



GIG  
CYMRU  
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WALES

Iechyd Cyhoeddus  
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Public Health  
Wales

# Performance and Insight Report

June 2025



# Report Overview

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

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



## Section 1 Governance and Accountability

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



## Section 2 Service Delivery

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



## Section 3 Strategy Delivery

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



## Section 4 Outcomes Measurement

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



## Section 1

# Governance and Accountability



# Key Performance Indicator Summary



	Target	12 Month Look Back	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
<b>People Governance</b>														
12m Rolling Sickness Absence FTE %	<3.25%		4.00%	4.01%	4.00%	4.10%	4.10%	4.20%	4.30%	4.33%	4.36%	4.36%	4.50%	4.51%
Statutory and Mandatory Training	85%		91.1%	91.4%	91.4%	91.4%	91.8%	92.3%	92.7%	92.6%	92.8%	93.2%	93.3%	93.2%
Appraisal Compliance	85%		84.3%	85.6%	85.6%	84.3%	84.5%	84.8%	81.4%	83.5%	83.2%	81.3%	84.1%	83.2%
Diversity ESR Data	N/A		75%	75%	75%	75%	75%	76%	76%	76%	76%	76%	76%	77%
<b>Financial Governance</b>														
Revenue Position YTD	Breakeven		£123K	£65K	£165K	£151K	£199K	£164K	£167K	£172K	£195K	£7K	£19K	£10K
Revenue Position Forecast	Breakeven		£0k	£0k	£0k	£0k	£0k	£0k	£200K	£200K	£195K	£0k	£0k	£0k
Capital Year-End Position	Breakeven		£147K	£210K	£1,063K	£1,203K	£1,362K	£1,423K	£1,700K	£2,058K	£3,578K	£0K	£14K	£23K
Agency Spend, % of Total Pay Bill	≤1.7%		1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.6%	1.7%	1.7%	1.2%	1.3%	1.4%
Public Sector Payment Policy (PSPP)	95%		97.83%	97.95%	97.97%	98.17%	98.31%	98.37%	98.21%	98.12%	98.09%	98.21%	96.98%	97%
<b>Information Governance</b>														
Freedom of Information Request Response*	Within 20-Days		3	7	3	6	3	1	2	1	2	1	0	
Subject Access Request Response*	1 Month Avg		1	1	0	0	0	0	0	0	0	0	1	
Personal Data Breaches Reported	N/A		3	0	0	2	6	1	2	1	2	3	0	
Personal Data Breaches Reported - Escalated	N/A		0	0	0	0	0	0	1	1	0	0	0	
Mandatory Information Governance Training	85%		90%	89%	89%	88%	89%	89%	90%	90%	91%	92%	91%	
<b>Clinical Governance</b>														
Moderate or above harm incidents - monthly	N/A		8	6	3	3	9	5	6	4	4	6	6	6
Moderate or above harm incidents - YTD**	N/A		31	37	28	43	52	60	62	66	70	6	12	18
Number of externally reported incidents (NRI's, EWI, RIDDOR, IRMER) - In Month	N/A		2	2	0	2	0	2	0	2	1	0	2	1
Number of externally reported incidents (NRI's, EWI, RIDDOR, IRMER) - Rolling 12m	N/A		8	8	4	11	12	11	11	13	12	11	11	12
Incident Closure Compliance***	85% PHW		51%	54%	82%	74%	63%	61%	74%	65%	69%	65%	73%	81%
Formal Complaints - Acknowledged within 5 working days***	75% WG 95% PHW		100%	100%	100%	80%	100%	100%	100%	100%	100%	67%	100%	100%
Formal Complaints - Responded to within 30 working days***	75% WG 95% PHW		60%	50%	100%	100%	67%	100%	75%	100%	75%	50%	33%	100%
Informal Complaints - In Month	N/A		7	1	3	7	4	4	12	4	3	9	9	5
Informal Complaints - Rolling 12m	N/A		120	119	111	107	103	103	101	88	80	76	77	75

\*This data is YTD from 1 April 2025.

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

Key: RAG Status

📍 Click on the Focus Area Icon for additional assurance

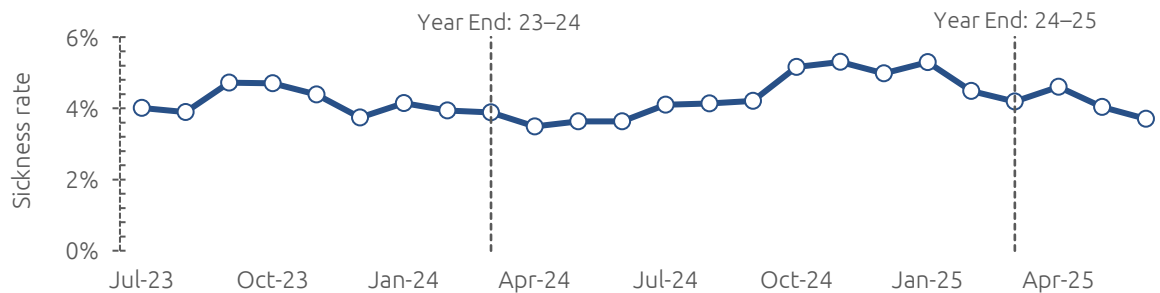
🔴 >10% outside target   🟡 Within 10% of target   🟢 Achieving target   🟠 Not applicable / TBC



# People Governance

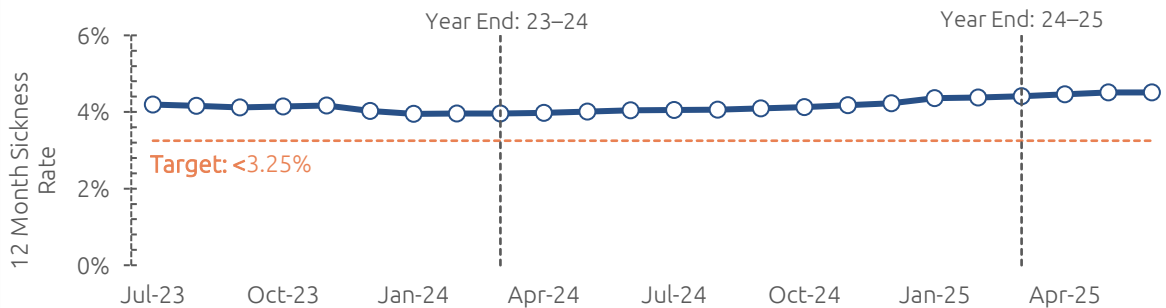


## Sickness Absence



Decreased by **0.33%** in June 2025. Sickness Absence is reducing as expected, following the seasonal increases over the winter period, and the latest figure is comparable to June 2024.

## 12 Month Rolling Absence

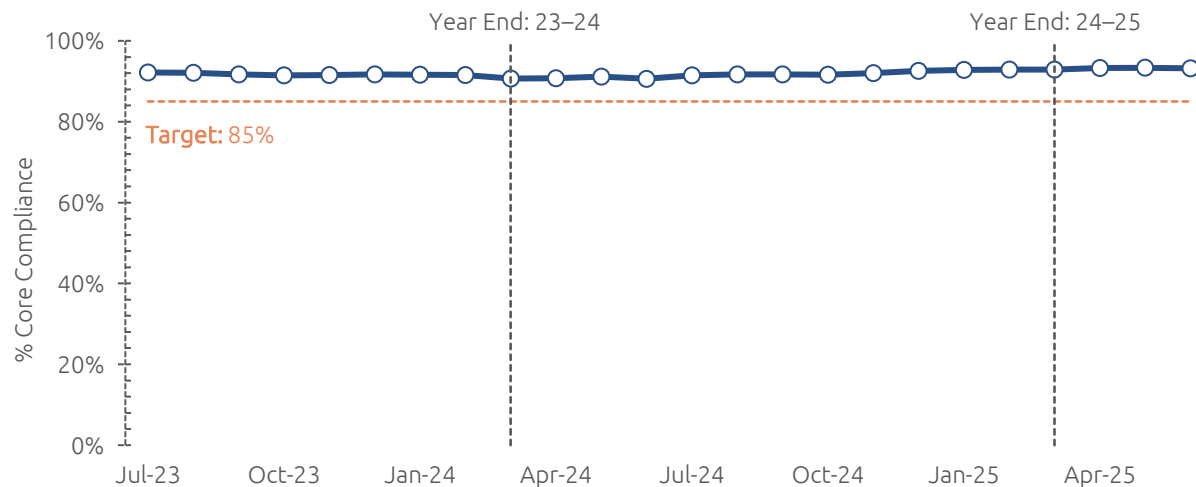


Additional assurance is provided in the focus area on pages 7 & 8.



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

## Statutory and Mandatory Training



Remains **above** target in June 2025.

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



The module reporting lowest completion is *Foundations in Improvement* (87.3%), which was introduced as a mandatory training e-learning module from May 2024.

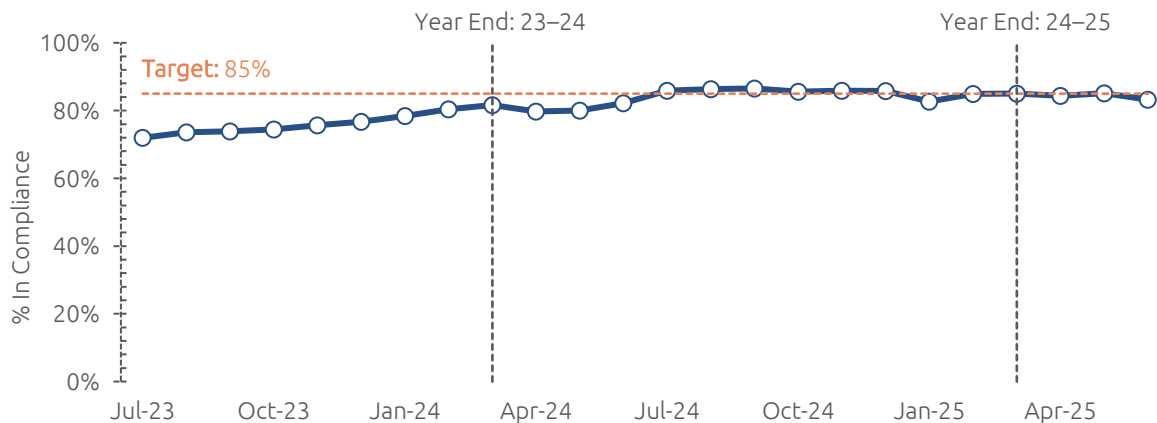
A new mandatory Anti-Racism training e-learning module has been introduced with compliance being taken into account from July 2025.



# People Governance



## Appraisal and Development Reviews



Additional assurance is provided in the focus area on pages 9



Has fallen **below** the NHS Wales target.

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

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

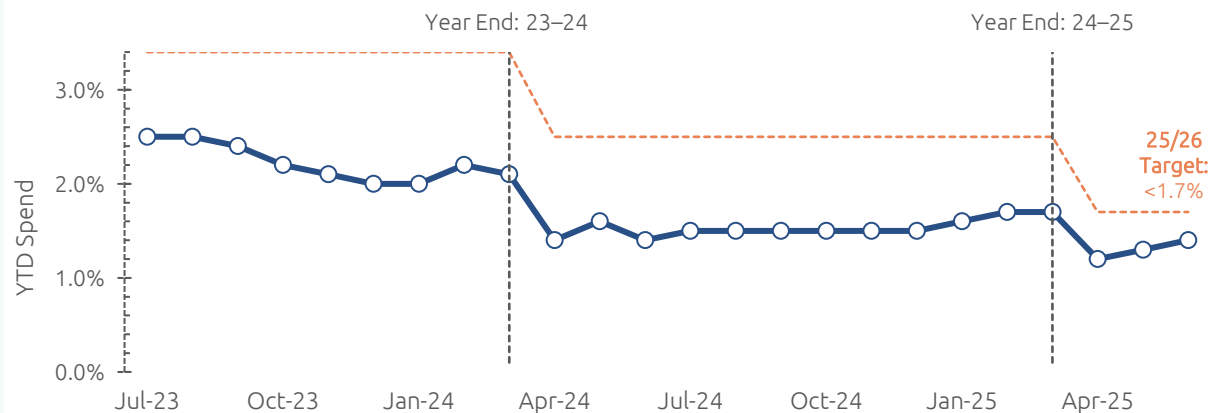
## Equality and Diversity



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

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

## Agency Spend as A Percentage of Total Pay Bill



Forecast to be reduced below 2024/25 levels.

A task and finish group has been established to review current agency usage, with a particular emphasis on Admin and Clerical roles, which represent a significant proportion of our premium spend. We are developing a targeted recruitment plan to reduce reliance on agency staff and are exploring internal redeployment and bank staffing options.

A monthly monitoring dashboard will track progress against the 30% reduction target and the requirement to work towards eliminating Admin and Clerical agency spend by September 2025. These actions will be reported through our performance and finance submissions.



# In Focus: Sickness Absence



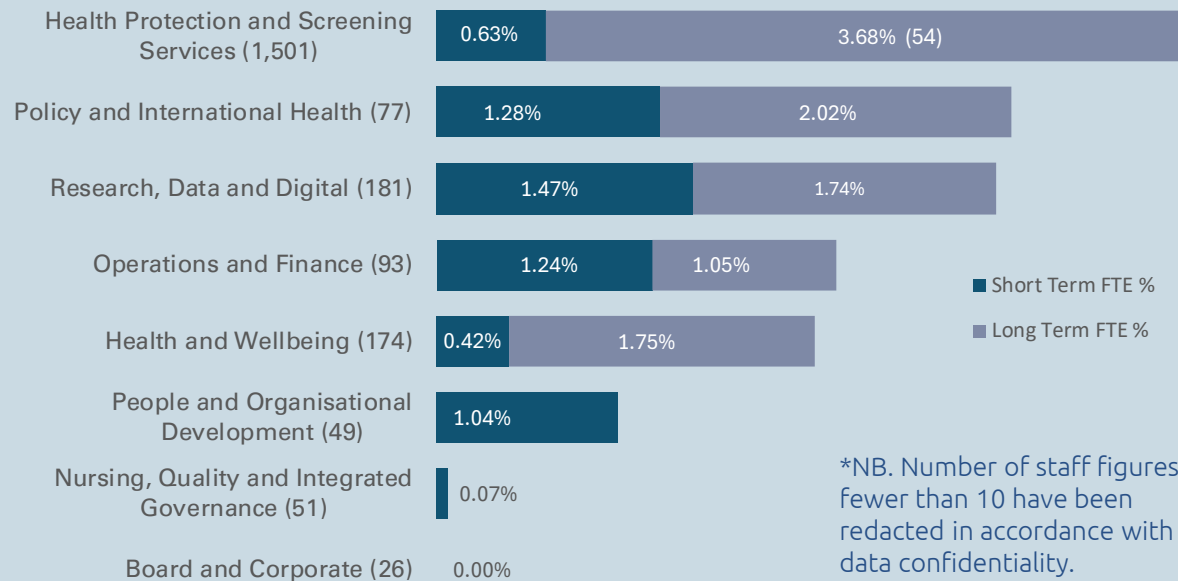
## Sickness Absence by Directorate



A decrease in sickness absence has been reported in June, falling from 4% in May to 3.7% in June.

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

When looking at organisation-wide data for June 2025, **20%** of FTE days lost are due to short-term sickness absence, and **80%** of FTE days lost are due to long-term sickness absence.

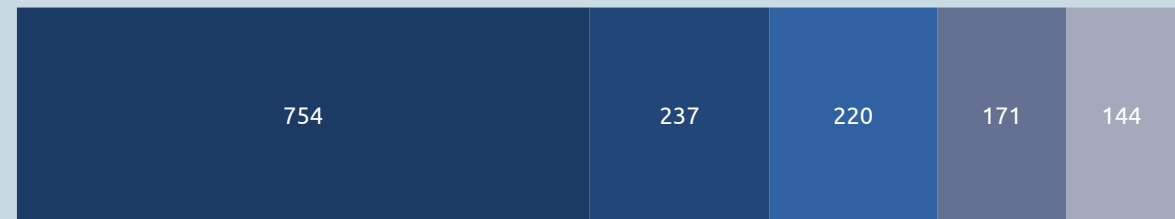


\*NB. Number of staff figures fewer than 10 have been redacted in accordance with data confidentiality.

## Sickness Absence by Absence Reason

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

Anxiety/stress/depression/other psychiatric illnesses has consistently been the number 1 reason for sickness absence across NHS Wales, and we have seen a decrease of FTE days lost with an absence reason of 'Unknown causes/Not Specified'.



- S10 Anxiety/stress/depression/other psychiatric illnesses
- S98 Other known causes - not elsewhere classified
- S12 Other musculoskeletal problems
- S25 Gastrointestinal problems
- S17 Benign and malignant tumours, cancers



## In Focus: Sickness Absence



### Data Analysis

- ❖ In June 2025, there has been a reduction in FTE days lost due to 'Unknown causes/Not Specified', reflecting progress in improving data quality. Continued focus is needed to reduce the number of unknown or uncategorised absences, which can obscure trends and hinder effective support.
- ❖ To support further improvement, the People and OD team will present an overview of sickness absence to the People and OD Committee in July. This will:
  - Provide assurance on current absence rates and trends
  - Outline proposals to enhance the quality of absence data
  - Seek input on next steps to strengthen workforce wellbeing support.

### Learning and Development

- ❖ Updated All-Wales Managing Attendance at Work (MAAW) sessions now emphasise the importance of accurate absence categorisation.

- ❖ An Internal Audit is underway to assess monitoring, support, and interventions in place to manage mental health-related sickness absence. This audit will also touch on categorisation of absences and consider what barriers may exist to disclosing mental health-related absence.

### Advice and Support

- ❖ Efforts continue to increase disclosure of absence reasons, particularly where data is missing in ESR. Managers are being supported to understand and overcome barriers to accurate reporting.
- ❖ The People and OD team is actively engaging with managers through on-site visits, and HR clinics to help manage long-term absence cases.



# In Focus: Appraisal and Development Reviews

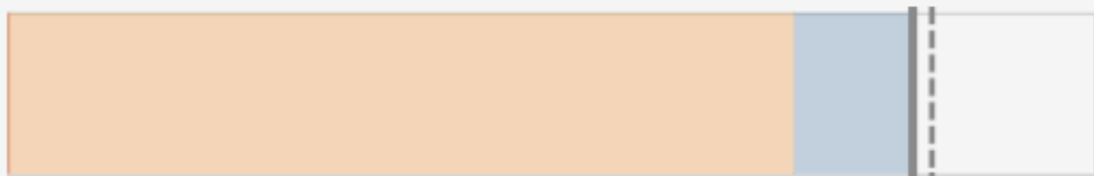


## Compliance Performance

Appraisal compliance has fallen below the Welsh Government target this month, which is set at 85% to allow for staff who are unable to participate in appraisals (e.g. staff on maternity leave, secondees). Retrospective compliance updates show that Appraisals were above target for May 2025 (note – reported retrospectively taking into account updated data being reported following the monthly refresh).

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

**83.2%**  
of reviews completed within 12 months  
vs a target of 85%



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



## Compliance by Directorate

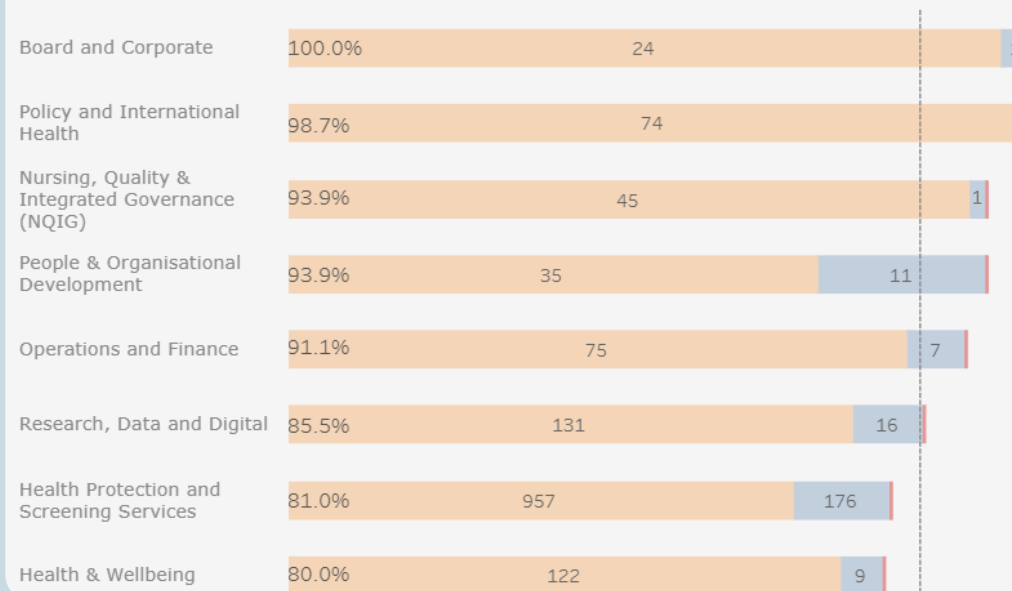
Latest figures show that six Directorates are achieving compliance with the national target, with two Directorates below target levels. Directorates not delivering the target will need to develop and commit to a recovery trajectory. The People and OD team are working with Directorates to understand barriers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

There is also a significant range in compliance across our Directorates ranging from 100% in Board and Corporate to 80% in Health & Wellbeing.

### REVIEW STATUS % BY DIRECTORATE

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

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



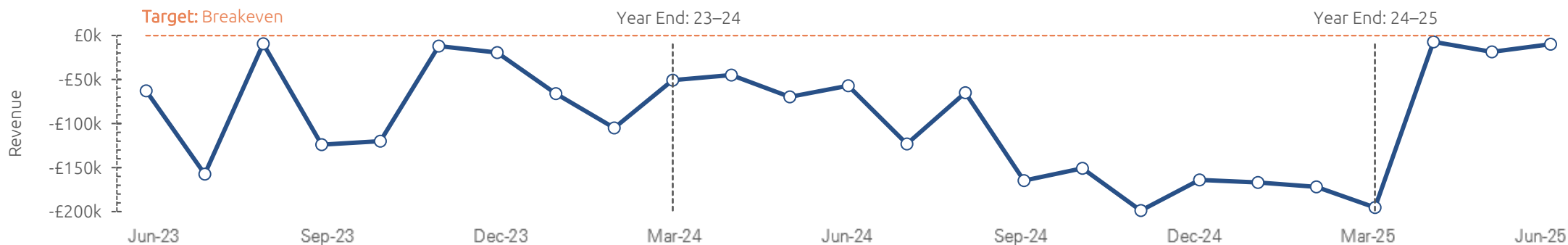


# Financial Governance



## Revenue Position

- Break-even
- £10k YTD
- £0k Forecast



- The year end forecast is to deliver our statutory duty to **breakeven**.
- The recurrent allocation for the 2024/25 wage awards, totalling £6.754m is yet to be confirmed. Discussions are ongoing with the Welsh Government regarding the confirmation of allocation. It is assumed funding will be received in full.
- We have received confirmation of our allocation in relation to the increase in National Insurance by Welsh Government. This allocation is to be provided on a non-recurrent basis for 2025/26. Welsh Government will confirm the approach to the recurring allocation as part of the 2026/27 allocation process.
- Welsh Government funding from the UK Government is lower than the assessment of the impact of the National Insurance increase, as a result we have received a small shortfall against expected allocation of £74k. The expectation from Welsh Government is that organisations will identify actions to offset the shortfall.

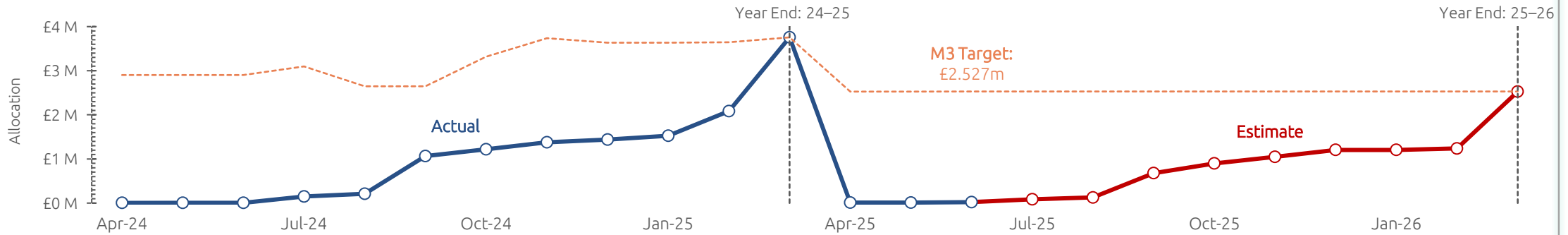


# Financial Governance



## Capital Position

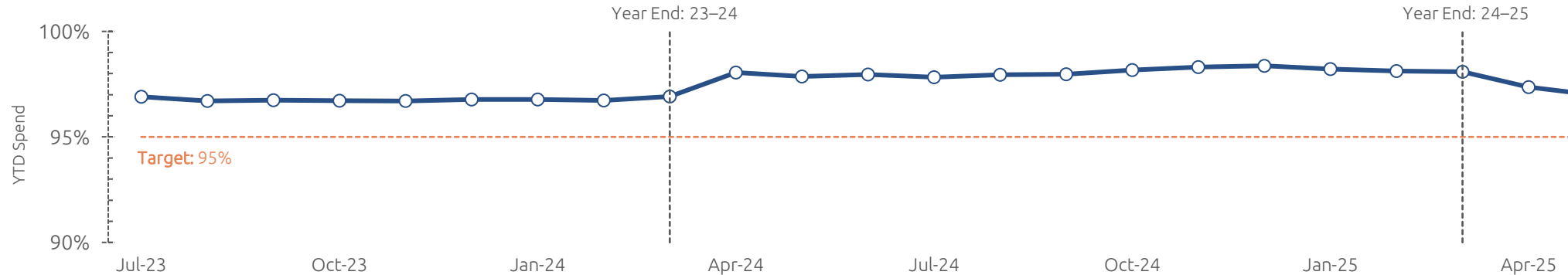
- £2.427m Allocation
- £23k YTD Spend
- £2.427m Forecast



The Capital forecast is to **breakeven**. PHW capital funding is made up of a discretionary allocation of £1.613m, strategic allocation of £0.814m. Risks relating to capital include availability of strategic capital funding to support the capital plan included in the IMTP.

## Public Sector Payment Policy (PSPP)

- 95%
- 97% YTD
- >95% Forecast



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



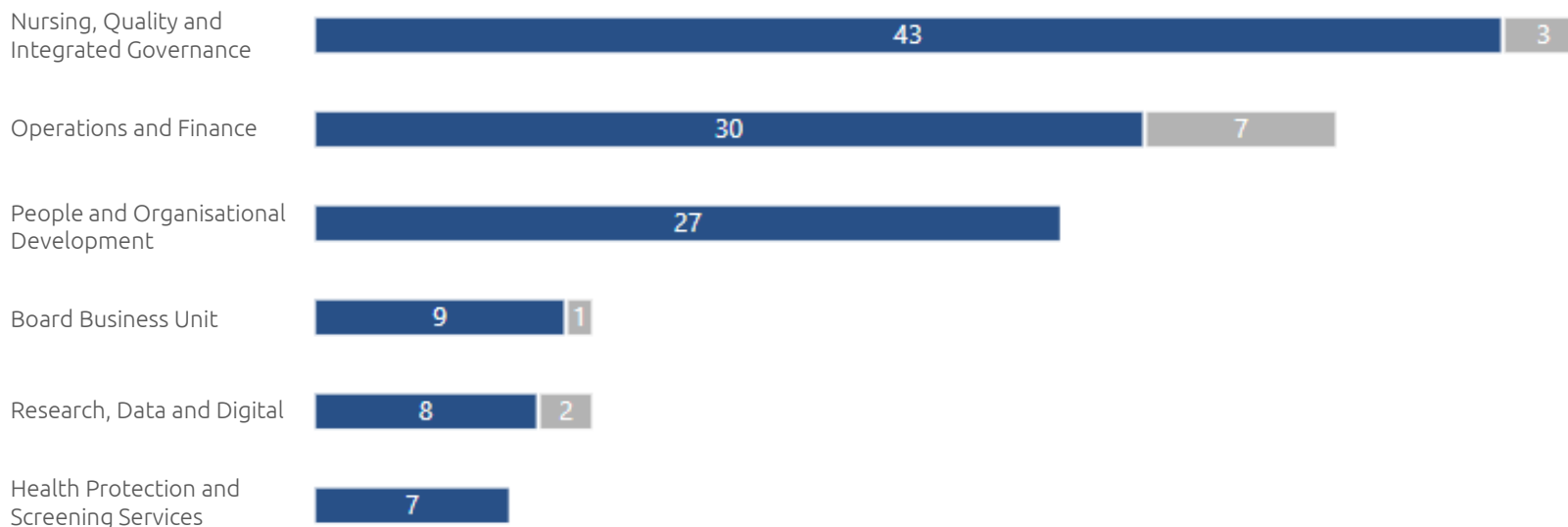
# Corporate and Information Governance



## Corporate Governance

### Corporate Policies Compliance

4 Policies / procedures are currently out to [consultation](#)/ going through the approval process (numbers that are either out to consultation, or awaiting a meeting for final approval)



● In Date ● Out of Date

### In June 2025:

- 1 Nursing, Quality and Integrated Governance Policy was approved.

### Overview:

- The Directorate with the most policies out of compliance is Operations and Finance.
- 5 of the 7 out of date policies are being reviewed and it is anticipated to be submitted for approval within the next 3 months.

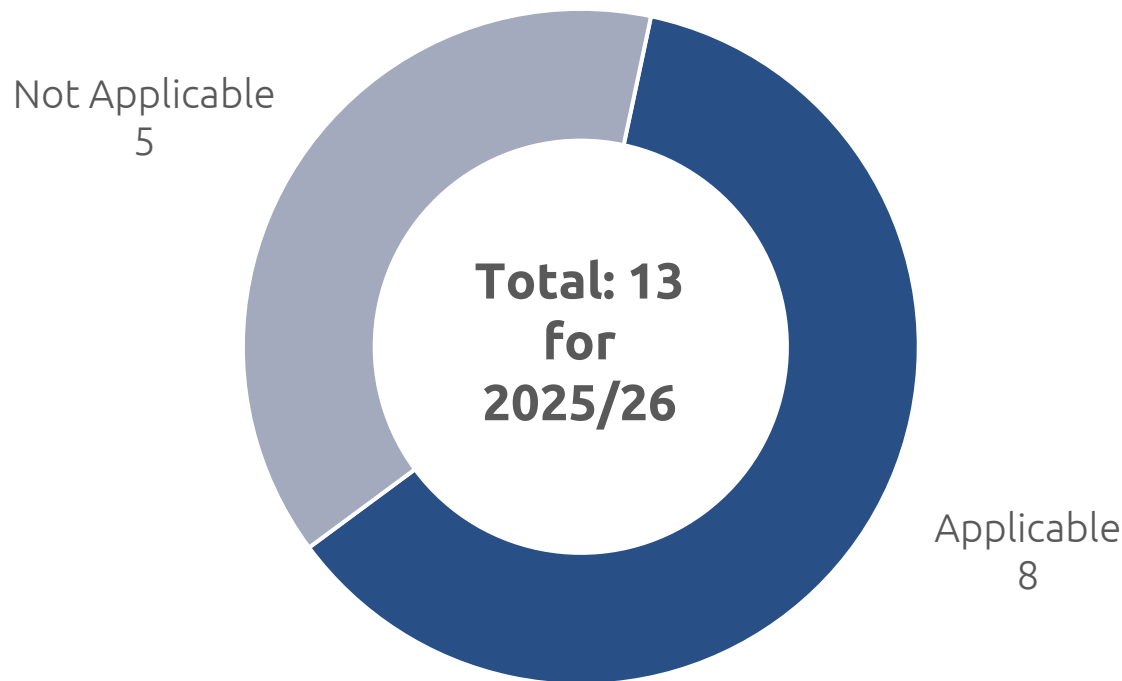


# Corporate and Information Governance



## Corporate Governance

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



### For the Period 01 - 30 June 2025:

- 3 Wales Health Circulars were received, all 3 were applicable.
- 2 WHCs were closed:
  - 2025 016 - RSV Update (as not applicable)
  - WHC 2025 019 - Vaccination programme schedule.

### Of those applicable:



● In progress ● Completed



# Corporate and Information Governance

Audit data updated quarterly  
(Next update in October 2025)

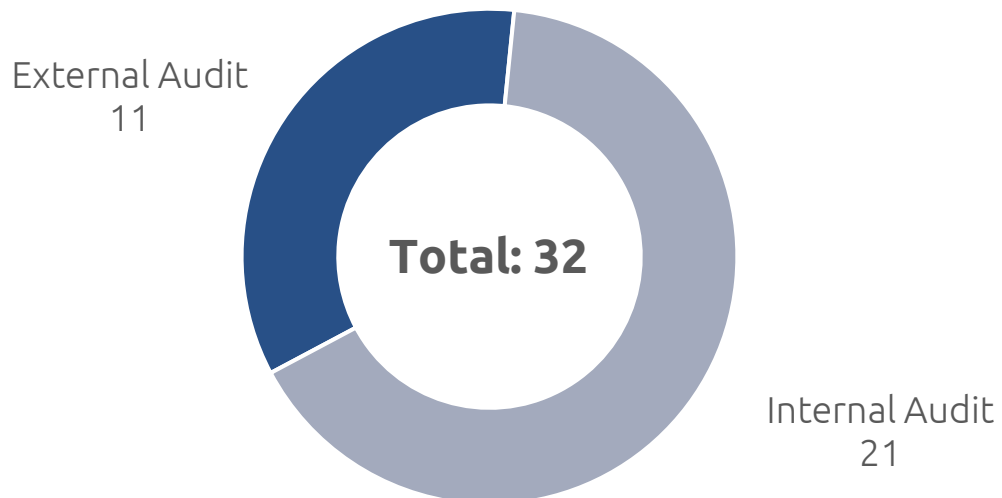


## Corporate Governance

### Audit Recommendations Implementation – June 2025 position

The June meeting of the Audit and Corporate Governance Committee received the Annual Audit of Accounts containing two Actions.

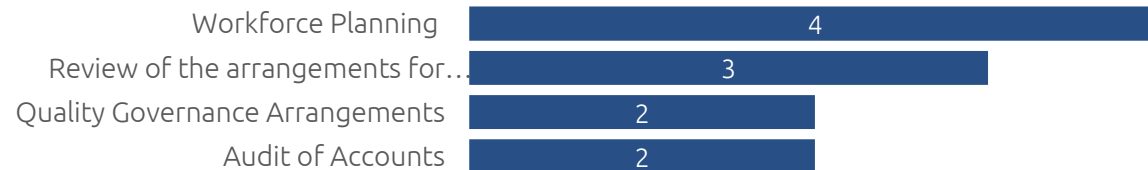
The total of Actions by source at month end is:



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

#### External Audit

Current number of open actions (11):



#### Internal Audit

Current number of open actions (21):





# Corporate and Information Governance



## Information Governance

### Data Protection (Subject Access) Requests

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

**6**  
Received

**1 Month**

**0**  
Exceeded

In **May**, 6 requests were received from a solicitor requesting information held on Tarian for their client's compensation claim.

All responded to within the timescale.

### 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.

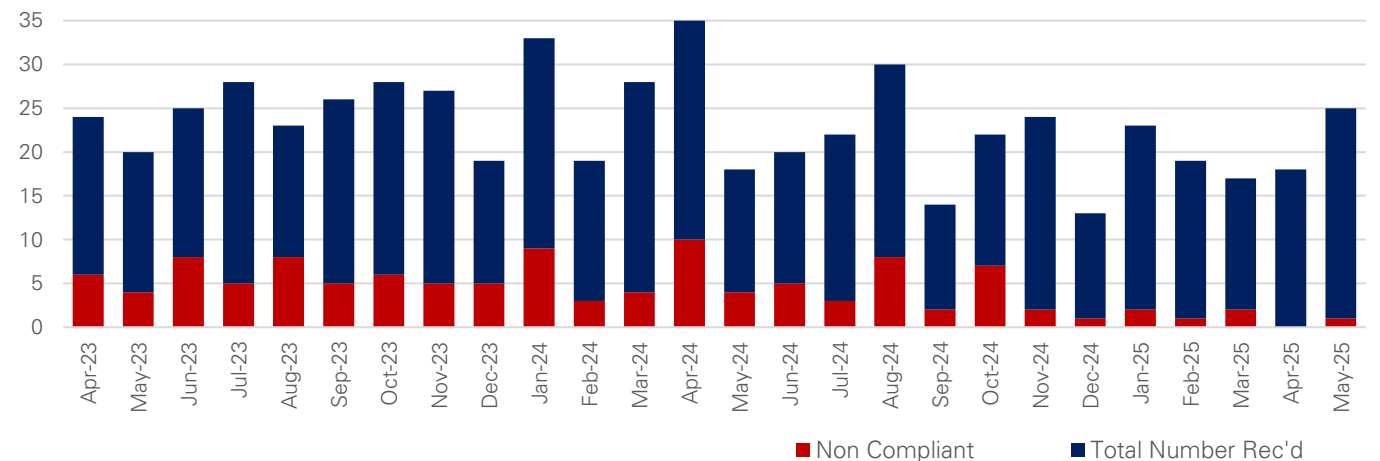
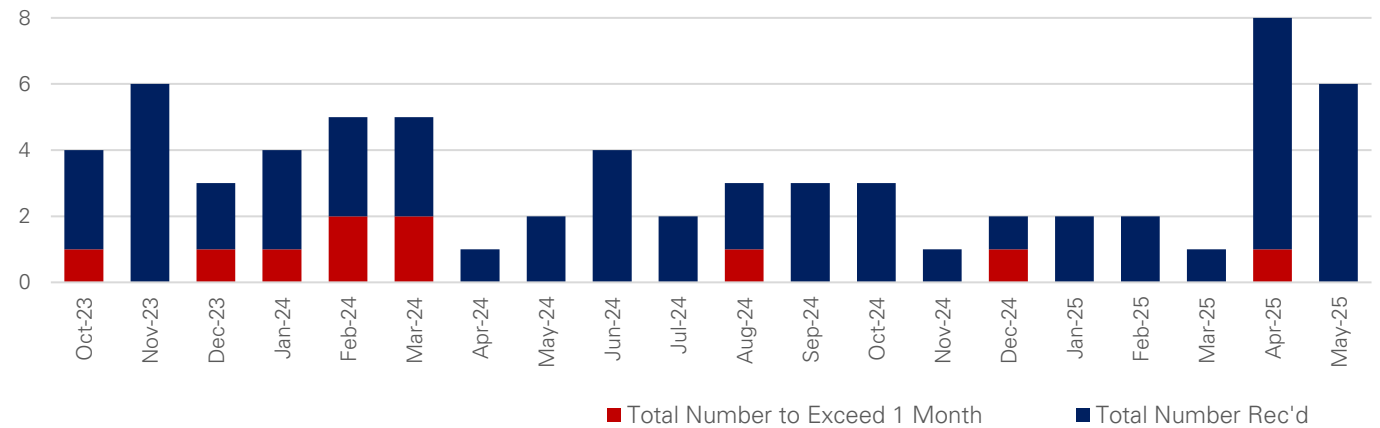
**24**  
Received

**20 days**

**1**  
Non-Compliant

24 requests received in **May**. 1 is non-compliant and over 20 working days. 1 request is on hold awaiting clarification.

2 requests are over 20 working days and compliant; the time frame extended under Regulation 7 of the Environmental Information Regulations.



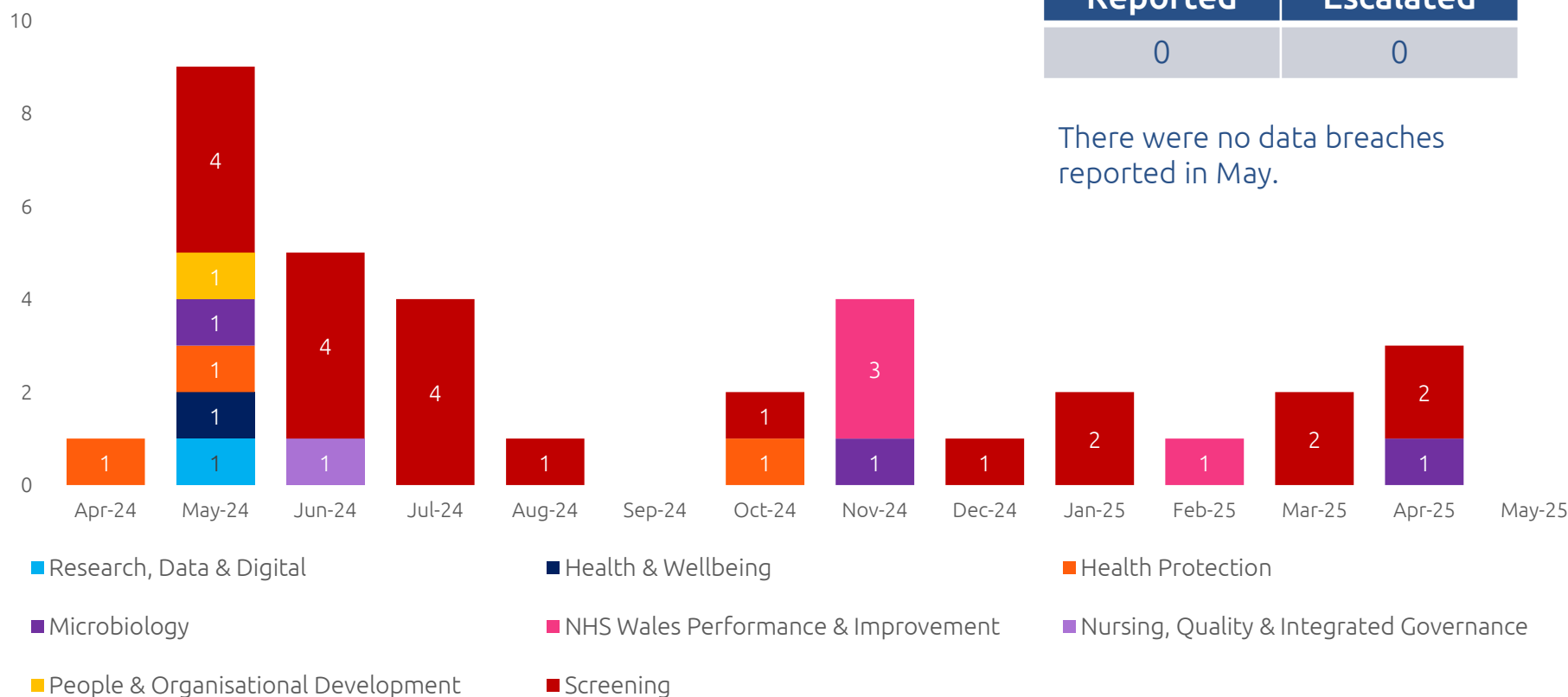


# Corporate and Information Governance

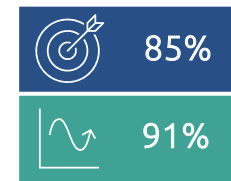


## Information Governance

### Personal Data Breaches



### Mandatory Information Governance Training



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



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



# Clinical Governance, Quality, Safety and Improvement

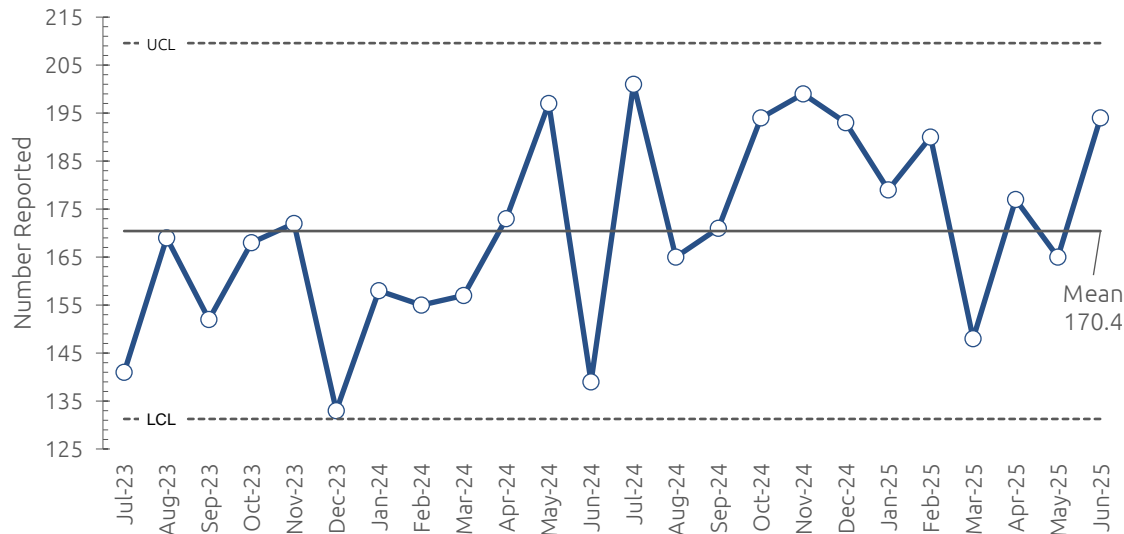


## Externally Reportable Incidents - June update

- No Nationally Reportable Incidents reported
- No Early Warning Incidents reported
- No Duty of Candour Incidents reported
- No Post Investigation Harms (Moderate or above)
- 0 Incidents were closed as Moderate or above harm in June.

## No. Incidents Reported Over Time

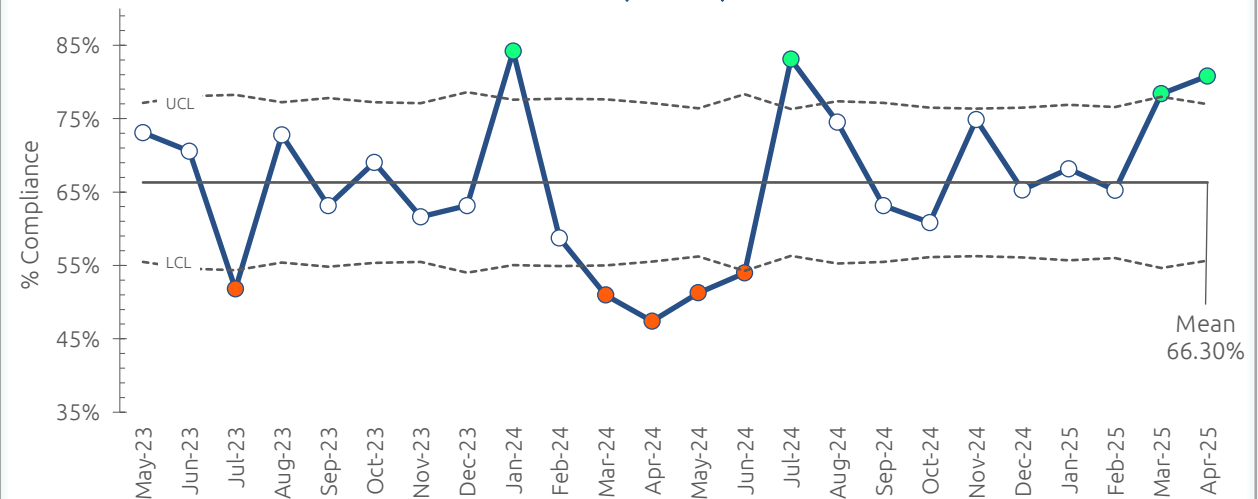
Count of Number of Incidents Reported (C Chart)



Normal variation. No special cause noted.

## Percentage of Incidents Closed within 30 Working Days

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



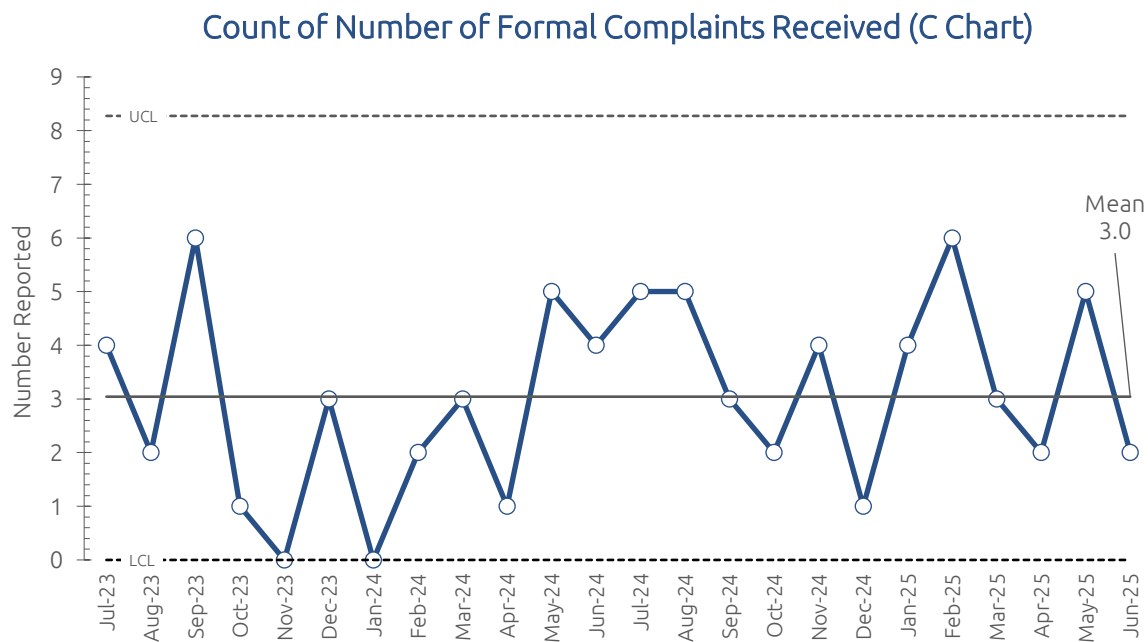
Recent Special Cause Variation noted from Mar 25, due to improving performance for closure rates.



# Clinical Governance, Quality, Safety and Improvement

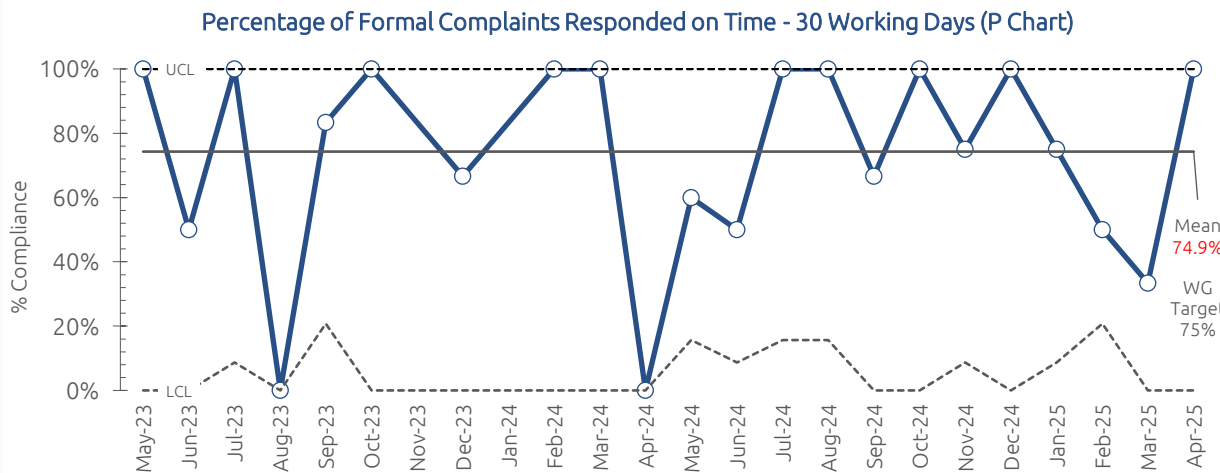
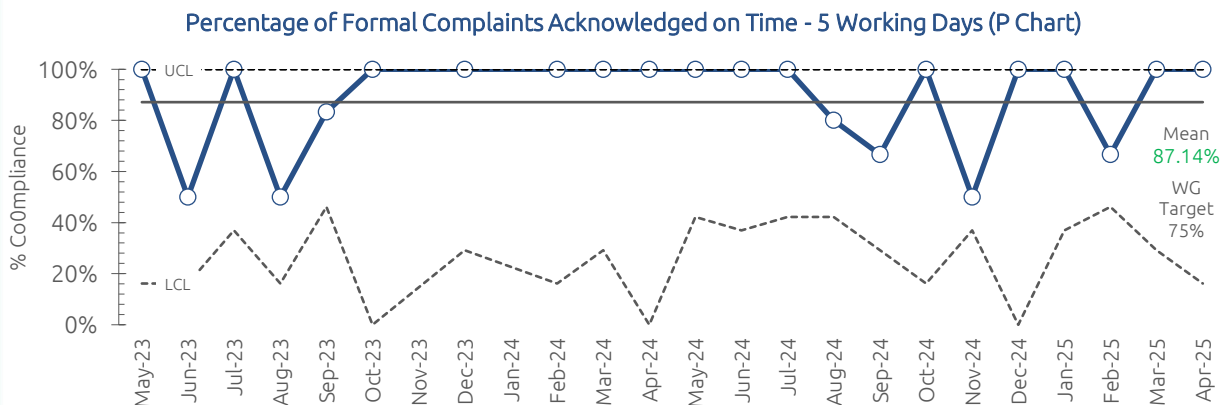


## Number of Formal Complaints Received



Normal variation. No special cause noted.

## Formal Complaints Compliance



Normal variation. No special cause noted.

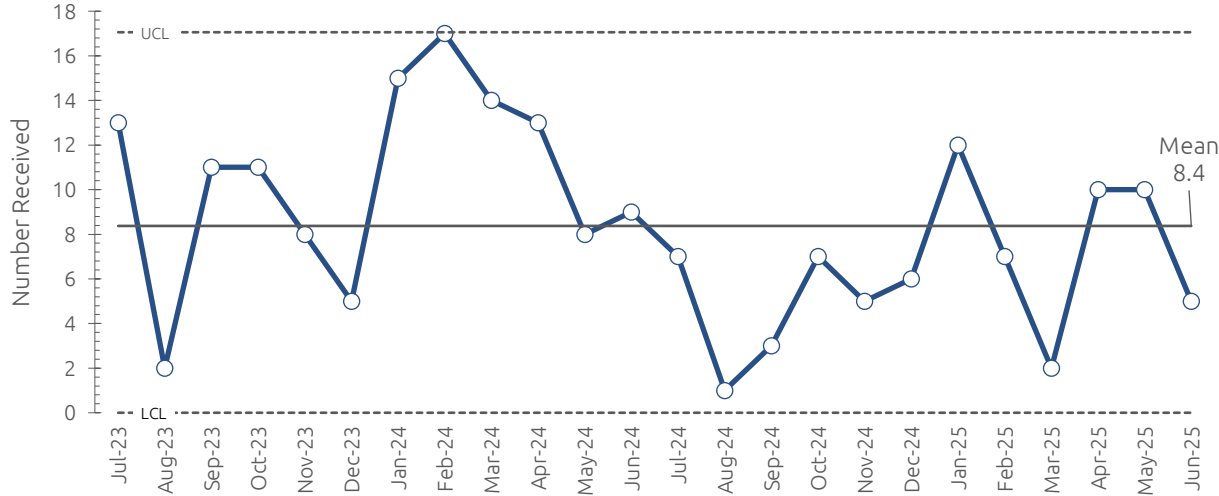


# Clinical Governance, Quality, Safety and Improvement



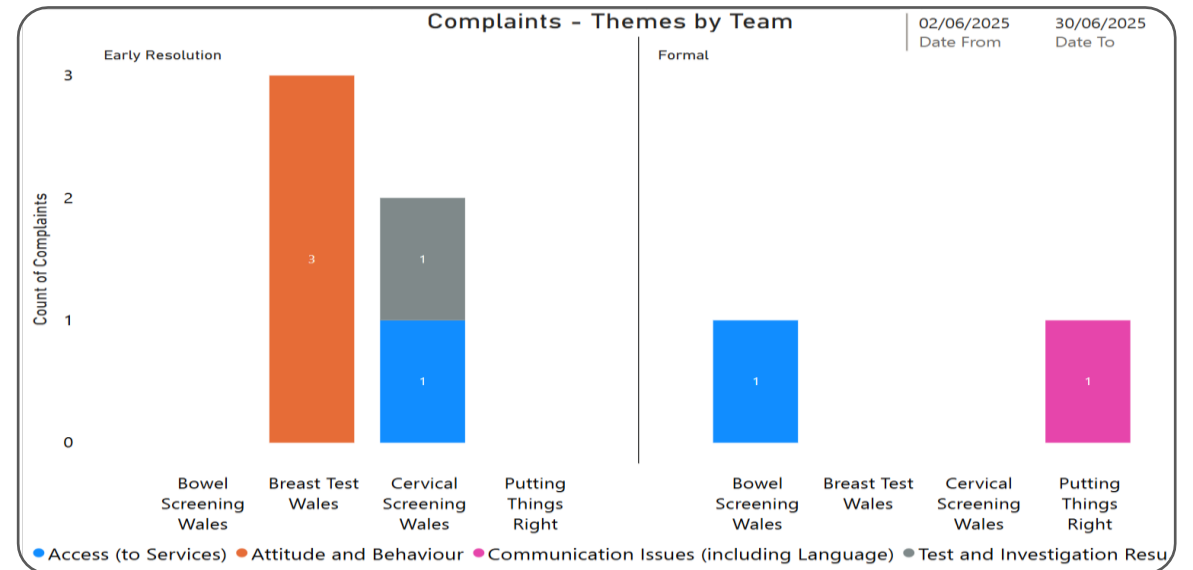
## Number of Informal Complaints Received

Count of Informal Complaints Received – C Chart



Normal variation. No special cause noted.

## Themes and Service Areas – June 2025



2 Formal complaints received in June. 1 relates to the use of Welsh language in answerphone messaging and 1 questioning the age cut off for screening.

## Claims

June 2025

1

1 new potential claim received in Breast Test Wales in June.  
Of the 28 current ongoing claims, 25 are confirmed claims with 3 being potential claims.

## Redress

June 2025

1

1 new Redress case logged in Breast Test Wales in June.  
There are 8 ongoing Redress cases, 4 are within Breast Test Wales and 4 in Cervical Screening Wales. All redress cases are being progressed in line with the PTR regulations in a timely manner.



# Section 2 Service Delivery





# Key Performance Indicator Summary



Screening Services	Target	12 Month Look Back	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Bowel Screening Wales – Waiting time for index colonoscopy (Health Board Delivery)	90%		16.6%	14.6%	20.6%	30.2%	32.5%	19.7%	15.2%	20.5%	8.4%	6.9%	3.9%	
Cervical Screening Wales – Waiting time for colposcopy appointment (8 weeks) (Health Board Delivery)	90%		94.1%	96.0%	95.2%	99.2%	99.7%	99.6%	97.9%	98.9%	98.9%	98.2%	98.4%	
Breast Test Wales – Assessment invitations (3 weeks)	90%		21.4%	23.9%	4.4%	7.7%	28.3%	37.8%	26.3%	11.1%	23.1%	8.8%	16.7%	19.6%
Diabetic Eye Screening Wales – Coverage (12 Months)	80%		40%	40.6%	40.4%	40.5%	40.9%	40.7%	40.6%	40.7%	40.3%	40.2%	40%	39.3%
Abdominal Aortic Aneurysm – Timely referral to elective vascular network (MTD)	100%		50%	100%	100%	100%	100%	100%	75%	100%	50%	100%	75%	100%
<b>Infection Services</b>														
Total Microbiology Rejection Rates	<5%		5.2%	5.5%	5.2%	5.4%	5.4%	5.2%	5.4%	5.2%	4.9%	5.2%	5.2%	
Total Microbiology Diagnostic Sample Requests	*TBC		176,965	152,541	158,457	180,373	168,181	160,875	184,046	154,804	167,166	160,143	162,735	
Blood Culture - Collected to Incubation SMI <4hrs	<4hrs		70.3%	69.3%	68.0%	70.3%	67.6%	66.3%	68.7%	69.2%	71.4%	67.3%	68.8%	
Blood Culture - Received (PHW Laboratory) to Incubation	*TBC		99.4%	96.7%	99.7%	99.2%	99.8%	98.8%	99.9%	99.5%	99.7%	98.7%	99.4%	
<b>Health Protection</b>														
Test and Post (STI self-sampling) – Test Turnaround Times	100%		100%	100%	100%	100%	100.0%	99.9%	99.9%	100.0%	99.9%	99.9%	99.9%	
Response times by priority - Urgent (<4 hours)	90%		97%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Response times by priority - High (<24 hours)	90%		93%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Response times by priority - Medium (<48 hours)	90%		94%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Compliance to surveillance reporting schedules	90%		92%	94%	98%	90%	98%	92%	92%	97%	100%	100%	100%	
<b>Health &amp; Wellbeing</b>														
JUSTB – Number of Schools with 2-day training completed by month	35 Schools				2	6	4	3	5	2	7	1	6	4
JUSTB – Number of Schools with 2-day training completed YTD					2	8	12	15	20	22	29	30	36	40
Whole School Approach – Percentage of schools with an Action in Place (All schools)	80%		56%	61%	61%	61%	65%	66%	74%	78%	83%	83%	85%	87%
Whole School Approach – Percentage of schools with an Action in Place (Secondary schools)	100%		86%	88%	88%	88%	89%	89%	96%	97%	98%	98%	98%	99%
Help Me Quit – 4-week self-reporting quit rate (NTSS)	35%		71%	74%	80%	78%	68%	80%	64%	72%	82%	83%	73%	
<b>Research Data &amp; Digital</b>														
Number of Major Breaches	0 Major Breaches		0 Breaches		0 Breaches			0 Breaches			0 Breaches			
Percentage of publications without breaches	100%		67%		67%			76%			76%			
Percentage of user follow up to RD&D products	100%		20%		20%			20%			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

Key: RAG Status

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



# Health Protection and Screening Services



## Screening Services

### Latest activity

- Welsh Government announcement of funding for National Lung Cancer Screening Programme with acceptance of pathway and plan proposed.
- Positive Health Inspectorate Wales report published on 10 July following IR(ME)R inspection in Swansea Breast Screening Centre in April.
- Colposcopy and Cervical Screening has transitioned from CANISC to replacement IT process in project lead by DHCW on 9 July.
- Newborn Screening Re-platforming work continues, planning to go live in July.
- Launch of video for breast screening explaining what to expect to improve understanding and address barriers.

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



This remains below the 90% standard in June 2025.

Breast Screening assessments waits have improved slightly but remain outside of standard within 3 weeks for screening. The average wait is 5.1 weeks. 78% are within 6 weeks and over 99% of West and South regions are within 5 weeks.

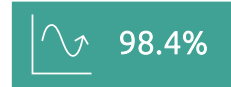
There is a critical shortage of surgical capacity in North Wales which is impacting assessment capacity. We are currently scoping a review of the programme and an action plan for improvement is in place, working closely with BCU.

Key steps being taken:

- Swansea region supporting reading for the North
- Additional evening clinics in North Wales.
- Radiology lead assessment clinics in Wrexham undertaken
- Engaging with BCU HB senior leads to work together to address waits in North Wales



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

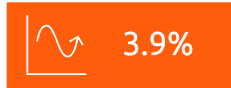


Timeliness remains above the 90% standard in May 2025

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



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



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

As of 11 July 2025, the average waiting time for a screening colonoscopy was 11 weeks. The waiting time ranged from 5 to 19 weeks across the 13 screening centres. Health boards are not delivering the commissioned weekly screening lists.

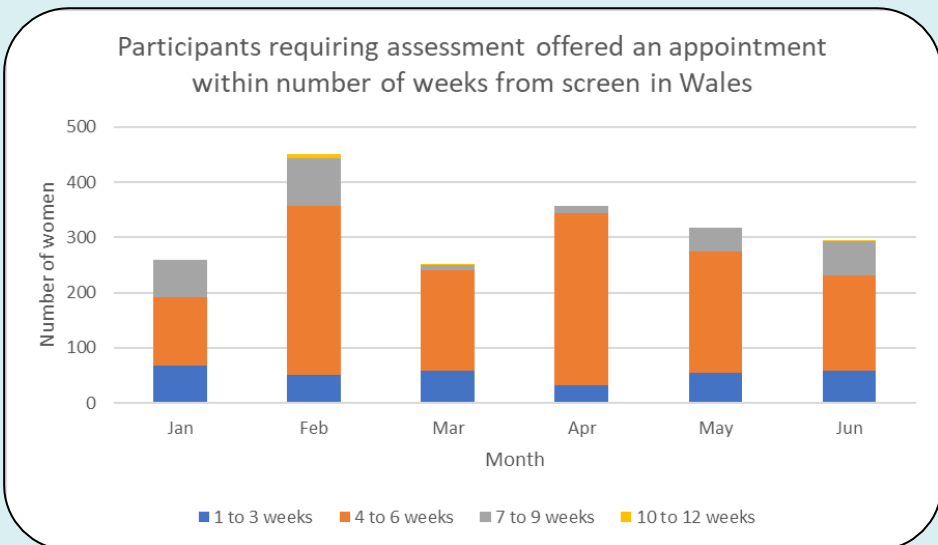
Detailed discussions at CEO level underway with key health boards. Action plan to reduce SSP waits in one health board has been successful.

Patient Tracking List – Bowel Screening Specific dashboard and planning tool is available to the programme and Health Boards and working well.





# In Focus: Breast Test Wales Assessment Waits

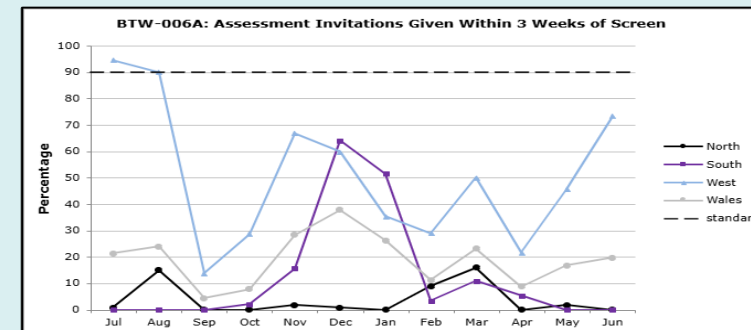
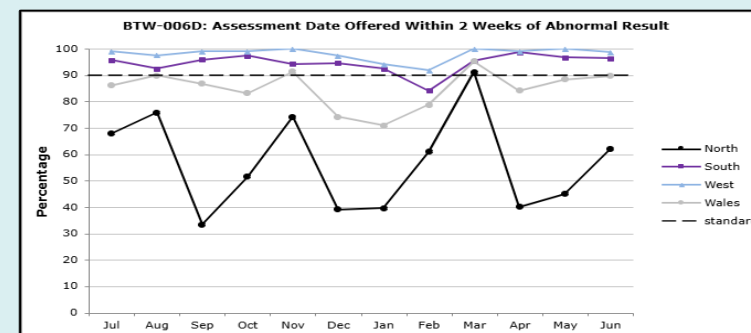
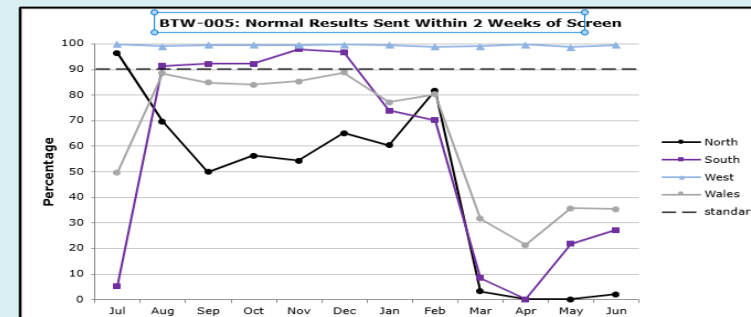


Assessment invitations given within 3 weeks has not met standard over the last 12 months.

There are two other standards that are key to understand this pathway: -- timeliness of reading mammograms which is measured in normal results sent within 2 weeks of screen and assessment date offered within 2 weeks of abnormal results.

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

All regions showed a marked reduction in timeliness of reading in March which was due to the implementation of new PACs system and issues with monitors. Since then, reading timeliness has recovered steadily in West region and improving in South region. North region is delayed with West regions supporting reading for North to support recovery.





# In Focus: Breast Test Wales Assessment Waits



## Current Issues and Challenges:

- A joint radiologist post with Betsi Cadwaladr UHB was not been able to secure a suitable applicant following resignation of substantive Radiologist (Llandudno).
- There is only one substantive Radiologist across BTW in North Wales and two consultant radiographers. BTW clinical staffing in North Wales are in training.
- There was long term surgical sickness absence resulting in the ongoing cancelation of assessment clinics in BTW Wrexham. Participants then attended Llandudno with the two consultant surgeons in North East undertaking all screening assessments and surgery in BCU. Surgeon recently returned and assessment clinics in Wrexham have been reinstated from middle of July.
- When the new All Wales PACS programme was implemented in February there were issues with the monitors that were supplied, and all of these had to be replaced, which impacted readings
- Slow speed of system is impacting on readings in Wrexham which is impacting radiologist in Wrexham readings. This is IT infrastructure issue which is difficult to resolve – continued working with PACS company and BT.

## Impact:

- Women anxious waiting for their screening results longer than expected
- Increased number of calls from women asking for screening results that pathway staff take which increases workload.
- Decreased morale of staff who are managing delay and workload.
- Delay to cancer diagnosis – this is not expected to be clinically impactful as although not meeting standard 3 weeks of screen most assessments within 6 weeks of screen and in line with national cancer pathway from point of suspicion of cancer to diagnosis

## An action plan for improvement is in place:

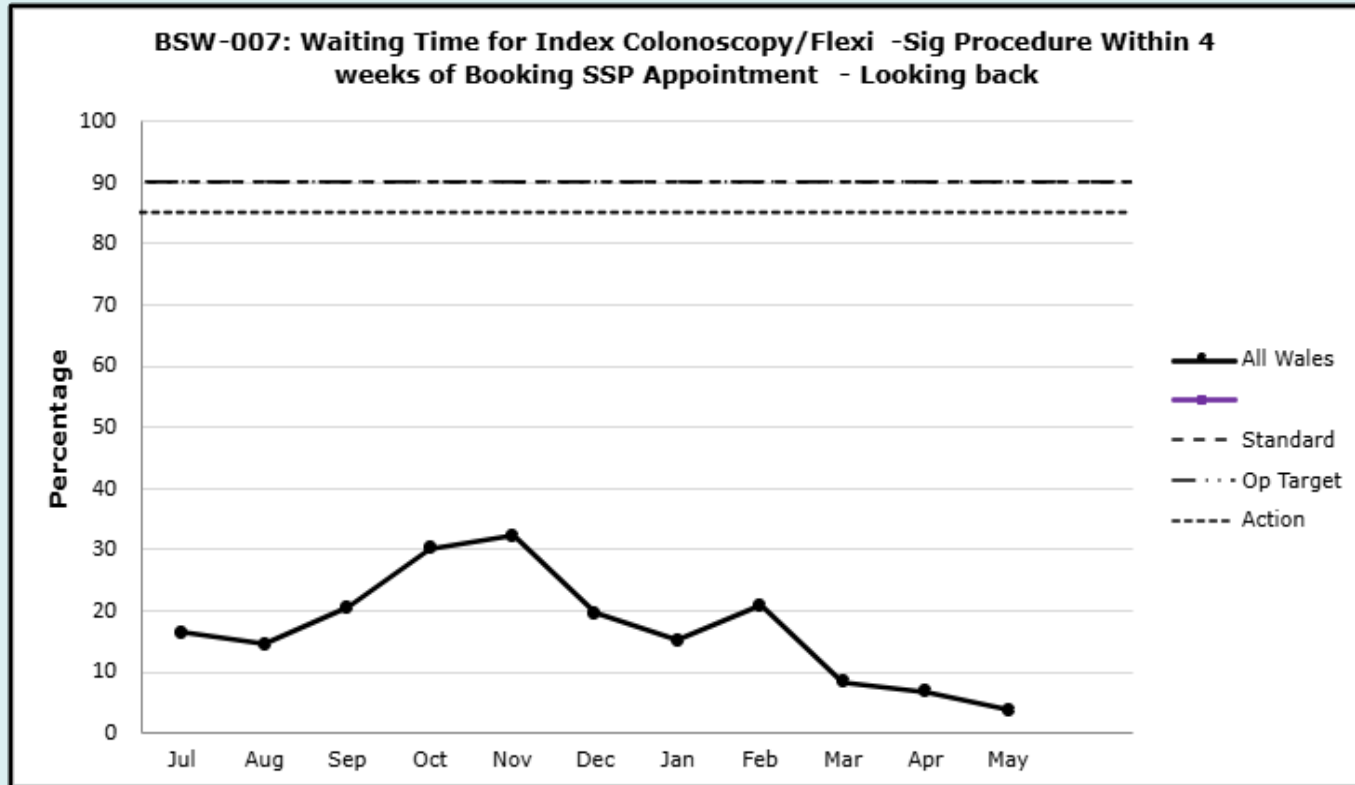
- West regions is supporting North and undertaking some of their readings. The new PACs has enabled this ability.
- Radiography film readers in training in North Region, Breast Clinician in training and Fellow has returned from maternity leave to continue training
- Clinic bookings are optimised to ensure all slots are booked and short notice appointments are offered.
- Participants requiring assessment in Wrexham from July are now able to attend locally rather than attending Llandudno
- Radiologist in South is providing virtual support to North for assessment clinics.
- Assessment clinic capacity has increased in South with radiologist run clinics.
- Discussion with BCU about surgical capacity in Wrexham and discussion with consultant surgeons in North East to explore options.
- Radiological lead clinics progressed to reduce backlog in North Wales.
- The rate of screening in BTW North has been safely reduced slightly.
- NHS Wales Performance and Improvement team to start to scoping out tracker for breast screening taking similar approach to bowel screening.
- A review of the BTW programme operating model to identify other areas of improvement.



# In Focus: Bowel Screening Wales Colonoscopy Waits



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



Local Assessment Centre	Waiting time SSP assessment	Waiting time colonoscopy	Total waiting time
1	2 weeks 5 days	8 weeks 6 days	11 weeks 4 days
2	0 weeks 4 days	10 weeks 1 day	10 weeks 5 days
3	0 weeks 5 days	8 weeks 5 days	9 weeks 3 days
4	1 week 6 days	5 weeks 6 days	7 weeks 5 days
5	1 week 5 days	5 weeks 4 days	7 weeks 2 days
6	1 week 5 days	5 weeks 4 days	7 weeks 2 days
7	1 week 5 days	13 weeks 5 days	15 weeks 3 days
8	2 weeks 3 days	16 weeks 4 days	19 weeks 0 days
9	2 weeks 3 days	17 weeks 0 days	19 weeks 3 days
10	1 week 4 days	6 weeks 6 days	8 weeks 3 days
11	1 week 3 days	7 weeks 6 days	9 weeks 2 days
12	3 weeks 4 days	5 weeks 2 days	8 weeks 6 days
13	2 weeks 5 days	5 weeks 5 days	8 weeks 3 days



# In Focus: Bowel Screening Wales Colonoscopy Waits



## Current Issues and Challenges:

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

## Impact:

- Waiting times for screening colonoscopy remain outside the BSW 4-week standard in all local assessment centres in Wales.
- As of 4 July 2025, the average waiting time for a screening colonoscopy was 11 weeks and 5 days. The waiting time ranged from 6 to 20 weeks across the 13 screening centres.

## Current Actions:

- BSW meets monthly with all the endoscopy teams to discuss screening waiting times and screening capacity and to agree recovery plans.
- The screening programme is expanding the pool of accredited Screening Colonoscopists and has increased SSP resource to meet screening demand. BSW are looking at ways to streamline the accreditation process further.
- BSW has facilitated several short-term regional working agreements to improve the timeliness of pre colonoscopy assessments. Several new SPs have taken up post over the last few months and are in training.
- BSW is working closely with the Health Boards to enable quality assured insourcing colonoscopy.
- CEO to CEO meeting are taking place to discuss with HB in July and August.
- The Business Team routinely meet with the health boards to monitor activity aligned to commissioned capacity via the Long-Term Agreements.
- Patient Tracking List – Bowel Screening Specific dashboard and planning tool released to Health Board cancer tracking team has improved visibility of screen route to diagnosis of bowel cancer.



# Health Protection and Screening Services



## Screening Services

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



Coverage at 12 months for annual recall remains below standard for June.

There has been a steady improvement in coverage at 24 months to 69%. This reflects the improving round length for screening and more timely recall of participants with of 95.1% now invited within 24 months.

Coverage at 24 months for the low-risk recall pathway remains good at 75.6%.

Uptake of eye screening is above standard at 81.4% demonstrating that participants are taking up their screening appointments.

In May, 99.7% of the 1,445 participants that were newly registered with the programme were offered appointment within 90 days.

The number of inadequate images captured in Diabetic Eye Screening has continued to be much reduced since introducing the new cameras. The inadequate rate was 6.0% in June 25.



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



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

Positively, the service has achieved its target for June 2025.





# In Focus: Diabetic Eye Screening Wales Coverage



## Current Issues and Challenges:

- Prevalence of diabetes across Wales increasing. New referrals prioritised as higher risk participants. Over 99% of new referrals approx. 1400 a month are appointed within 90 days.
- Service delivery model reliant on provision of suitable venues by Health Boards in appropriate locations, on required number of days and with adequate venue opening hours. Mismatch between staff availability and HB venue availability
- Staff sickness levels above PHW average
- High volume of cancellations of fixed time appointments and non-attendance of approximately 20% at scheduled clinic appointments
- Image capture failure rate impacted by participants with cataracts who are awaiting Hospital Eye Service review.
- New technology which has the potential to modify usage of eye drops and improve efficiency but requires evaluation to enable a change to delivery model

## Impact:

- Delayed offer of appointment on one year recall pathway. New referrals and two-year recall pathway not delayed.
- Increase in population cohort from 175,314 participants in 2018/19 to 197,388 eligible active participants - growth rate of over 12%. Prioritisation of new referrals reduces capacity for recall participants
- Inadequate clinic appointments in suitable locations resulting in geographical inequities in access
- Staff sickness leading to short notice clinic cancellations, resulting in ongoing demand due to need to re-book participants
- Clinic utilisation below target resulting in poor staff utilisation and inefficiencies in service delivery
- Failsafe of participants awaiting Hospital Eye Service review back into DESW recall cohort
- Modifying usage of eye drops could result in an increased appointment capacity

## Current Actions:

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

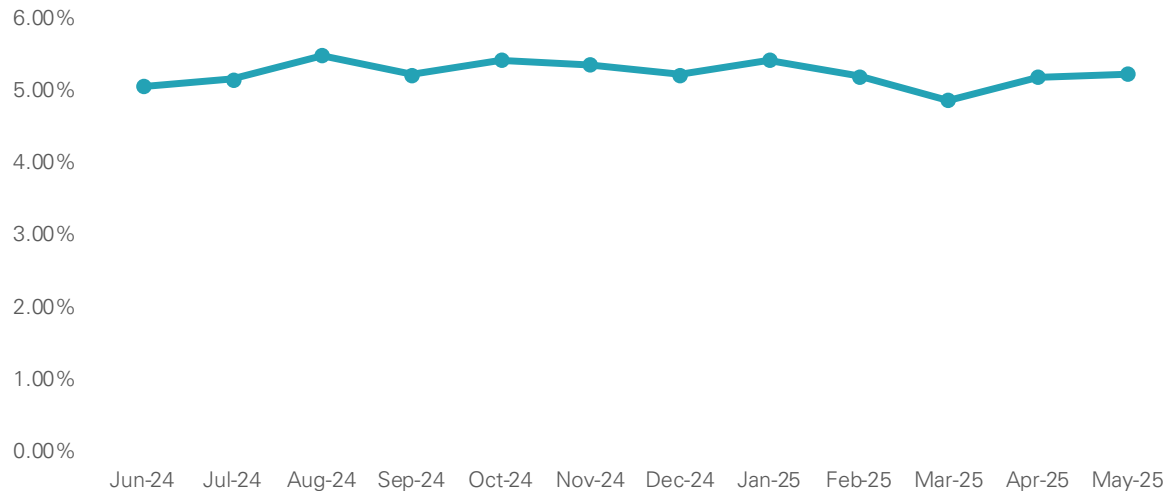


# Health Protection and Screening Services



## Infection Services

### Total Microbiology Rejection Rates



<5%

5.2%

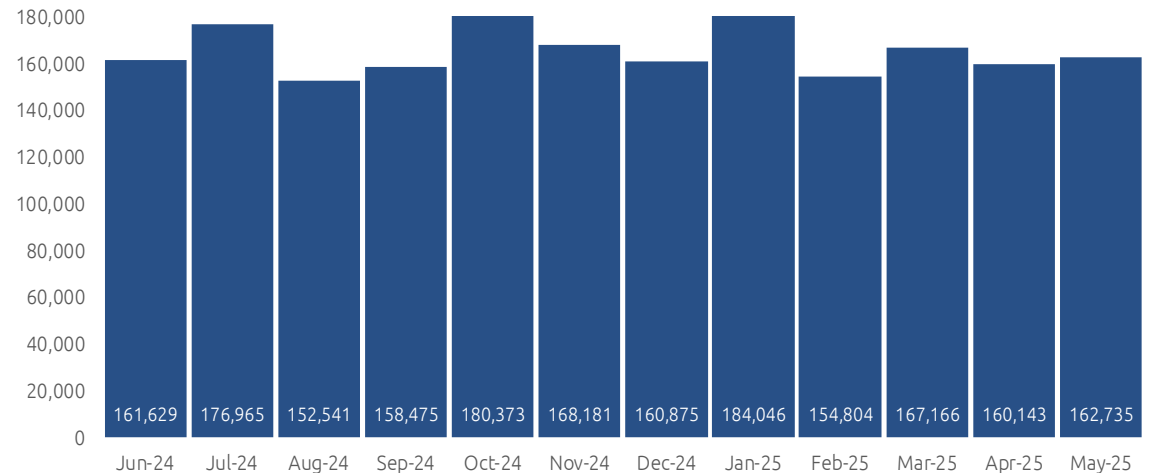
Diagnostic testing rejection rates increased slightly in May to 5.23% out of 162,735 total sample requests. A Specimen Acceptance Policy in Infection Division provides guidance on criteria to accept or reject samples.

Broken/leaking/contaminated samples and samples received in an incorrect sample container remain the main causes of rejected samples. Rejection rates vary across different health boards with no single cause.

Infection Quality Leads work month on month to identify trends in rejection rates and communicate with service users to improve user practice.

LIMS 2.0 will give us the opportunity to create a bespoke test set to further collect more streamlined information on rejection rates.

### Total Microbiology Diagnostic Sample Requests



The total numbers of Microbiology Diagnostic Sample requests has consistently been >150,000 requests per month for the previous 12 months. May 2025 shows an increase from April to 162,735.

There is a significant amount of work ongoing to streamline COVID/Respiratory testing to ensure it is appropriate.

We expect to see some fluctuations in request numbers due to factors including –

- Seasonal trends/Summer/Winter
- Outbreaks including respiratory viruses, gastrointestinal pathogens, HAI's

\*Target to be developed

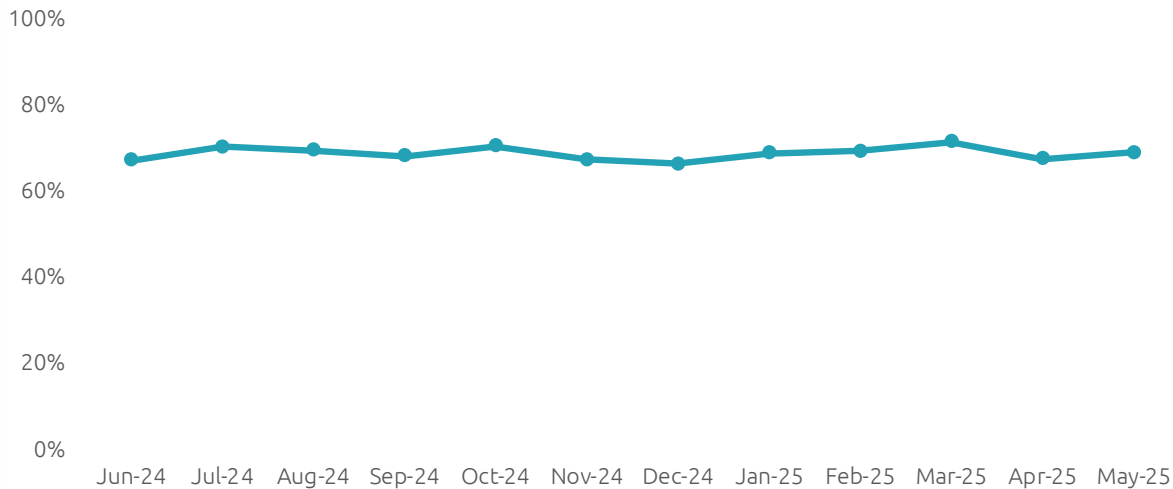


# Health Protection and Screening Services



## Infection Services

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

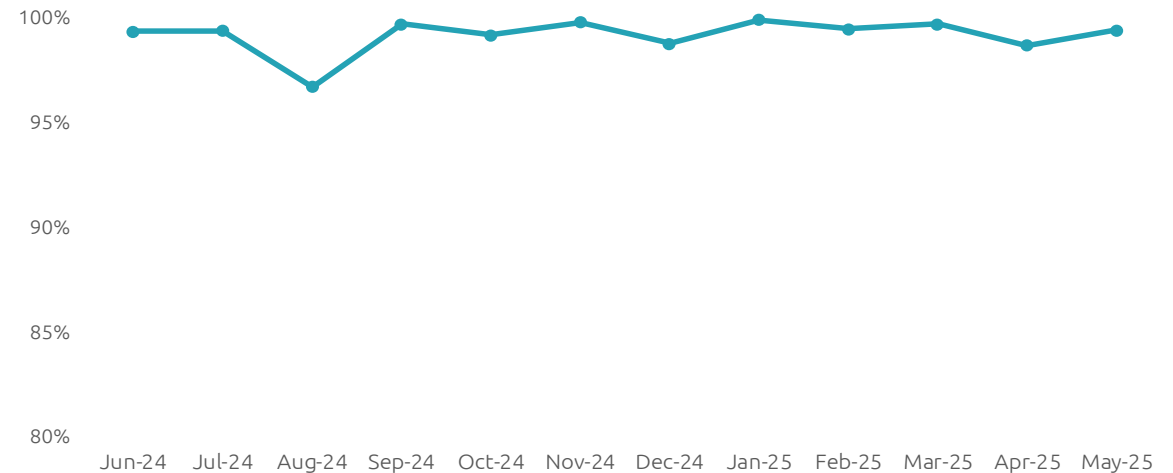


**<4 hrs**

**68.8%**

- The UK Standards for Microbiological Investigations advises the 4-hour target from collection of blood cultures to incubation, which is key to being able to allow accurate and timely clinical diagnosis to prevent sample degradation. Blood cultures support the management of sepsis.
- This metric relies on health board processes to ensure the timely delivery of blood culture samples from all locations. The complexities around these are multifactorial.
- The laboratory limitation is the lack of data of collection on certain samples, there is an inability to establish the correct time frame.

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



**\*TBC**

**99.4%**

- To better analyse PHW's performance contribution towards the 4-hour target we report on timeliness of specimen received by PHW laboratory to incubation onto Blood Culture analysers.
  - 99.39% of blood culture samples are incubated in line with the 4-hour target. The SMI states all samples should be incubated within 4hrs of receipt, the improvement margin is very minimal.
  - The time taken for the sample to get to the laboratory from the ward locations remains the biggest challenge, but we are confident that internal laboratory processes are efficient as evidenced by the 99.39% achievement.
- \*PHW specific target to be developed



# Health Protection and Screening Services

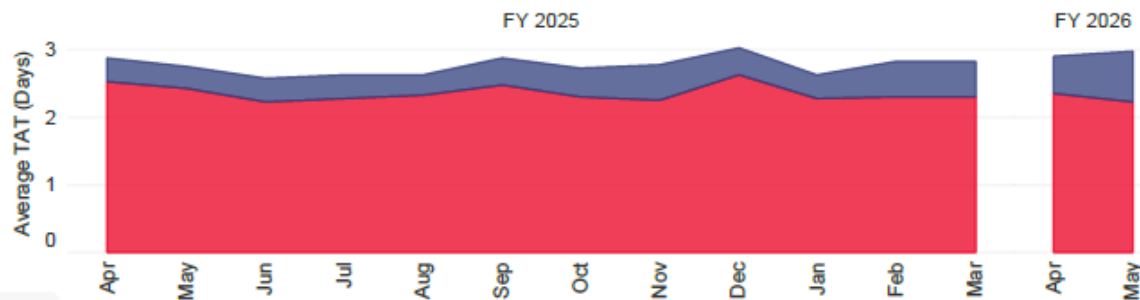


## Health Protection

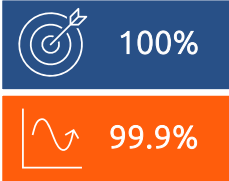
### Test and Post – STI self-sampling

#### Test Turnaround Times (TAT)

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



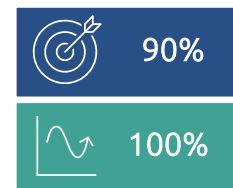
- Turnaround times for STI testing are important in identifying infection as soon as possible so that it can be treated to prevent damage to the individual's health and onward transmission to partners
- In May 2025, 99.85% met the 7-day turnaround standard
- 9 requests of 5,863 total requests (0.15%) did not meet the 7-day TAT standard
- 5,863 total requests equated to 36,371 tests being undertaken



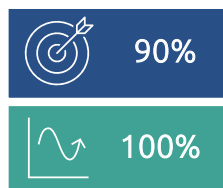
- Actions to improve:
  - Ongoing monthly monitoring – Detail on TAT beyond 7 days
- Over the past 12 months, this indicator has consistently reported a compliance rate of 99.85% or better.

### AWARe Response Times by Priority

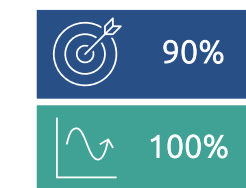
#### Urgent (<4 hours)



#### High (<24 hrs)

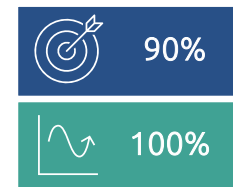


#### Medium (<48 hrs)



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

### Compliance to Surveillance Reporting Schedules (%)



- In May 2025, reporting remains above the expected target
- We are currently working on a process to automate this report within CDSC, rather than individuals confirming on a monthly basis
- Over the past 12 months, this indicator has consistently met its target.



# 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			
Number of major breaches	0	0	0	0	0			
Number of minor breaches	1	0	1	0	1			

Major breaches are:

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

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

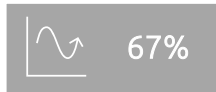
Breaches addressed by:

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

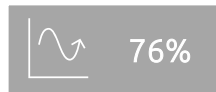
0 Major Breaches

0 Breaches

## Satisfaction and Impact



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



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



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



## Organisational Research & Evaluation - Quarterly

	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			
Research grant income to PHW (£)	550k	125K	369K	66K	522k			
No. personal development research awards.	0	0	0	2	2			
No. peer reviewed publications (PHW affiliated).	28	14	24	24	23			
No. evaluations completed.	1	1	1	2	2			



# Policy and International Health



## Realist Ripple Effects Mapping (rREM)

*Strategic Priority: Enabling delivery of our long-term strategy*

### Overview

- The Behavioural Science Unit commissioned [an independent evaluation](#) to understand their impact and learn how to better enable PHW and its stakeholders to use behavioural science (BeSci) in practice.
- *Realist Ripple Effects Mapping* (rREM) methodology was used, employing qualitative research methods to map direct impacts and ‘ripple effects’ from the Unit’s work, and the mechanisms by which they occurred.

### Our Impact Findings: (also see [our 2024-25 review](#))

#### Relationship Building

- Being approachable, flexible, and meeting stakeholders *where they are at* has facilitated support of **77 partner organisations to apply behavioural Science** to their work. Stakeholder view: *The relationship has led to further talking, further work, further ideas about being champions around behavioural science.*

#### Developing capability

- Using relevant and practical examples for stakeholders has led to over **2000 attendees to workshops and training**. Stakeholder view: *Colleagues that have attended sessions feel skilled with the capability to use behavioural science.*

### Increasing use of BeSci in practice

- Sharing good practice and showcasing examples has enabled **growth of the BeSci Community** to over 350 stakeholders from across the system (38% increase vs 2023-24). Stakeholder view: *I will learn better by doing things practically, than by just reading the toolkit.*

### rREM as a foundation for further work

- ‘Outcome indicators’ have been integrated into a **theory of change**, through which the Unit can evidence pathways from activities and outputs to outcomes and impact.
- Further online and in-person events planned to **connect, share and learn** about the application of BeSci in practice.
- A bespoke, multi-level BeSci learning and development programme will be launched later this year to **improve capability and motivation to use BeSci** in their work to **optimise intended outcomes**.

### Next steps to build impact

- Develop and implement of an evaluation framework to further demonstrate the **impact of direct support** and guidance provided by the Unit, and the **indirect impacts** of these activities on **health and equity**.
- Collation of case study examples to evidence **outcomes and impacts** of the Unit’s work and showcase the **benefits of the application of BeSci** to public health.



# Policy and International Health



## Social Value for Well-being and Foundational Economies in Wales

*Strategic Priority: Influencing the Wider Determinants of Health*

### Overview

- In partnership with the WHO Venice Office, the Public Health Economics & Value (PHEV) Team is supporting the move to a **Well-being Economy** and supporting the **Foundational Economy**.
- The shift from economic development focused on traditional measures such as GDP to more holistic approaches has the potential to boost investment in prevention, transform health outcomes and reduce health inequalities.
- We focus on promoting and embedding **social value** as an effective methodology to understanding outcomes linked to the wider determinants of health.

### Our Impact

#### Developing an evidence base on Social Value for Public Health

- Published a set of **evidence briefs** mapping the application of social value methods to public health services and interventions across the [Life Course](#), [Mental Health](#) and [Physical Activity & Nutrition](#).
- Published a [summary report](#) on the **Economic Impact of the Welsh Healthcare Sector supporting its anchor role** for local communities and businesses.
- These knowledge products and related engagement work across NHS Wales provide a **strong evidence and collaboration base** for utilising social value approach to assess wider well-being, social, environmental, and economic outcomes - **strengthening the case for investing in prevention**.

### Applying social value expertise at the global and national level

- In recognition of our leading expertise, the Pan-American Health Organisation (PAHO) **Comprehensive Immunisation Programme** commissioned the PHEV team to establish the evidence base for stakeholder understanding of the social value of immunisation.
- This work will **strengthen the understanding** of decision-makers and the public, of the wider societal and economic value of immunisations leading to **better outcomes due to addressing vaccine hesitancy and increasing vaccination rates**, both for PAHO and Wales, working in collaboration with PHW Vaccine Preventable Disease Programme (VPDP).

### On-going work and next steps to build impact

- Publish a 'Social Value E-Guide for Public Health' for **day-to-day use** and **capacity building, growing understanding and application of social value methods** across the NHS and **informing investment decisions**.
- Working with Health Boards on Well-Being & Foundational Economy, including support to establish a South-West Wales Regional Health Economy.
- Exploring opportunities to **influence Corporate Joint Committees (CJCs)** at the regional level as a key vehicle for investment in Wales, to take account of public health and the requirements for a well-being economy.
- Exploring the role and impact of wider determinants in urban settings – for example 'Healthy High Streets' to **build the economic case for local planning and regulatory approaches** to do more to improve population health.

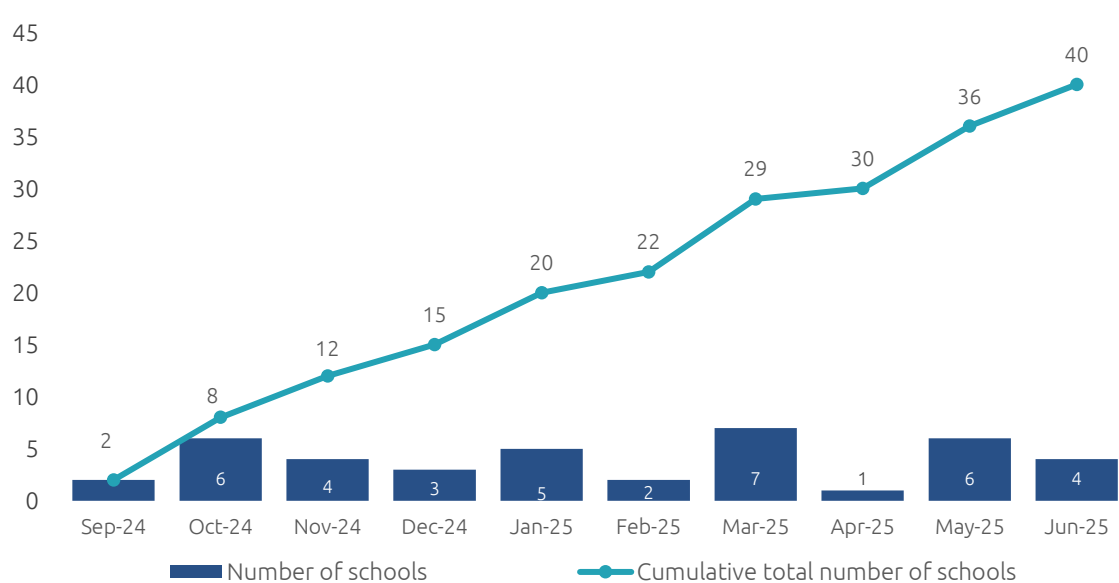


# Health and Wellbeing

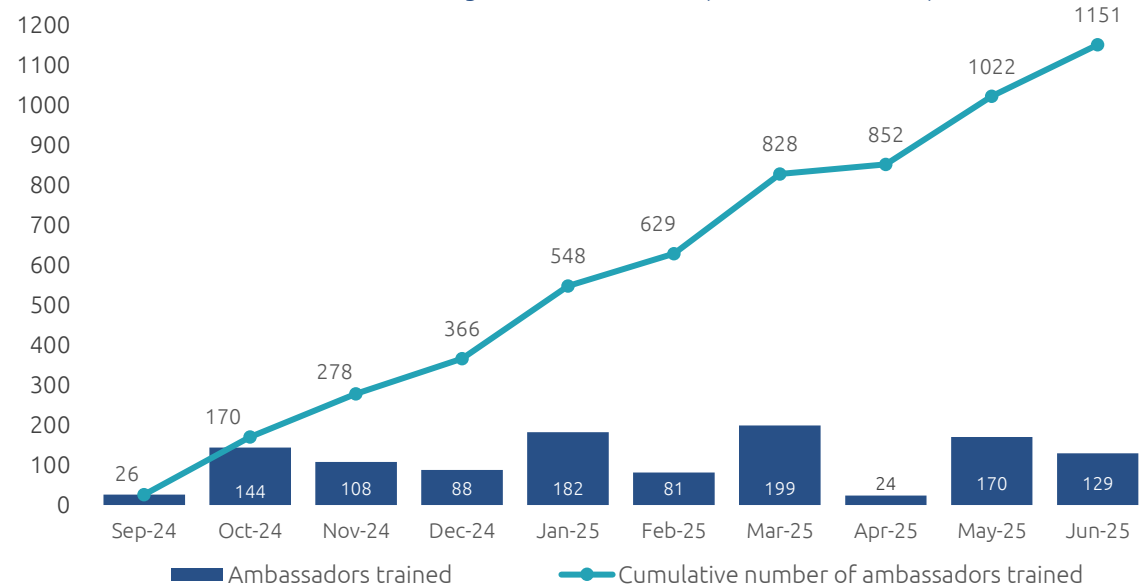


## JUSTB / BYW BYWYD

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



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



- JUSTB/BYW BYWYD is an evidence-based smoking prevention programme that utilises peer influence and networks to disseminate smoke free norms.
- The programme is delivered to Year 8 pupils in secondary schools with the highest smoking rates.
- The 24/25 academic school year planned to progress to normal delivery levels of 40-50 schools in total. By end of June 2025, we have reached 40 schools and 1,151 Ambassadors across Wales (there will be no further delivery of 2-day during July/Aug 2025).
- During 2024/25, recruitment has been challenging with schools perceiving smoking to be less of an issue than vaping. We are working with DsPH to secure their support in local recruitment.

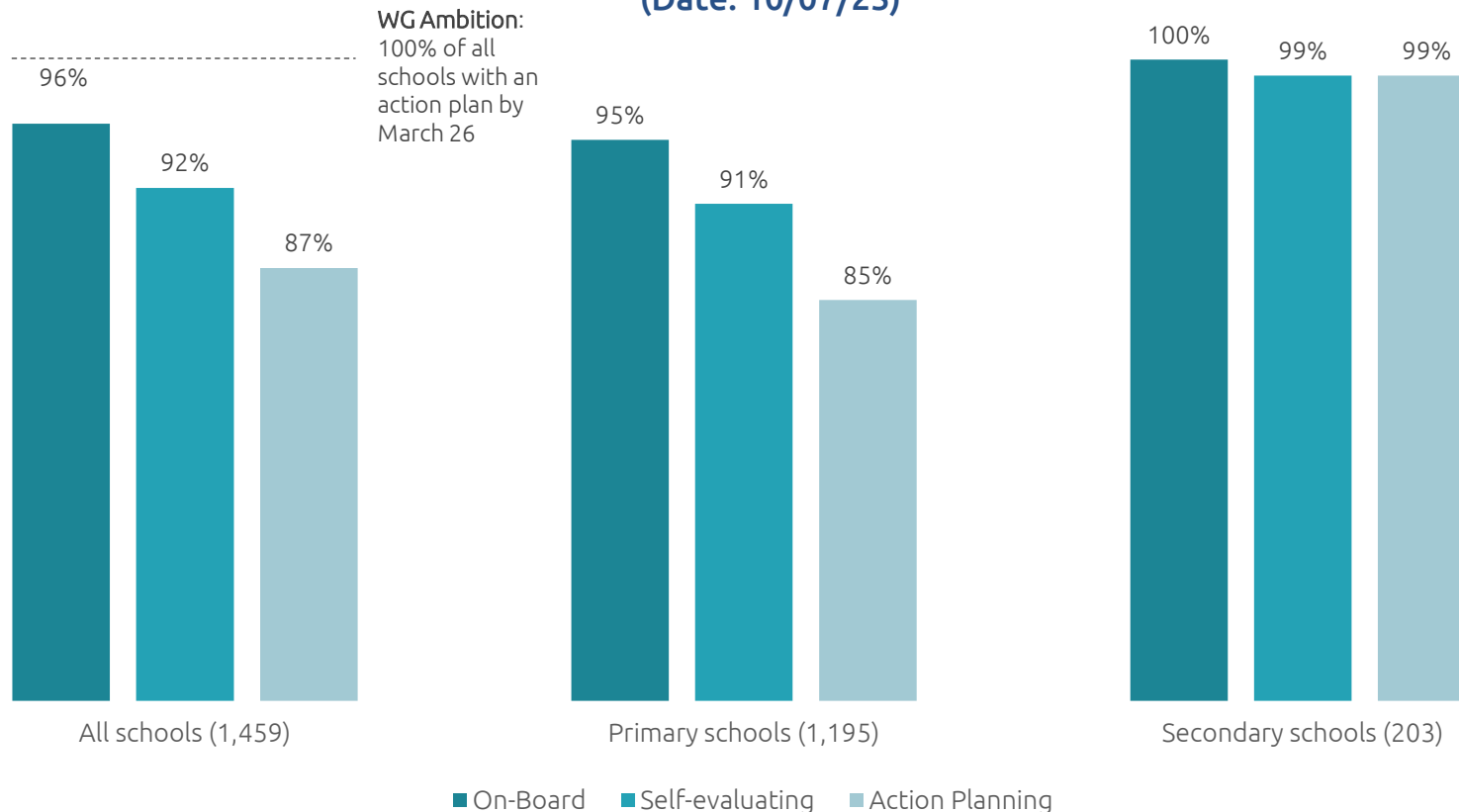


# Health and Wellbeing



## Whole School Approach to Emotional and Mental Wellbeing

Percentage of schools 'on-board', 'self-evaluating', or 'action planning' as part of their Whole-School Approach to Emotional and Mental Well-being (WSAEMWB) (Date: 10/07/25)



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

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

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

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

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



# Health and Wellbeing



## Help Me Quit (HMQ)

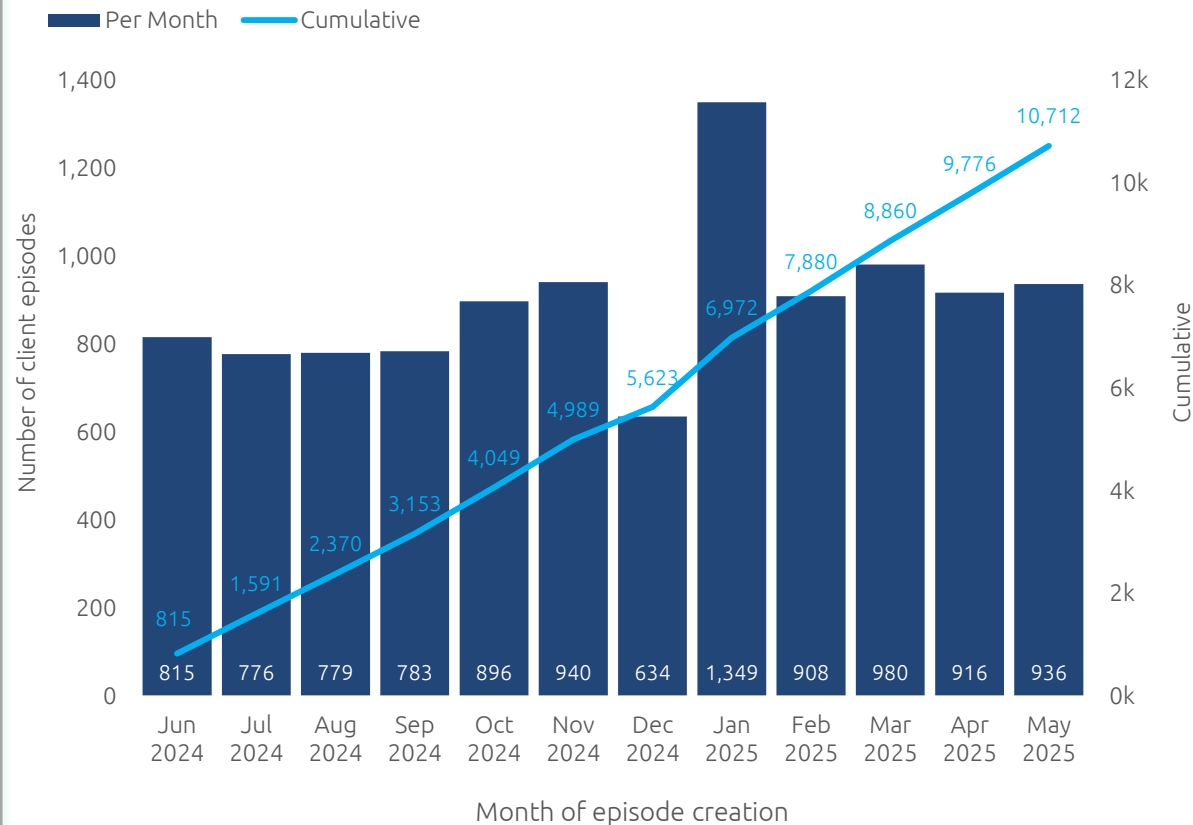
In May 2025, the Hub was responsible for contacting 1,261 new referrals, representing a 32% increase compared with May 2024 (957 referrals). The team also handled 883 inbound calls, up from 804 in the same month last year. A total of 936 new client episodes were created by the Hub, an increase from 811 in May 2024.

**Timeliness of first contact:** 93% of new referrals received their first contact attempt within two working days. This is a slight decrease from 97% in April but remains above the target of 90%.

**Assessment scheduling performance for the National Telephone Support Service (NTSS):** The proportion of client episodes meeting the target of scheduling an assessment within 14 days of initial contact fell from 78% in April to 68% in May. This drop coincided with operational pressures and changing local provision.

**Service changes in local provision:** Swansea Bay UHB withdrew from delivering telephone support in May. As a result, the NTSS absorbed additional telephone support activity, which impacted assessment scheduling performance.

Number of client episodes created by the Hub



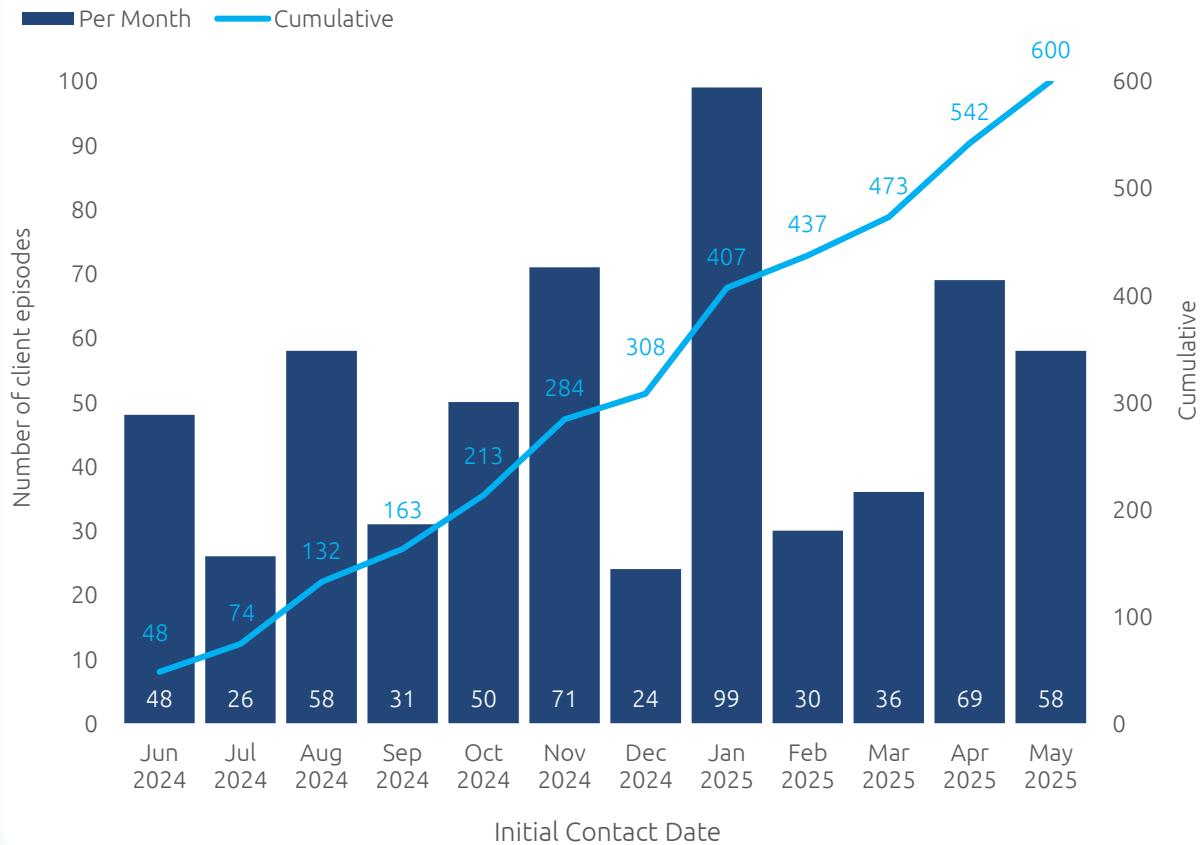


# Health and Wellbeing

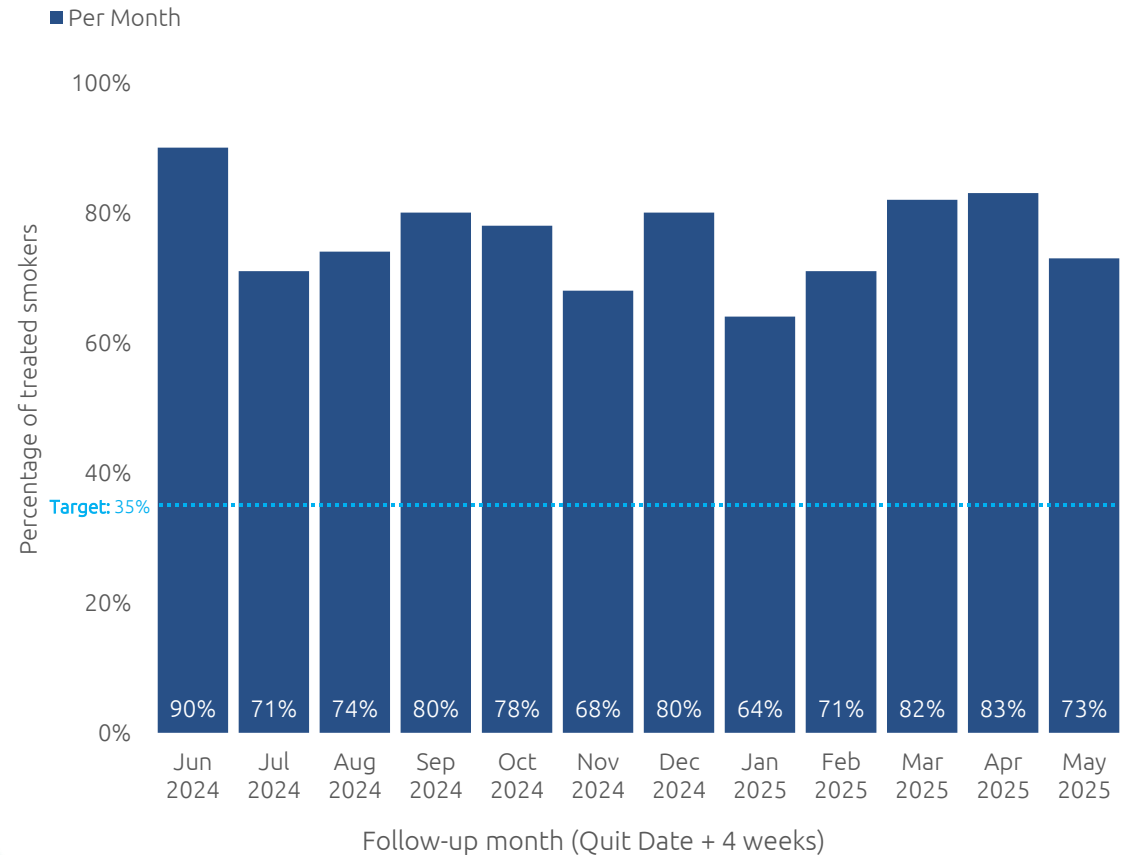


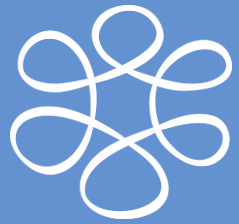
## Help Me Quit

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	May-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Strategic Plan – Percentage of milestones currently green or complete		96.2%	86.3%	87.9%	87.8%	86.9%	86.4%	87.9%	84.6%	96.1%	93.5%	91.8%
Strategic Plan – Percentage of milestones currently red		0.8%	2.5%	5%	3.8%	3.8%	3.8%	2.6%	3%	0.9%	1.2%	2.1%
Request for Change (RFC) – Number of milestone changes approved		4	9	13	9	8	5	4	7	4	3	8
Strategic Priority 1 – Wider determinants		88.9%	88.9%	77.8%	77.8%	77.8%	77.8%	77.8%	77.8%	100%	100%	100%
Strategic Priority 2 – Promoting mental and social wellbeing		88.9%	100%	100%	100%	100%	100%	100%	100%	100%	100%	82%
Strategic Priority 3 – Promoting healthy behaviours		93.3%	73.3%	66.7%	65.5%	57.1%	71.4%	74.1%	67.9%	94.1%	92.1%	89.5%
Strategic Priority 4 – Sustainable health and care system		100.0%	88.4%	95.3%	95.3%	93%	93%	95.2%	92.9%	100%	93%	93%
Strategic Priority 5 – Excellent public health services		83.7%	76.7%	81.4%	88.1%	85.7%	83.3%	83.3%	83.3%	91.1%	93%	93.1%
Strategic Priority 6 – Climate change		100.0%	100%	100%	80%	100%	100%	100%	100%	100%	100%	100%
Enabling delivery of our plan		97.9%	0%	0%	0%	0%	87.4%	89.1%	94.4%	97.2%	92.5%	91.3%
Strategic Change Programmes – Percentage of milestones currently green/amber		89.0%	100%	77.8%	90%	87.5%	87.5%	75%	62.5%	75%	100%	100%
Strategic Change Programmes – Percentage of milestones currently red		0.0%	0%	0%	0%	0%	12.5%	0%	0%	0%	0%	0%



# Strategic Plan Milestone Delivery



## Strategic Priority Delivery Status

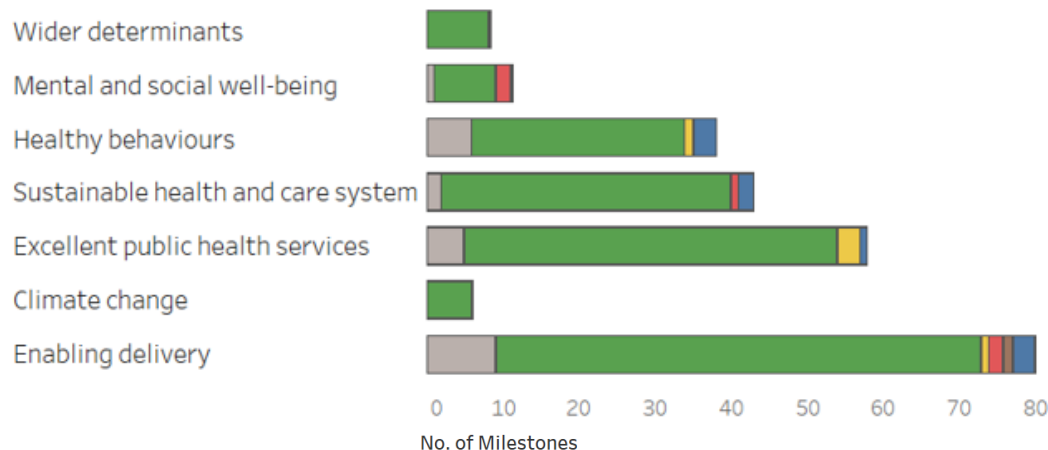


## Request for Change

A total of 8 Requests for Change were submitted for approval in month 3.



## By Strategic Priority



At the end of Quarter 1 2025/26, 23 milestones have been completed and 201 are currently reporting as green. This means 92% of the milestones are on track for delivery by agreed timescales.

There are 5 amber milestones at risk of delay, which are all scheduled for delivery in Quarters 3 or 4. Four of these milestones were reporting as amber last month and continue to be monitored. The fifth amber milestone relates to publishing Every Child Resources and is delayed due to resource issues. An RFC has been submitted to extend the delivery date by 2 months.

There are 5 milestones reporting as red. Launched Phase 1 of Every Child digital offer has submitted an RFC to suspend whilst working on an optional appraisal and will be replanned once more details are agreed. Work with local authorities on the role of early years services in building a sustainable health and care system has submitted an RFC to suspend the milestone to enable replanning, this is due to changes in scope following discussions with Welsh Government policy leads.

The remaining 3 red milestones have all requested delivery date extensions within this year, with no significant impact.

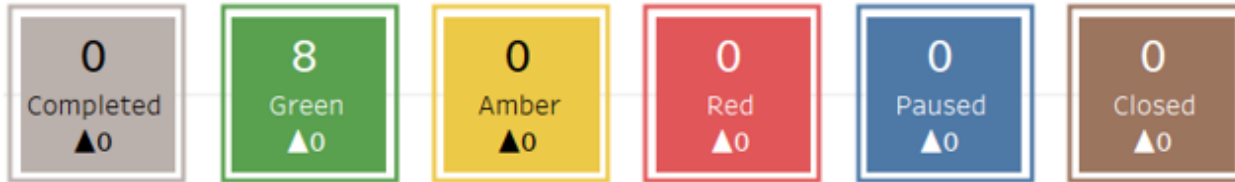


# Strategic Plan Milestone Delivery



## Strategic Priority 1 – Wider determinants

### Current Delivery Status



### By Directorate



### Changes to Plan

No requests for change received in month 3

### Strategic Priority Overview

- **Poverty and worklessness:** Child Poverty event with Wrexham University and Welsh Government to explore poverty, health, and systems leadership. Working with four nations partners to improve evidence base on worklessness and health.
- **Health impact assessment:** WHIASU promoted HIA nationally and internationally through expert-led events including the Royal Town Planning Institute Cymru annual conference and the EUPHA conference 'Institutionalizing HIA in Europe for better supporting decision-making processes'.
- **Public Services Boards:** Baseline evaluation of Shaping Places Programme led to multiagency workshop and report on increasing PSB delivery and impact. From this, national agencies now working together to deliver on identified actions, report shared with Chairs.
- **Regional economy:** PHW, in partnership with HDUHB and SBUHB, led a joint workshop supporting development of a SWW Regional Health Economy in the context of Well-being and Foundational economies

### 2025 Route Map Development

- Final stages of refining routemap: workshop challenging ourselves on our ambition across the organisation, refining our milestones for 2025-35 and further developing our approach to the measurement system for the priority WDoH.

### Issues/Risks

- WHIASU receiving increased requests for support for HIAs of Local Development Plans.
- Implications (opportunities and challenges) of announcement of Marmot nation currently unclear

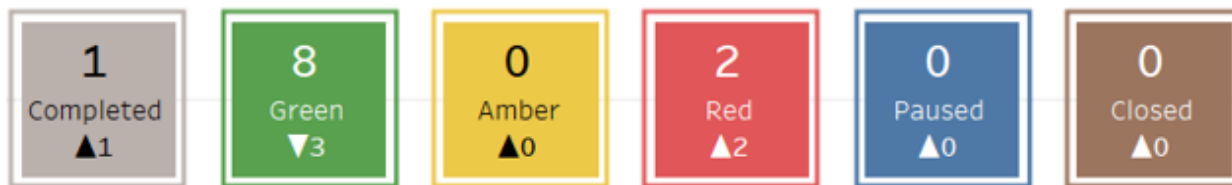


# Strategic Plan Milestone Delivery



## Strategic Priority 2 – Promoting mental and social wellbeing

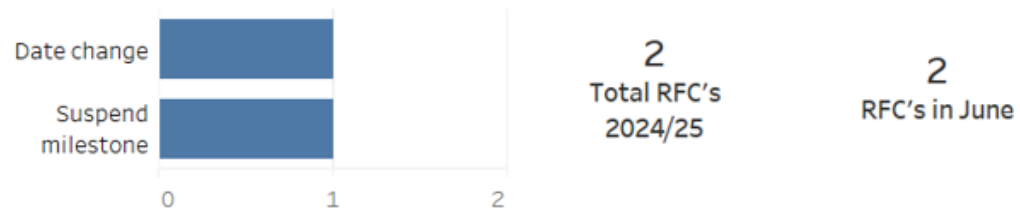
### Current Delivery Status



### By Directorate



### Changes to Plan



### Strategic Priority Overview

Work within this strategic priority builds on the Hapus Programme, the Framework for the best start in life (Launching in July 2025) and completion of phase 1 of the implementation of the Whole School Approach to Mental and Emotional Wellbeing and the development of Proposed new Standards for Health and Well-being Promoting Schools in Wales have been produced along with implementation plans for approval.

This is underpinned by the published National Mental Health and Wellbeing Strategy 2025-35. Work is ongoing to:

- Scale up comms and engagement around the Hapus National Conversation on Mental Wellbeing.
- Implement the Mental Health and Wellbeing Strategy Delivery Plan for 2025/26-2027/28
- Launch, engage stakeholders and enable implementation of the Early Years Framework for Action
- Implement the new Health & Well-being Promoting Schools National Standards
- Support to schools to embed a Whole School Approach to Emotional and Mental Wellbeing (aiming for WG target for 80% of all schools' action planning (83% achieved).

### 2025 Route Map Development

- Routemaps have now been finalised, and work is ongoing consider next steps

### Issues/Risks

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

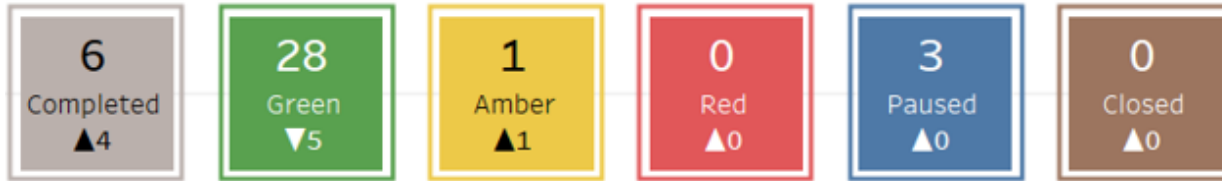


# Strategic Plan Milestone Delivery



## Strategic Priority 3 – Promoting healthy behaviours

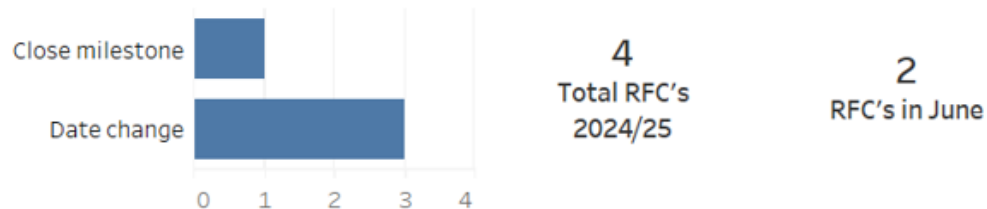
### Current Delivery Status



### By Directorate



### Changes to Plan



### Strategic Priority Overview

- Strengthened existing work, campaigns and systems for smoking and vaping cessation in Wales, with a new interactive quit tool and work for planned service developments (app and system upgrades) along with development of targeted tobacco and vaping prevention
- Development and implementation of the programme of work to support Gambling related harm
- Support school food Regulations in Wales (consultation launched) and breastfeeding
- Lead the whole systems programme for healthy weight in Wales to support system level changes for healthy weight in Wales with established work in all areas of Wales along with work to support legislation and policies for healthier food environments
- Review and development of weight management pathway approaches (including maternity pathway) to include support for newer weight management medications
- Delivery of proposals for Daily active whole school approach to Physical Activity and place-based approaches for active travel
- Development of work for drugs (with learning from needs assessment) and alcohol
- Deliver the Healthy Working Wales programme for workplace health across Wales
- Revised and updated the monitoring and evaluation framework for Healthy Weight Healthy Wales

### 2025 Route Map Development

- Routemaps have now been finalised, and work is ongoing to consider next steps

### Issues/Risks

- Workforce capacity to support the delivery of ambitious preventive programmes of work
- Ensuring programmes have the time capacity and ongoing (not annual) funding needed for effective prevention.
- Cross-organisational coordination and system capacity to support system level change

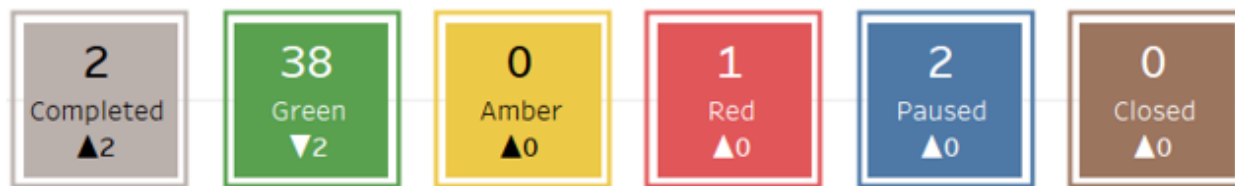


# Strategic Plan Milestone Delivery

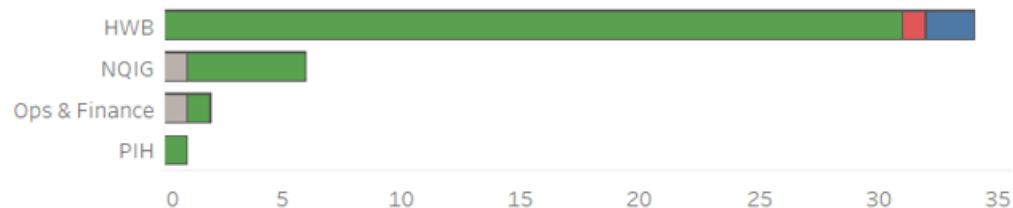


## Strategic Priority 4 – Supporting a sustainable health and care system

### Current Delivery Status



### By Directorate



### Changes to Plan



### Strategic Priority Overview

- [All Wales Diabetes Prevention Programme outcome evaluation](#) published
- 'A Public Health Approach to Primary and Community Care by 2035' phase one report published
- Healthcare Public Health Framework completed ready for publication in late July; supporting [toolkit](#) live on [PCONE](#)
- Work progressing on CVD prevention programme ~ ABCD+
- PHW sponsored and presented two awards: Greener Primary Care and Prevention Award for at the [NHS Wales Sustainability Conference](#) on 20<sup>th</sup> June
- Evaluation of the WG Directed Supplementary Service for Complex Multi-Morbidity & Frailty completed. Report submitted to WG for consideration, as part of the Cabinet Secretary briefing on the 50-Day Challenge work to inform 2025 winter plan
- [Health Inequalities dashboard](#) developed; webinar held on 1<sup>st</sup> July to introduce the dashboard to stakeholders
- Completion of the [evaluation report of the Designed to Smile digital consent pilot](#)
- The NHS Wales Safeguarding Network work plan which outlines the national safeguarding priorities for 2025/26 was approved. A series of learning videos have been produced.

### 2025 Route Map Development

- A Public Health Approach to Primary and Community Care by 2035 phase one report published; findings triangulated with the draft route map
- Further stakeholder engagement to inform final editing of the route map
- Route map milestones finalised

### Issues/Risks

- Cross-organisational coordination and capacity to deliver ambitions of the strategic priority
- Workforce capacity to deliver the ambitions of the route map
- System capacity to engage in prevention & long-term thinking versus operational pressures

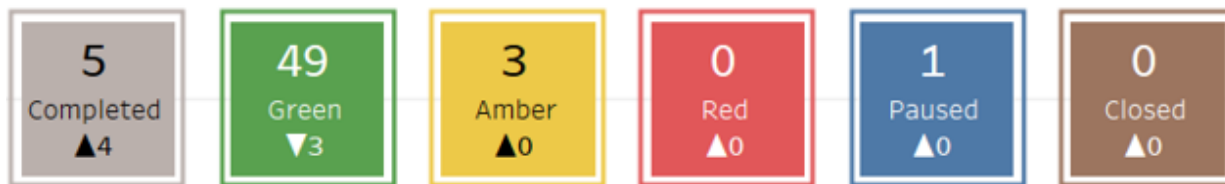


# Strategic Plan Milestone Delivery

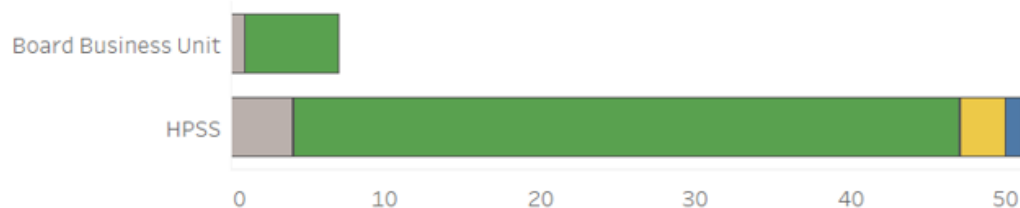


## Strategic Priority 5 – Delivering excellent public health services

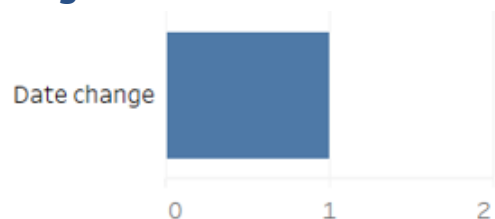
### Current Delivery Status



### By Directorate



### Changes to Plan



**1**  
Total RFC's  
2024/25

**No requests for  
change received in  
month 3**

### Strategic Priority Overview

- Work monitoring delivery of the EPHS strategic plan 2025/28 continues with five milestones completed to date
- Continue to support the Covid 19 public inquiry
- A business case stocktake is being undertaken and a forward plan will be developed to support delivery of our strategic plan
- NQIG, working with HPSS & OMD are supporting the All-Wales Decision Making and Consent Self-Assessment, commissioned by NHS Shared Services. Additional to the self-assessment, the current approach across PHW to embedding consent and decision-making principles in relevant activities is being assessed.

### 2025 Route Map Development

- Key individuals have been identified to develop HPSS divisional implementation plans for route maps (clarity around route maps next steps is awaited before engaging more widely across the organisation via QOG)

### Issues/Risks

- Risk remains that EPHS will be viewed as limited to HPSS and other direct public facing services, missing opportunity to include internal / enabling services
- The successful delivery of the EPHS strategic plan is heavily reliant on both internal and external dependencies (79%)
- Three milestones are showing warning signs that they may be delayed and are being monitored

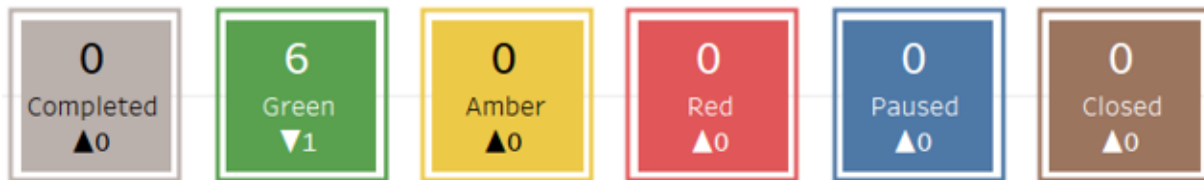


# Strategic Plan Milestone Delivery



## Strategic Priority 6 – Climate change

### Current Delivery Status



### By Directorate



### Changes to Plan

No requests for change received in month 3

### Strategic Priority Overview

- Launched PHW Business Travel Policy on 12 June to support colleagues to consider healthy, sustainable modes when travelling for work. Evaluation plan for the PHW Business Travel Policy is being developed to evaluate the first year of implementation.
- Progressed work on Climate Adaptation planning, including scoping and assessments of current and future risks, to meet Welsh Government timelines.
- Supported the 2nd NHS Wales Sustainability Conference and Awards with Primary Care sponsoring 2 awards and the Health & Sustainability Hub along with Microbiology shortlisted for 2 awards.
- The evaluation plan for the 2024-2026 Decarbonisation and Sustainability Plan has been developed. The full evaluation will take place over Q2 and inform the development of the 2026-2028 Plan.
- Two carbon emissions dashboards have been developed that will enable monitoring of carbon emissions throughout the year
- Work is being undertaken to embed decarbonisation and sustainability considerations within the updated Project and Programme Management (PPM) templates for PHW.

### 2025 Route Map Development

- The route map has gone through an approval process including CCPB and Executive Sponsors. It has been submitted to the Strategy, Planning & Corporate Affairs Division alongside the other route maps for collective consideration.

### Issues/Risks

- Strategic risks drafted and discussed at Climate Change Programme Board with a view to finalising. A corporate risk on reaching net zero target has also been developed.

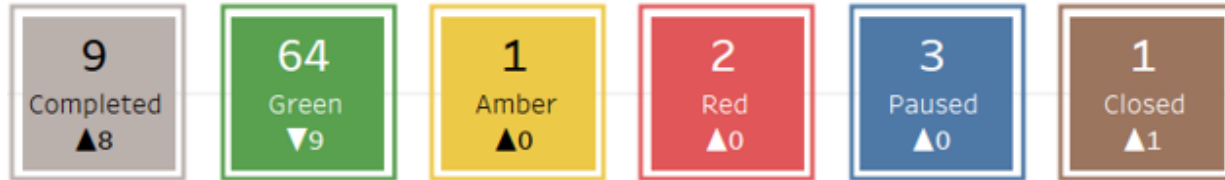


# Strategic Plan Milestone Delivery

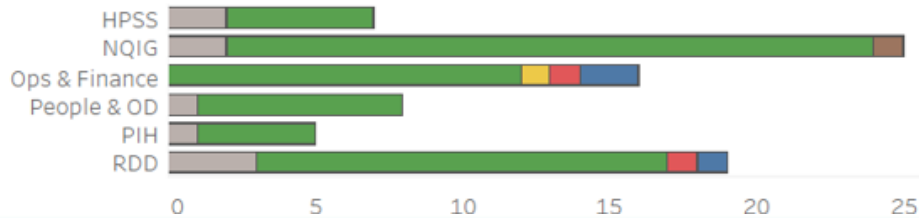


## Enabling delivery of our plan

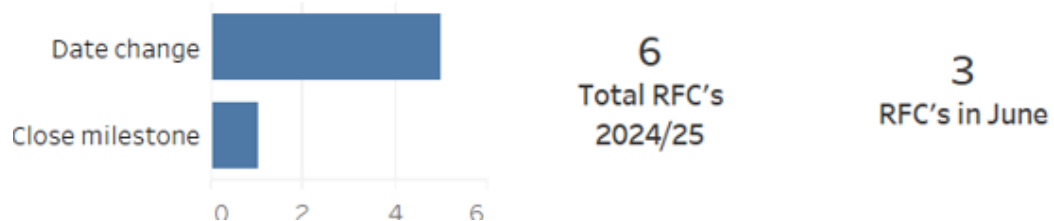
### Current Delivery Status



### By Directorate



### Changes to Plan





# Strategic Change Programmes



## Strategic Change Programmes Overview

Each Strategic Programme reports a monthly Delivery Confidence Assessment (DCA) for overall programme delivery. Detail on all programmes, including tier 3, is available on the Performance and Assurance dashboard.

A high-level summary of the DCA status for Tier 1 & 2 programmes, as of June 2025, is provided below.



## Key Information

There is no changes to RAG status across any of the programmes this month.

**Web Transformation:** Remains **Green/Amber**. Progress continues across key milestones with improving stakeholder engagement. Organisational resistance remains a delivery risk but is being actively mitigated. PHW Website private beta has launched with 70% content migrated; staff feedback underway ahead of public beta in September 2025.

**Lung Cancer Screening:** Remains **Green**. A letter has been sent from WG to PHW setting out the approval and funding commitment which means we can progress to the next stage. A programme structure will be established in place of the current project structure. Development of documentation underway.

**Digital Health Protection:** Remains **Amber**. Awaiting final version of funding letter from WG to give greater assurance of ongoing funding commitment. Procurement pre-engagement complete; pre-tender launch imminent. Job descriptions pending HR approval. Workstreams defined; Full Business Case aimed for approval in September 2025.

**Tackling Diabetes Together:** Remains **Amber**. Deep-dive programme review underway being led by Programme Director, with early findings due at Change Board in July. A successful June campaign drove 246 new My Desmond app registrations in a week.

**Infection Services Lab Modernisation** is still in development and not yet ready for a delivery confidence assessment.

## Programme Detail

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

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





# Inequalities



## Public Health Wales' Role in Addressing Inequalities in the Early Years: Health Improvement Priorities 2025/26

- Communicate and develop implementation plans for the 'Best Start in Life: An Early Years Framework for Action' (see overleaf).
- Host a data roundtable in collaboration with the RDD Directorate to enable the identification and agreement of key actions to improve the availability of high-quality data on early years outcomes and inequalities in Wales.
- Undertake a review of early child development assessment tools to inform future policy and practice.
- Publish the final resources within the refreshed national parent health information offer for families with children aged 2 – 7.
- Advise Welsh Government on implementation of their forthcoming infant feeding action plan to ensure adequate resource and clear governance, accountability and assurance mechanisms.
- Commence a collaborative workstream, with the Behavioural Science Unit and local teams, to develop behaviourally informed interventions that strengthen societal and environmental factors supporting healthy weight in babies and children.
- Board development and briefing sessions on the importance of early years and the role of PHW booked for October and December.
- Work jointly with Health Board maternity and public health teams to strengthen Reducing Smoking in Pregnancy programme implementation plan to reflect findings of review of first year of operation.

## System Leadership: Children's Healthy Weight and Nutrition

- Built consensus for a revised infant feeding data framework now being implemented across health boards, which will enable improved detection of inequalities and impact evaluation.
- Advised Welsh Government on an All-Wales Infant Feeding Action Plan, including resource needs and governance requirements to realise the ambition.
- Delivered a co-produced breastfeeding support project in two low-rate areas, training 22 local volunteers to expand support and improve community attitudes.
- Advised Welsh Government on the Competition and Markets Authority's infant formula pricing investigation and are supporting an implementation plan to ensure fair and affordable access for families.

## System Leadership: Best Start in Life: An Early Years Framework for Action

- Published on 8th July 2025, the [framework](#) is informed by professionals and families collective knowledge, skills and experience of what matters most at this critical point in babies and children's lives.
- The framework has been developed to help better coordinate the action needed to bridge the gap between our policy ambition and the inequalities in outcomes experienced by babies, young children and their families in Wales. It is designed to help organisations, partnerships and national agencies identify, understand and prioritise action to strengthen the early years system.



# Inequalities



## School Health Research Network dashboard update

We recently updated data in the [School Health Research Network \(SHRN\) dashboard](#). New indicators have been added which show some important inequalities between students living in high, middle, and low affluence families, and by sex:

- In 2023, girls from low (21%) and middle (19%) affluence households were more likely to be classified as **problematic social media users** than those from high affluence households (16%).
- Over 1 in 5 girls (21%) in Year 9 and Year 10 were classified as **problematic users of social media**, double that of boys (10%) in the same year groups in 2023.
- More than half of girls (54%) in Wales in 2023 reported experiencing **feelings of low mood, irritability, nervousness, or trouble getting to sleep**, while only about one-third of boys (32%) reported the same issues.
- Girls in lower affluence households (61%) were more likely to experience the above than those from higher affluence households (49%).
- Also in 2023, boys were more likely to spend their own money on **gambling** compared to girls. 14% of boys reported spending their own money on gambling in the last 7 days compared to just 8% of girls.

Other existing indicators have been updated with new data:

- In 2023, the percentage of children living in high affluence households taking part in vigorous **exercise outside of school time at least 4 times a week** was 45%, whilst in low affluence households it was 32%.
- Overall, there was a large gap between the percentage of boys versus girls taking part in **exercise outside of school** at 49% and 31% respectively.
- The inequality gap between students reporting to **eat at least one portion of fruit or veg per day** by family affluence scale is widening over time. In 2023, 53% of students from high affluence families report eating at least one portion of fruit or veg per day compared with 36% from low affluence families.

The SHRN team are discussing the next stage of updates for the dashboard and are looking to update the dashboard later in the year. A dashboard of data on primary school children is also being considered.

## Cancer mortality 2002-2024

- We recently published official statistics on [cancer mortality in Wales from 2002-2024](#)
- This analysis shows that, after adjusting for age, **cancer mortality rates remain higher in the most deprived areas compared to the least deprived areas**, with no real improvements in the inequality gap over the reported period. The rate was **52% higher** in the most deprived areas in 2024.
- **Men continue to have more deaths from cancer than women** in Wales (4,895 deaths vs. 4,228 deaths in 2024), although the gap in the mortality rate is narrowing.
- Lung cancer is the leading cause of cancer mortality. Mortality rates among men have decreased, but for women have remained relatively static. **Lung cancer also shows the widest socioeconomic inequalities** in mortality of the 4 most common cancers. In 2024, rates were 2.5 times higher in the most deprived areas compared to the least deprived, **mirroring inequalities in smoking prevalence**.

## Child Measurement Programme [report 2023/24](#)

- Boys are slightly less likely to be living with overweight than girls, but around 12% of both sexes are living with obesity. Girls are less likely to be living with underweight than boys.
- In the most deprived areas of Wales, 28.6% of children are living with overweight or obesity, compared to 20.3% in the least deprived areas
- Children living in rural areas were more likely to be living with overweight or obesity compared with urban areas (26.8% vs 25.0%)

## Respiratory disease prevalence [article](#)

- We have published an article on respiratory disease, which includes information about trends, risk factors, and 10-year projections
- People in the most deprived fifth of areas are **more than twice as likely to die from a respiratory disease** compared with those residing in the least deprived fifth. Since the pandemic, the gap in rates of emergency admissions for respiratory disease has widened



## Section 4

# Outcomes Measurement



# Outcomes Measurement



Strategic Priority	Indicator	Latest value	Time period	Recent trend	Most deprived fifth	Least deprived fifth	Recent trend in deprivation gap
Overarching outcomes	Healthy life expectancy – males	60.3 years	2021-2023	↓	51.6 years*	68.0 years*	↑
	Healthy life expectancy – females	59.6 years	2021-2023	↓	47.9 years*	68.1 years*	↑
Mental wellbeing	Average mental wellbeing score – adults	48.1	2022/23	More time required to establish trend	45.7	49.0	More time required to establish trend
	Average mental wellbeing score – adolescents	23.5	2023	↑	22.1	24.1	↑
	Feel a sense of community	63.8%	2021/22	More time required to establish trend	54.1	69.1	More time required to establish trend
Healthy behaviours	Smoking prevalence – adults	12.8%	2022/23	More time required to establish trend	21.8%	7.5%	More time required to establish trend
	Smoking prevalence – adolescents**	2.6%	2023	↓	4.0%	2.1%	↓
	Healthy weight – adults	36.1%	2022/23	More time required to establish trend	33.7%	39.5%	More time required to establish trend
	Healthy weight – adolescents**	65.0%	2021	More time required to establish trend	71%***	82%***	More time required to establish trend
	Meeting physical activity guidelines – adults	55.4%	2022/23	More time required to establish trend	47.7%	61.4%	More time required to establish trend
	Meeting physical activity guidelines – adolescents**	18.3%	2023	↑	15.3%	20.4%	↑
	Alcohol consumption above guidelines – adults	17.2%	2022/23	More time required to establish trend	14.6%	21.3%	More time required to establish trend
	Alcohol consumption – adolescents**	35.6%	2023	↓	32.4%	37.6%	↓

Updated  
Updated

\*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 include adolescents with healthy weight and underweight. We are currently working on disaggregating these



# Outcomes Measurement



Strategic Priority	Indicator	Latest value	Time period	Recent trend	Most deprived fifth	Least deprived fifth	Recent trend in deprivation gap
Sustainable health and care system	Avoidable mortality rate	283 per 100,000	2021-2023	▬	In development	In development	In development
	Prevalence of cardiovascular disease	5129.9 per 100,000	2023	↑	Awaiting dataset updates*	Awaiting dataset updates*	Awaiting dataset updates*
	Prevalence of diabetes (ages 17+)	7.694.2 per 100,000	2023	↑	Awaiting dataset updates*	Awaiting dataset updates*	Awaiting dataset updates*
	Prevalence of respiratory disease	4603.9 per 100,000	2023	↑	Awaiting dataset updates*	Awaiting dataset updates*	Awaiting dataset updates*
	Prevalence of cancer	3,268.0 per 100,000	2023	↑	Awaiting dataset updates*	Awaiting dataset updates*	Awaiting dataset updates*
Excellent public health services	'6 in 1' vaccination coverage at age 1	94.2%	2023/24	↓	Not available	Not available	Not available
	MMR coverage at age 2	92.9%	2023/24	▬	Not available	Not available	Not available
	HPV coverage at age 15	74.1%	2023/24	↓	Not available	Not available	Not available
	All routine immunisations coverage at age 1	93.1%	2023/24	▬	89.8%	95.8%	↑
	All routine immunisations coverage at age 2	90.8%	2023/24	▬	87.3%	93.6%	↓
	All routine immunisations coverage at age 4	84.6%	2023/24	↓	78.3%	90.2%	↑
	All routine immunisations coverage at age 5	87.8%	2023/24	↓	82.9%	91.3%	↑
	All routine immunisations coverage at age 15	62.2%	2023/24	↓	50.5%	71.8%	↑

Updated

Notes: We have added avoidable mortality rate to the [Public Health Outcomes Framework dashboard](#). Detailed trend information and rates by sex are available. We have removed our indicator of the prevalence of MSK conditions, as methods for measuring MSK in a public health context are currently in development. \*non-communicable disease prevalence by deprivation fifth can be calculated from disease registers, however there are currently changes being made to the disease register datasets available to us. We will progress developing these indicators once these changes are complete



# Outcomes Measurement



Strategic Priority	Indicator	Latest value	Time period	Recent trend	Most deprived fifth	Least deprived fifth	Recent trend in deprivation gap	
Climate change	PHW carbon emissions – direct emissions (kgCO <sub>2</sub> e)	303,700.49	2023/24	↓	Not applicable	Not applicable	Not applicable	New indicator
	PHW carbon emissions – indirect emissions from energy (kgCO <sub>2</sub> e)	236,199.46	2023/24	↓	Not applicable	Not applicable	Not applicable	New indicator
	PHW carbon emissions – indirect emissions (kgCO <sub>2</sub> e)	10,007,535.11	2023/24	↓	Not applicable	Not applicable	Not applicable	New indicator

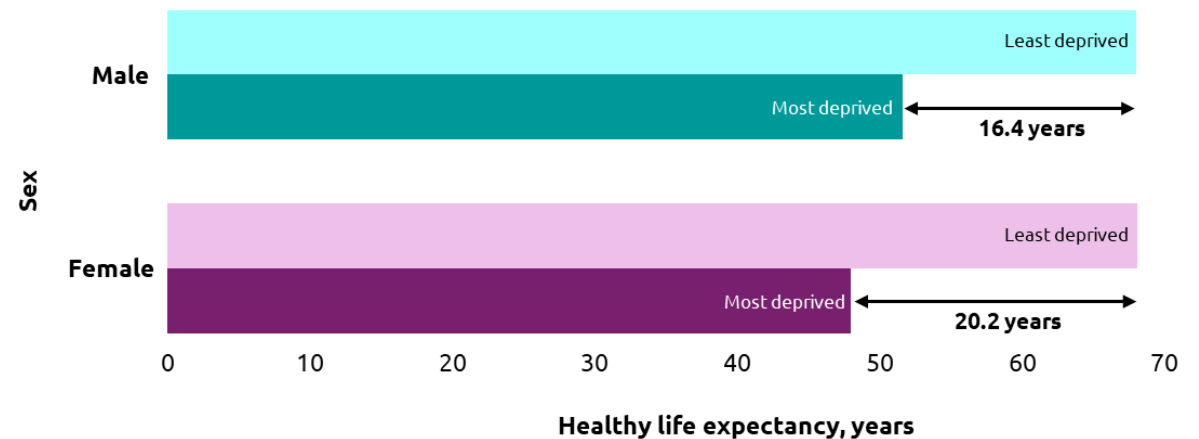
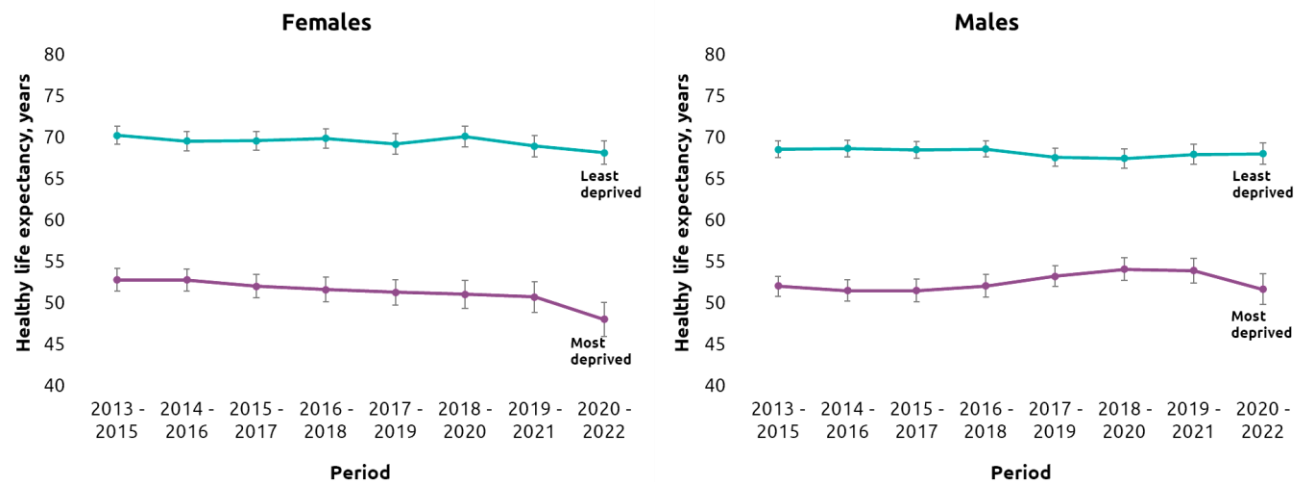


# Outcomes Measurement



## Deep dive – Inequalities in healthy life expectancy

- The Office for National Statistics (ONS) has now published estimates of life expectancy and healthy life expectancy by deprivation quintiles up to 2020-2022.
- In 2020-2022, life expectancy for women living in the most deprived fifth of areas of Wales was 77.9 years, compared to 84.4 years in the least deprived fifth. Men in the most deprived areas had a life expectancy of 73.5 years, compared to 81.3 years in the least deprived areas. The gap in life expectancy between the most and least deprived areas has been growing for both men and women since 2017.
- In 2020-2022, healthy life expectancy for women living in the most deprived fifth of areas of Wales was just 47.9 years, compared to 68.1 years in the least deprived fifth. Men in the most deprived areas had a healthy life expectancy of 51.6 years, compared to 68.0 years in the least deprived areas.
- Women in the most deprived areas can now expect to live 62% of their lives in good health, compared to 80.1% in the least deprived areas. Men in the most deprived areas can expect to live 70.2% of their lives in good health, compared to 83.6% in the least deprived areas.
- The gap between the most and least deprived areas was decreasing in men between 2016-2018 and 2018-2020 but has since increased. For women, the gap has fluctuated more but increased in the most recent period to the highest level since 2013.
- It is important to note that there is uncertainty around healthy life expectancy estimates, due to smaller sample sizes for the Annual Population Survey in recent years.





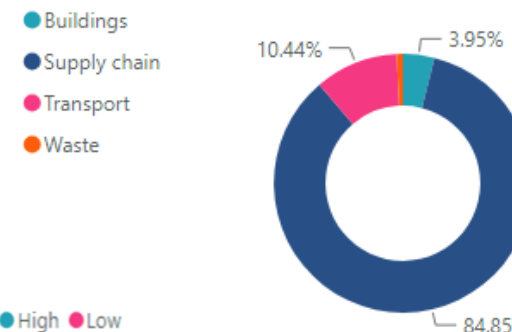
# Outcomes Measurement



## Deep dive – PHW decarbonisation

- Three new indicators have been included against Strategic Priority 6 ‘Tackling the public health effects of climate change’. These estimate carbon emissions from PHW activity. Detailed current figures and recent trends in the three main indicators are shown here, taken from the [PHW Carbon Emissions Reporting dashboard](#), which reports annually based on the [Welsh Public Sector Net Zero Carbon Reporting Guide](#)
- Public Health Wales reported emissions data against each of the three scopes of the Greenhouse Gas Protocol:
  - **Scope 1 direct emissions** – emissions from that are owned or controlled by the reporting organisation
  - **Scope 2 indirect emissions from energy** – emissions from the generation of purchased or acquired electricity, steam, heating, or cooling generated by a third party and consumed by the reporting organisation
  - **Scope 3 indirect emissions** – all indirect emissions (not included in scope 2) that occur in the value chain of the reporting organisations, including both upstream and downstream emissions
- PHW emissions estimates are almost certainly an underestimate, due to the difficulties in accurately assessing emissions across different types of activity, and the lack of available data on key activities like homeworking and staff commuting. These data should therefore be interpreted with caution. Work is ongoing to improve data accuracy and better reflect emissions
- Reported emissions have decreased over the past three years, but trends should be interpreted with caution
- Buildings estimates comprise of emissions from electricity, gas, and water consumption within PHW owned or leased buildings. The supply chain is the largest emissions source as estimated by this methodology, closely tied to budget and procurement levels
- Carbon emissions reporting is impacted by:
  - Changes to non-recurrent expenditure, such as COVID spend, and evolving new ways of working e.g. increased staff returning to the office
  - Organisational growth
  - Developing methodologies for emission categories (for instance we are currently unable to estimate PHW staff commuting emissions)

Emissions by Emission Source





# Evaluation: Measuring impact on health outcomes



Evaluation is a core part of the Measurement System on health outcomes. Here we present findings from recently completed evaluations

## All Wales Diabetes Prevention Programme

- The AWDPP is a 30-minute intervention to reduce Type 2 Diabetes (T2DM) risk in people with prediabetes

### Evaluation approach

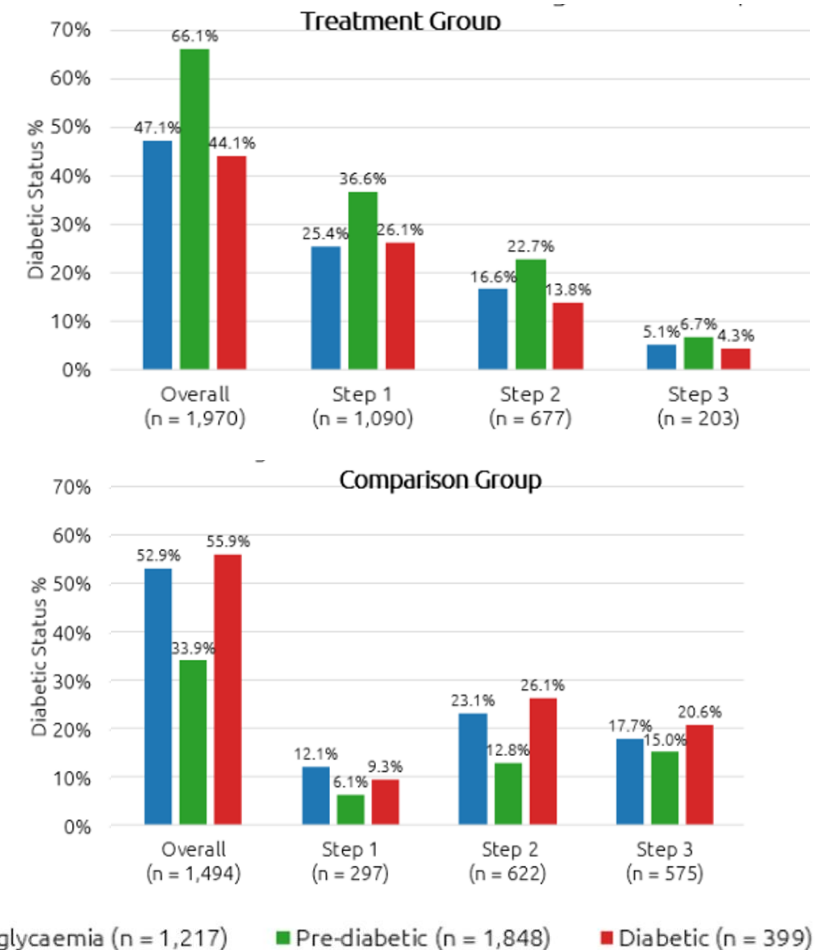
- We carried out an outcome evaluation (using a stepped wedge design), from June 2022 to June 2023. This included 1,970 participants who were offered AWDPP and a comparison group of 1,494 individuals who did not receive AWDPP.

### We found that

- Individuals who received AWDPP were
  - At lower risk of progressing to diabetic blood glucose levels (23% lower risk, relative risk of 6.5, large effect),
  - More likely to remain at pre-diabetic levels (26% higher probability),
  - And after 1 year had, on average 1.1 mmol/mol lower HbA1c, than the comparison group.

### Impact

- AWDPP shows early signs of effectiveness in slowing progression to T2DM.
- If conservative estimates are applied across the Welsh population, it has the potential to deliver significant health and economic benefits.
- For example, in 2020, an estimated 269,747 to 580,000 adults in Wales were living with prediabetes. If those eligible for AWDPP participated, assuming the same level of uptake and effectiveness, this could potentially prevent or delay around 133,400 new cases of T2DM across Wales.





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**Working together  
for a healthier Wales**