's policy workshop at the House of Commons on 'How Can a Prevention-First and Person-Centred Approach Keep Britain Working?'. Since November: 86 new account signups on website, 56 employer survey tool completions, and 10 Workplace Adviser Support engagements.
- **Issues/Risks:** Continued delay in gaining Ministerial sign-off of the new standards for Health and Wellbeing Promoting Schools and uncertainty over the future positioning of the WSAEMWB programme within PHW. Continued uncertainty regarding future process for web-developments to support priority programmes.

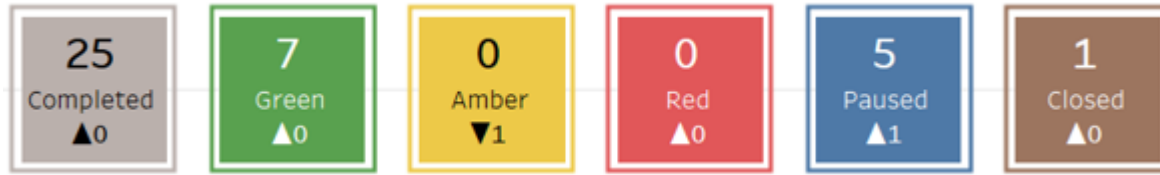


# Strategic Plan Milestone Delivery



## Strategic Priority 3 – Promoting healthy behaviours

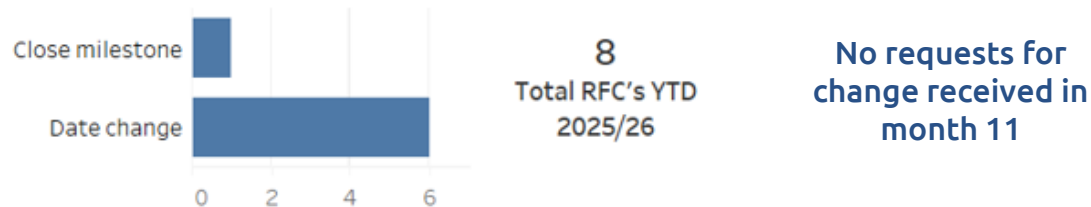
### Current Delivery Status



### By Directorate



### Changes to Plan



### Strategic Priority Overview

- **TVNAP *Smoking Unfiltered* campaign** ran January to February to encourage 16–24-year-olds to stay smokefree, using influencers for the first time alongside paid social ads. The campaign generated 7.7M impressions (how often a piece of content is seen) and over 11,000 clicks, driving 55% of Help Me Quit website traffic. Among those who stayed on the site, 44% visited the 'How to quit vaping' page, showing strong interest in vaping support. TikTok and Snapchat were most effective for active engagement of young adults, while Meta drove the most impressions. Influencer posts reached around 34–35k views each.
- **HWW:** Employer survey tool (56 completions to date), Workplace Adviser Support (11 requests to date) ongoing. Insights focus groups with 16–24-year-old employees underway. Social marketing and promotion key priority currently. 'Workplace Wellbeing: First Steps' group sessions for employers commence in March with WG Trailblazer employers.
- **NERS:** Operational oversight ongoing. ROI research ongoing. Priority is data displays and reporting functionality, still no solution - hoping to achieve through DARC in 2026.
- **Physical Activity:** Decision on successful bidder for the Daily Active 8 Domain Resource. Completion of engagement activities of Phase 2 of the place-based approach for active school travel.
- **Children's Nutrition and Healthy weight:** Permanent National Breastfeeding Lead now recruited. Delivered behavioural insights workshops with school food partners on behalf of Welsh Government to inform implementation of the forthcoming Regulations. Parent Health Information Books 3 and 4 All IMTP milestones complete for the Team.
- **Gambling, drugs and alcohol:** Ongoing work to establish Gambling programme, support provided for appointment of treatment provider, Successful procurement of Gambling as part of prevention. Preparation for launch of Drugs and Alcohol needs assessment.
- **Whole Systems Healthy weight and Pathway:** Development of OOH food workstream, ongoing support for scale and spread of advertising and local area plans. Externally funded PHIRST protocol for WSA. National PIPYN event planned. Ongoing work to develop pathway including new National COP.
- **Issues/risks:** Delays, uncertainties, and wider risks associated with recent web transformation processes, alongside increased costs and additional reporting requirements, e.g. policy updates and other over recent months, with the potential for further increases post-election. Additional risks relate to translation needs and end-of-year budget pressures.

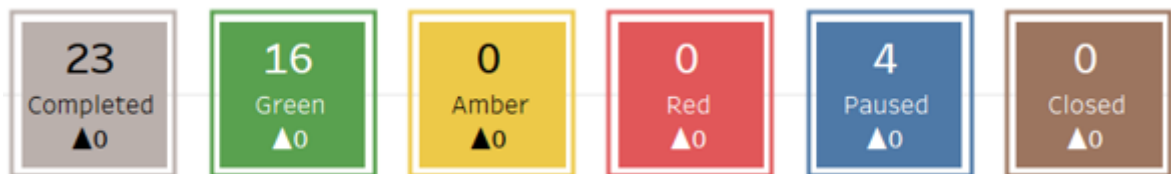


# Strategic Plan Milestone Delivery

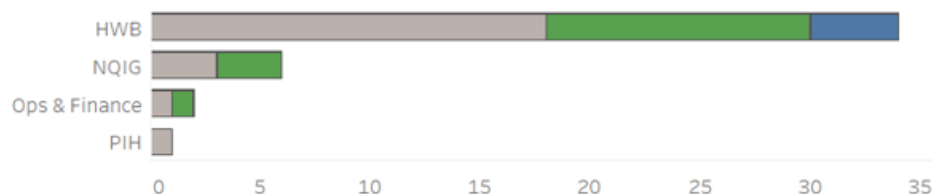


## Strategic Priority 4 – Supporting a sustainable health and care system

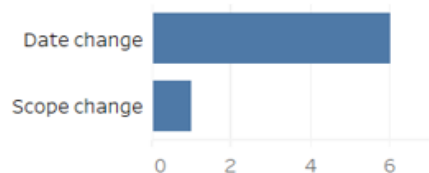
### Current Delivery Status



### By Directorate



### Changes to Plan



6  
Total RFC's YTD  
2025/26

No requests for  
change received in  
month 11

### Strategic Priority Overview

- [Oral Health of 5-year-old Children in Wales 2024/25](#) published: Overall, there was a statistically significant reduction in the prevalence and severity of dental caries from 2022/23 to 2024/25.
- **Inclusion Health Summit:** Delivered in partnership with Cymorth Cymru which included:
  - A spotlight on Inclusion health in Ireland.
  - Developing a flexible, open access mental health model
  - Involving experts by experience.
  - Supporting sexual violence survivors
  - Continuity of healthcare in the criminal justice system.
- **All-Wales Diabetes Prevention Programme (AWDPP):** Outcome evaluation published [Building the case for a national diabetes prevention initiative in Wales - Public Health Wales](#). The evaluation further strengthens the case for an all-Wales approach to diabetes prevention through brief intervention and details the positive outcomes which have been achieved since the programme was launched in 2022.
- **Well-being Economics and Value (WEAVE) Team and Programme Launched:** The Well-being Economics and Value (WEAVE) team applies health economics, modelling and social value to support investment in prevention towards building well-being economies in Wales and globally. The hybrid launch event on 12<sup>th</sup> February brought together nearly 100 participants from academia, practice and policy nationally and internationally. Some of our key partners presented and highlighted the essential work of the team around knowledge mobilisation, advancing economic thinking and modelling, developing capacity and novel tools, and income generation. The team is already supporting a growing portfolio including work on prevention spend, immunisation, tobacco control, tuberculosis, healthy high streets, well-being and foundational economies.

### Issues/Risks

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

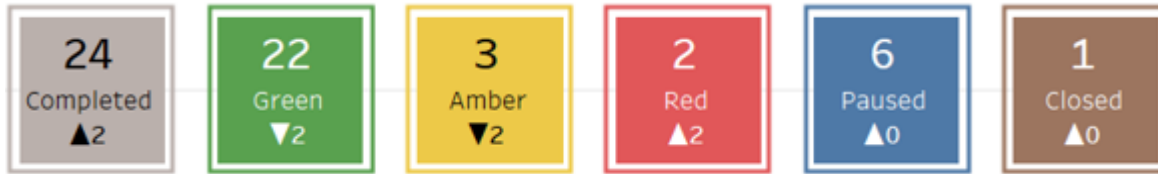


# Strategic Plan Milestone Delivery

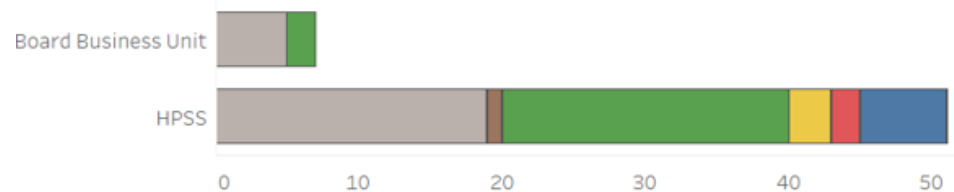


## Strategic Priority 5 – Delivering excellent public health services

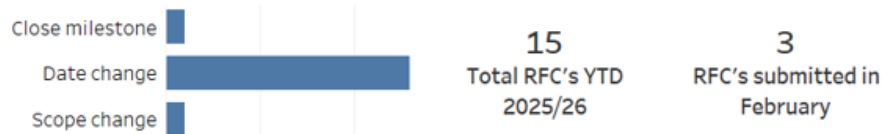
### Current Delivery Status



### By Directorate



### Changes to Plan



### Strategic Priority Overview

- The in-depth analysis of the BTW review has been completed, and the report will be considered in BET on 04/03/26.
- A cross-organisation workshop was held on 28/01/26, to explore how excellence is defined within the 2035 enabling objectives. A follow up session in April will consider how colleagues can support delivery of the objectives and inform future IMTP planning.
- Across HPSS, our engagement teams are supporting NQIG in developing a central SharePoint resource that will provide organisation-wide access to consistent guidance, templates and tools.
- A proposed approach to comprehensively reviewing clinical governance in public-facing services, informed by Sexual Health Testing IMT findings, is in development, with identification of eligible services underway.
- PHW takes an evidence-informed, system-wide approach to pandemic preparedness, strengthening readiness through COVID-19 learning, robust governance, and specialist workstreams that support an agile and resilient response.
- A strategic risk deep dive was held with the Board in January 2026, focusing on risks to delivering excellent public health services. The session examined plans to strengthen controls and the transformational changes needed to address key system, workforce and digital dependencies.

### Issues/Risks

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

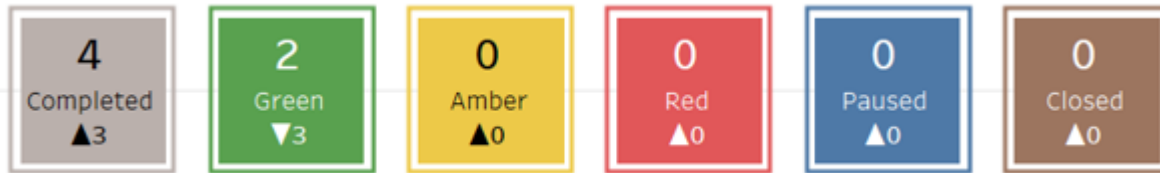


# Strategic Plan Milestone Delivery



## Strategic Priority 6 – Climate change

### Current Delivery Status



### By Directorate



### Changes to Plan

No requests for change received in month 11

### Strategic Priority Overview

#### Private Water supplies:

- Approx 65,000 people in Wales rely on private water supplies (PWS), which are highly climate sensitive and prone to quality and scarcity challenges. Environmental Public Health undertook a rapid review of the health risks and impacts of PWS in Wales in 2023, and Welsh Government have requested that this report be shared with the chair of the England Public Health Water Taskforce (Prof. Chris Whitty).

#### Decarbonisation:

- Our Climate Response Plan 2026-2028 is due to be published at the end of March 2026 and outlines the actions that we will take over the next two years to progress our ambitions of becoming a carbon neutral organisation by 2030. Our Climate Change Programme Board has oversight of the plan via our delivery group, which includes regular updates to the corporate risk on decarbonisation.
- Cardiff Metropolitan University have been commissioned to work with us on understanding the carbon footprint for 6 specific areas of procurement, with a view to taking a circular economies approach to future procurement.

#### Climate Adaptation Report:

- PHW have completed a rapid review to understand the climate change risks and their implications for health and delivery of our services. This work has been integrated with our Climate Response Plan to provide a holistic overview of the challenges facing PHW as a result of the changing climate.

#### Adverse Weather:

- We have undertaken an options appraisal of approaches to adverse weather at the request of Welsh Government. This has been submitted and we await feedback.

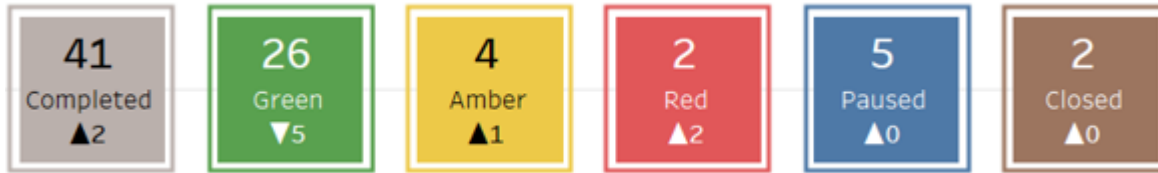


# Strategic Plan Milestone Delivery

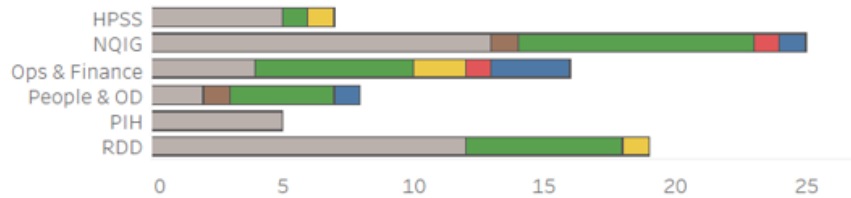


## Enabling delivery of our plan

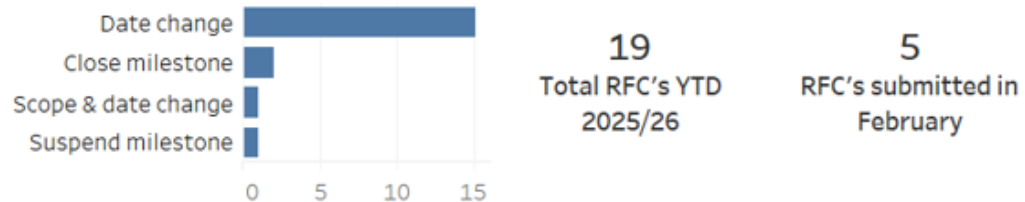
### Current Delivery Status



### By Directorate



### Changes to Plan



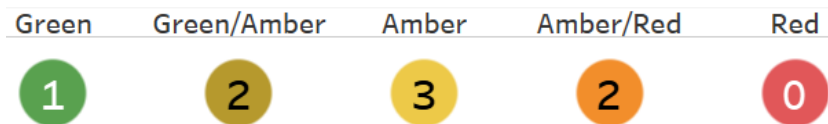


# Strategic Change Programmes



## 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 February 2026, is provided below.



## Key Information

This month's DCA updates highlight continued challenges faced by programmes in relation to specialist capacity, digital dependencies and change management. Two programmes are at amber-red status:

**Tackling Diabetes Together** has re-baselined its status to reflect confidence against programme aims rather than milestone delivery. The programme remains active and engaged but now moves into a more strategic phase, with an internal evaluation and options appraisal on integration to business-as-usual beyond March 2027.

**DESW Transformation** has successfully implemented auto-booking and an automated demographic feed this month. The route to amber is dependent on addressing the current lack of programme resources, agreeing a route for broader digital development, and completing the staged mydriatic approach (camera) evaluation on time.

Three digital programmes remain at amber status. **Data, Analytics, Registers and Cloud (DARC)** is a significant and complex data transformation programme for the organisation, involving business and workforce change for affected teams. Ongoing planning and learning from data migration delivery with initial teams should mitigate risk and facilitate longer term planning, however the programme continues to require additional technical and change capacity. **Digital Health Protection (DHP)** is heavily dependent on the DARC programme for achieving Azure Cloud readiness, however this remains on track for January 2028 completion. **Web Transformation** is on track to move to 'public beta' phase by the end of March (both current and new sites running in parallel) but has pushed back full website go-live until after the Senedd elections to mitigate political risk.

**National Targeted Lung Cancer Screening** continues to progress pre-procurement activity while awaiting Welsh Government approval of the business justification case submitted.

**Gambling Harm Reduction** continues to mobilise and progress early projects, including procurement of gambling control apps, the development of a (£700k) third sector grant scheme, and launch of an all-Wales gambling toolkit.

## Programme Detail

#	Programme	Dec	Jan	Feb
1	Diabetic Eye Screening Transform..	A/R	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	A/R
2	Data, Analytics, Registers, Cloud	A	A	A
	Gambling Related Harm Reduction Pro..	G/A	G/A	G/A
	North Wales Estate	G	G	G
	Web Transformation	G/A	A	A

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





# Inequalities



## Inequalities in drug-related deaths

- Drug-related deaths in 2024 were the **highest ever recorded in Wales and an increase of 10% compared to 2023** – 417 drug poisoning deaths (9.7 per 100,000 population). Of these, 288 were drug misuse deaths\*
- There is a **strong correlation between deprivation and risk of drug-related death**. Rates in the most deprived fifth of areas are consistently over **5 times higher** than in the least deprived.
- Of all 2,023 drug misuse deaths in Wales in the last ten years, **38.7% were in people living in most deprived fifth of areas**
- In 2024, the ratio of drug misuse deaths was **2.6 males for every 1 female**. A reduction since 2023 was caused by an increase in the proportion of drug misuse deaths in females
- There is considerable **geographic variation** in rates of drug misuse deaths. Local authority rates ranged from 2.8 per 100,000 population in Powys to 21.2 in Merthyr Tydfil in 2024.
- The **Take Home Naloxone (THN) programme** across Wales continues to expand and save lives:
  - Since July 2013, THN has reportedly been used during 4,199 opioid drug poisoning events, with fatal overdose reported in only 1.3 per cent (n=53) events where THN was used
  - In recent years there has been increased uptake of THN amongst first responders. Drug misuse death rates show that there continues to be a need to provide THN to more people across the community, including people who use drugs, family members, healthcare professionals, and first responders

*\*Drug-related deaths refers to all deaths from drug poisoning, whether the substances involved are controlled or non-controlled, including accidental poisonings. Drug misuse deaths are a subset of drug-related deaths. These are deaths involving controlled substances, and which meet the criteria for drug misuse e.g. drug dependence or non-therapeutic use of a drug.*

[Harm Reduction Database Wales: Drug Related Mortality Annual Report](#)

## Primary Care Cluster Dashboard

We recently updated all indicators in this [dashboard](#) to include the latest available data. This includes updates on mortality, avoidable mortality, chronic condition prevalence, and population composition.

We have also created rolling **emergency hospital admissions** indicators, to allow data for more areas to be shown.

Please note that because clusters are smaller than Local Authorities or Health Boards, it is difficult to produce breakdowns at deprivation, sex, age etc for many indicators.

- **Deprivation levels vary greatly** in clusters across Wales but **particularly within Cardiff and Vale UHB**.
  - The proportion of the population living in the most deprived quintile of areas in Wales in 2025 is lowest within C&V in the Eastern and Western Vale clusters (0%). It is highest in City & Cardiff South (49%)
- Avoidable **mortality** rates in 2024 were **highest in the Cardiff South East cluster** (423 per 100,000). Significantly higher than the Wales rate (272) and more than 3x greater than the cluster with the lowest rate (Western Vale (123)).
- Across most clusters, and in Wales as a whole, rates of various **chronic conditions**, including atrial fibrillation, diabetes, heart failure, hypertension, stroke/TIA, and coronary heart disease, were significantly **higher for males** than females in 2024.



# Implementing the Well-being of Future Generations Act (WFGA) (2015)



## Our Approach to embedding the Act

Our aim is to strengthen staff capability to apply the Five Ways of Working (5WOW) in practice, enabling them to maximise long-term value, prioritise prevention, and increase impact to improve population health outcomes.

### Reducing inequalities by working in ways to tackle the root causes of poor health

PHW is working to reduce health inequalities, prioritise prevention, apply evidence base practice and work in partnership, for example:

- **Prioritising Prevention** focus on the value of shifting to greater spend on prevention (Policy and International Health)
- **Long-term** Climate Change adaptation measures (pan organisational)
- **Collaboration** Hapus collective action for Mental Wellbeing (Health Improvement Division)
- **Involvement** PHW Engagement Strategy (Nursing Quality and Integrated Governance)
- **Integration** Working together to advocate for sustainable food systems (Health Improvement Division)
- **Tools to support 5WOW** within Project Management resources, Socio-economic Duty, Health Impact Assessment, Behavioural Science.

### WFGA Champions Group

This group connects colleagues across directorates who advocate for and embed the WFGA in their work. It provides a space for learning, reflection and collective problem solving. The group is expanding its memberships within corporate functions, to strengthen meaningful and sustainable implementation across the organisation. It is about focusing on the 'how' rather than the 'what'. This approach is aligned with the Commissioner's recommendations in their *Future Generations 2025* report and supports our aims to improve population health and reduce health inequalities.

### Priority action areas include:

- Strengthen governance, leadership and reporting arrangements to improve PHW ability to deliver high quality and consistent implementation of the 5WOW
- Strengthen the "how" we internally implement and embed the Act within our operational structures and corporate areas of change to further progress
- Strengthen collaboration, involvement and integration to prioritise prevention and long-term thinking
- Use Route Maps to enhance cross team engagement, align areas of work and involve leads to maximise delivery

## Partnership with the Future Generations Commissioner's Team

PHW continue to collaborate with the Future Generations Commissioner's team as strategic partners, to work on shared priority areas and fulfil our statutory duties under the Act. Examples of achievements include:

- Behavioural Science Unit contribution to the Future Generations Report 2025, providing expert input and recommendations.
- Shaping Places for Well-being programme applying complex systems thinking and futures thinking tools with Public Services Boards.
- The Principles of Community Engagement for Empowerment tool to support partners to involve and empower communities.
- National and international sharing of futures and foresight work increasing capability and understanding.
- Gathering insights to understand the barriers and opportunities in implementing the Act across the public sector.

### 7 Corporate areas of change

The Health & Sustainability Hub is leading an approach to further support the 7 Corporate Areas of Change, responding to the Commissioner's recommendation *Public Bodies need to align performance, finance, procurement and risk with long-term wellbeing goals and ensure staff responsible for corporate areas of change understand the WFG Act in a way that improves the quality and consistency of implementation through mandatory training and capacity development.*

Our ambition is to work across all Directorates and align our enabling functions across statutory and corporate areas (such as HIA, SED and climate change) to enhance monitoring, reporting and build organisational capacity.

### Next Steps

- Gather further insights and baseline data
- Agree an approach to build capacity and support
- Identify 7 Champions to represent corporate areas



## Section 4

# Outcomes Measurement



# Outcomes Measurement



Strategic Priority	Indicator	Latest value	Time period	Change since last measure	Most deprived fifth	Least deprived fifth	Change in deprivation gap since last measure	Baseline	
Overarching outcomes	Healthy life expectancy – males	59.2 years	2022-2024	↓	51.6 years*	68.0 years*	↑	61.3 (2017-2019)	Updated
	Healthy life expectancy – females	58.5 years	2022-2024	↓	47.9 years*	68.1 years*	↑	61.9 (2017-2019)	Updated
Mental wellbeing	Average mental wellbeing score – adults	48.4	2024/25	↑	46.1	50.0	↑	51.4 (2018/19)	
	Average mental wellbeing score – adolescents	23.5	2023	↑	22.1	24.1	↑	24.0 (2017)	
	Feel a sense of community	57.8%	2024/25	↓	47.5%	63.9%	↑	52.2% (2018/19)	
Healthy behaviours	Smoking prevalence – adults	10.0%	2024/25	↓	21.8% ***	7.5% ***	↓	17.1% (2018/19)	
	Smoking prevalence – adolescents**	2.6%	2023	↓	4.0%	2.1%	↓	3.6% (2017)	
	Healthy weight – adults	36.1%	2024/25	▬	33.7% ***	39.5% ***	↓	39.0% (2018/19)	
	Healthy weight – adolescents aged 11-16**	65.0%	2021	No previous measure available	71% ****	82% ****	No previous measure available	No previous measures available	
	Healthy weight – children aged 4-5	73.5%	2023/24	↓	70.4%	78.6%	▬	72.4% (2018/19)	New indicator
	Meeting physical activity guidelines – adults	59.2%	2024/25	↑	47.7% ***	61.4% ***	↓	51.5% (2018/19)	
	Meeting physical activity guidelines – adolescents**	18.3%	2023	↑	15.3%	20.4%	↑	18.3% (2017)	
	Alcohol consumption above guidelines – adults	15.4%	2024/25	↓	14.6% ***	21.3% ***	↑	18.7% (2018/19)	
Alcohol consumption – adolescents**	35.6%	2023	↓	32.4%	37.6%	↓	46.3% (2017)		

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



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Strategic Priority	Indicator	Latest value	Time period	Change since last measure	Most deprived fifth	Least deprived fifth	Change in deprivation gap since last measure	Baseline	
Sustainable health and care system	Avoidable mortality rate	283 per 100,000	2021-2023	↓	In development	In development	In development	266 per 100,000 (2017-2019)	
	Preventable mortality rate	187 per 100,000	2021-2023	↓	In development	In development	In development	168 per 100,000 (2017-2019)	
	Treatable mortality rate	96 per 100,000	2021-2023	—	In development	In development	In development	98 per 100,000 (2017-2019)	
	Prevalence of heart failure	1,213 per 100,000	2024	↑	Awaiting dataset updates*	Awaiting dataset updates*	Awaiting dataset updates*	1,141 per 100,000 (2023)	Updated
	Prevalence of atrial fibrillation	2,354 per 100,000	2024	↑	Awaiting dataset updates*	Awaiting dataset updates*	Awaiting dataset updates*	2,302 per 100,000 (2023)	Updated
	Prevalence of stroke/TIA	2,021 per 100,000	2024	↑	Awaiting dataset updates*	Awaiting dataset updates*	Awaiting dataset updates*	2,005 per 100,000 (2023)	Updated
	Prevalence of hypertension	15,008 per 100,000	2024	↑	Awaiting dataset updates*	Awaiting dataset updates*	Awaiting dataset updates*	14,815 per 100,000 (2023)	Updated
	Prevalence of diabetes (ages 17+)	7,872 per 100,000	2024	↑	Awaiting dataset updates*	Awaiting dataset updates*	Awaiting dataset updates*	7,694 per 100,000 (2023)	Updated
	Prevalence of asthma (ages 16+)	7,010 per 100,000	2024	↓	Awaiting dataset updates*	Awaiting dataset updates*	Awaiting dataset updates*	7,090 per 100,000 (2023)	Updated
	Prevalence of COPD	2,127 per 100,000	2024	↑	Awaiting dataset updates*	Awaiting dataset updates*	Awaiting dataset updates*	2,086 per 100,000 (2023)	Updated
Prevalence of all cancers	3,349 per 100,000	2024	↑	Awaiting dataset updates*	Awaiting dataset updates*	Awaiting dataset updates*	3,268 per 100,000 (2023)	Updated	

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



# Outcomes Measurement



Strategic Priority	Indicator	Latest value	Time period	Change since last measure	Most deprived fifth	Least deprived fifth	Change in deprivation gap since last measure	Baseline
Excellent public health services	'6 in 1' vaccination coverage at age 1	94.1%	2024/25	↓	Not available	Not available	Not available	95.4% (2018/19)
	MMR coverage at age 2	93.0%	2024/25	↑	Not available	Not available	Not available	94.5% (2018/19)
	HPV coverage at age 15	73.1%	2024/25	↓	Not available	Not available	Not available	74.1% (2023/24)
	All routine immunisations coverage at age 1	93.3%	2024/25	↑	90.4%	94.7%	↓	94.5% (2018/19)
	All routine immunisations coverage at age 2	91.2%	2024/25	↑	87.4%	94.5%	↑	92.6% (2018/19)
	All routine immunisations coverage at age 4	85.3%	2024/25	↑	79.7%	90.7%	↓	87.2% (2018/19)
	All routine immunisations coverage at age 5	87.6%	2024/25	↓	82.5%	92.2%	↑	90.4% (2018/19)
	All routine immunisations coverage at age 15	60.7%	2024/25	↓	48.1%	71.3%	↑	77.4% (2018/19)
	Early-stage cancer diagnosis – all cancers	46.1%	2022	↑	42.9%	49.0%	↓	45.5% (2019)
	Early-stage cancer diagnosis – female breast cancer	71.9%	2022	↓	73.7%	73.1%	↓	71.6% (2019)
	Early-stage cancer diagnosis – colorectal cancer	41.2%	2022	↑	39.9%	44.0%	↓	38.6% (2019)
	Early-stage cancer diagnosis – cervical cancer	57.0%	2022	↑	59.0%	66.7%	↓	60.7% (2019)



# Outcomes Measurement



Strategic Priority	Indicator	Latest value	Time period	Change since last measure	Most deprived fifth	Least deprived fifth	Change in deprivation gap since last measure	Baseline
Climate change	PHW carbon emissions – direct emissions (kgCO <sub>2</sub> e)	245,021	2024/25		Not applicable	Not applicable	Not applicable	303,700 (2023/24)
	PHW carbon emissions – indirect emissions from energy (kgCO <sub>2</sub> e)	288,009	2024/25		Not applicable	Not applicable	Not applicable	236,199 (2023/24)
	PHW carbon emissions – indirect emissions (kgCO <sub>2</sub> e)	11,909,698	2024/25		Not applicable	Not applicable	Not applicable	10,007,535 (2023/24)
	All-cause heat-associated deaths	557	2024	No previous measure available	105	97	No previous measure available	No previous measures available
	Difference in average daily deaths during heat episodes compared to non-heat period days	+9	2024	No previous measure available	Not available	Not available	Not available	No previous measures available
	Deaths from all causes occurring in summer months	10,310	2024		Not available	Not available	Not available	No previous measures available

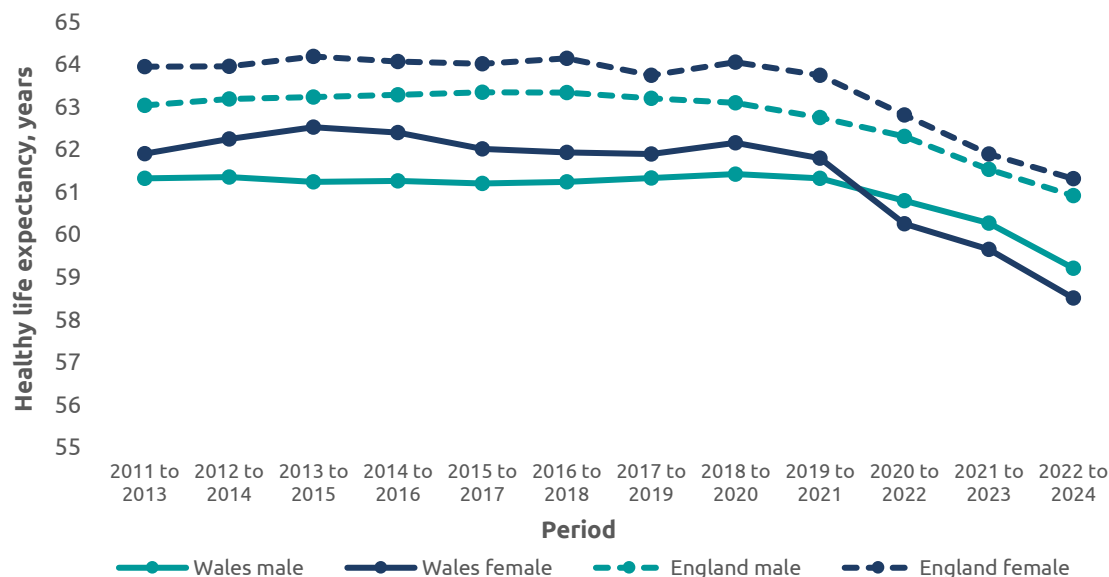
Note: \*This represents whether this indicator value is higher than the mean value across 2016-2023 (excluding 2020, 2021, and 2022)



# Outcomes Measurement



## Healthy life expectancy – update to 2022-2024



- Healthy life expectancy in Wales has **fallen for the 4<sup>th</sup> period in a row**
- **Male** healthy life expectancy in 2022-2024 was **59.2 years**, down by 1.1 years from 60.3 in 2021-2023
- **Female** healthy life expectancy in 2022-2024 was **58.5 years**, down by 1.1 years from 59.6 in 2021-2023
- Though similar trends have been seen in England, the drop off in both male and female HLE in 2022-2024 has been much more pronounced in Wales than England, and the gap between Wales and England in female HLE is now at its widest since 2011-2013

## Deep dive – International comparisons

- **Adult mental wellbeing** – No direct comparisons available, but Wales life satisfaction scores 7.6 out of 10, compared to 7.5 in the UK as a whole (both 2024/25), and 7.3 on average in OECD countries (2024)<sup>1</sup>
- **Adults with healthy weight** – 62.0% of adults in Wales estimated to be living with overweight or obesity (2024/25), compared to 64.5% in England (2023/24)<sup>2</sup> and 54% in OECD countries (2023)<sup>3</sup>
- **Physical activity in adults** – 59.2% in Wales meet WHO guidelines (2024/25), compared to 67.4% in England (2023/24)<sup>4</sup>. Data suggests a similar proportion of Welsh adults are insufficiently active compared to OECD countries<sup>3</sup>.
- **Avoidable mortality** – England has had a lower avoidable mortality rate than Wales every year since 2001<sup>5</sup>. The rate in 2023 in England was 237.8 per 100,000 population, compared to 277.3 in Wales. The average rate across OECD countries in 2023 is lower than both England and Wales in 2021-2023<sup>3</sup>.
- **Childhood vaccinations** – We can only directly compare England and Wales coverage of the ‘6 in 1’ vaccination and MMR at age 2. On both measures, coverage in Wales is higher than in England. MMR coverage has not risen above 90% in England since 2020/21, but Welsh coverage has remained above 92% in this time period, but is declining<sup>6, 7</sup>.
- **Detecting cancer early** – In 2022, 46.1% of all stageable cancers were diagnosed early (stage 1 & 2) in Wales and 41.7% in England<sup>8, 9</sup>. During 2016-2018, early diagnosis was higher in England than Wales. Since the England figure fell sharply in 2019, Wales has had the highest proportion of the two. Wales increased early diagnosis during 2021-2022, when England decreased.  
For a selection of 8 common cancers, international research in Lancet Oncology involving WCISU showed a lower stage 1 for Wales than the average (13% vs 18%) for all study countries, but higher than average for stages 2/3 combined (36% vs 34%)<sup>10</sup>.

<sup>1</sup>OECD Wellbeing Data Monitor; <sup>2</sup>Adult Healthy Lives Survey, Sport England; <sup>3</sup>Health at a Glance 2025, OECD; <sup>4</sup>Active Lives Adult Survey, Sport England; <sup>5</sup>Avoidable mortality in England and Wales, ONS; <sup>6</sup>COVER data, Public Health Wales; <sup>7</sup>COVER data, UKHSA; <sup>8</sup>Cancer Reporting Tool, WCISU, Public Health Wales; <sup>9</sup>Cancer staging data in England, NDRS (PHW analysis of NDRS data to match calculations between England and Wales); <sup>10</sup>McPhail et al 2022



# Evaluation



## Planned evaluations 2026-2027: Understanding Inequalities Across Public Health Programmes

### Mental Health & Wellbeing: *Hapus Programme*

- Process and outcome evaluations to understand inequities in mental wellbeing and taking actions to support mental wellbeing between those engaging with the programme and those who are unable to engage.

### Diabetes: *Tackling Diabetes Together Programme*

- Process and outcome evaluations to understand inequities in access and uptake of the bundle of 8. Evaluations will also seek to understand what works to improve uptake of the bundle of 8 at a national level and lessons from pilot projects such as the uACR in CTM.

### Child & Adolescent Outcomes: *Welsh Network of Health & Wellbeing Promoting Schools*

- Process and outcome evaluations to understand the impact of the Welsh Network of Health and Wellbeing promoting schools in terms of student, educational and health and wellbeing outcomes

### Healthy Diet & Food Environment: *High Fat, Salt & Sugar (HFSS) Legislation Evaluation*

- Examines differences in dietary behaviours across population groups to identify who is most impacted by HFSS restrictions and understand if the legislation delivers equitable health improvements

### Early Years Health Literacy: *Every Child Health Information Leaflet*

- Process evaluation to understand whether all parents can access, understand, and use the information to support them in parenting. The evaluation will identify the groups with unmet needs and early-life inequalities



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**Working together  
for a healthier Wales**