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NHS
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Iechyd Cyhoeddus
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Public Health
Wales

Performance and Insight Report

August 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



People Governance	Target	12 Month Look Back	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25
12m Rolling Sickness Absence FTE %	<3.25%		4.09%	4.13%	4.18%	4.23%	4.36%	4.38%	4.41%	4.46%	4.51%	4.51%	4.58%	4.61%
Statutory and Mandatory Training	85%		91.7%	91.7%	92%	92.5%	92.8%	92.9%	92.9%	93.2%	93.3%	93.2%	93.2%	93%
Appraisal Compliance	85%		86.2%	85.3%	85.7%	85.8%	82.6%	84.9%	85.0%	84.8%	86.3%	85.8%	85%	84.2%
Diversity ESR Data	N/A		75%	75%	75%	76%	76%	76%	76%	76%	76%	77%	77%	77%
Agency Spend, % of Total Pay Bill	≤1.7%		1.5%	1.5%	1.5%	1.5%	1.6%	1.7%	1.7%	1.2%	1.3%	1.4%	1.4%	1.4%
Financial Governance														
Revenue Position YTD	Breakeven		-£165K	-£151K	-£199K	-£164K	-£167K	-£172K	-£195K	-£7K	-£19K	-£10K	-£10K	-£33K
Revenue Position Forecast	Breakeven		£0k	£0k	£0k	£0k	-£200K	-£200K	-£195K	£0k	£0k	£0k	£0k	£0k
Capital Year-End Position	Breakeven		£1.063K	£1.203K	£1.362K	£1.423K	£1.700K	£2.058K	£3.578K	£0K	£14K	£23K	£62K	£225K
Public Sector Payment Policy (PSPP)	95%		97.97%	98.17%	98.31%	98.37%	98.21%	98.12%	98.09%	98.21%	96.98%	97%	97.36%	97.56%
Information Governance														
Freedom of Information Request Response*	Within 20-Days		3	6	3	1	2	1	2	0	1	4	2	
Subject Access Request Response*	1 Month Avg		0	0	0	0	0	0	0	1	0	0	0	
Personal Data Breaches Reported	N/A		0	2	6	1	2	1	2	3	0	2	7	
Personal Data Breaches Reported - Escalated	N/A		0	0	0	0	1	1	0	0	0	1	0	
Mandatory Information Governance Training	85%		89%	88%	89%	89%	90%	90%	91%	92%	91%	91%	91%	91%
Clinical Governance														
Moderate or above harm incidents - monthly	N/A		3	3	9	5	6	4	4	6	6	6	0	0
Moderate or above harm incidents - YTD*	N/A		28	43	52	60	62	66	70	6	12	18	18	18
Number of externally reported incidents (NRIs, EWI, RIDDOR, IRMER) - In Month	N/A		0	2	0	2	0	2	1	0	2	1	0	2
Number of externally reported incidents (NRIs, EWI, RIDDOR, IRMER) - Rolling 12m	N/A		4	11	12	11	11	13	12	11	11	12	10	13
Incident Closure Compliance**	85% PHW		63.2%	60.8%	74.9%	65.3%	68.2%	65.3%	78.4%	80.8%	73.8%	59.7%		
Formal Complaints - Acknowledged within 5 working days**	75% WG 95% PHW		100%	80%	100%	100%	100%	100%	100%	67%	100%	100%	100% (5)	90%
Formal Complaints - Responded to within 30 working days**	75% WG 95% PHW		100%	100%	67%	100%	75%	100%	75%	50% (3)	33% (1)	100%	80% (4)	75%
Informal Complaints - In Month	N/A		3	7	4	4	12	4	3	9	9	5	6	8
Informal Complaints - Rolling 12m	N/A		111	107	103	103	101	88	80	76	77	75	75	81

*This data is YTD from 1 April 2025.

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

Key: RAG Status

Click on the Focus Area Icon for additional assurance

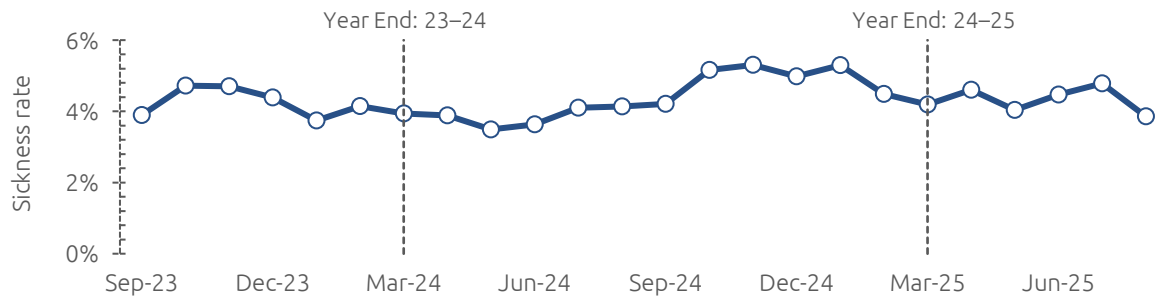
>10% outside target Within 10% of target Achieving target Not applicable / TBC



People Governance

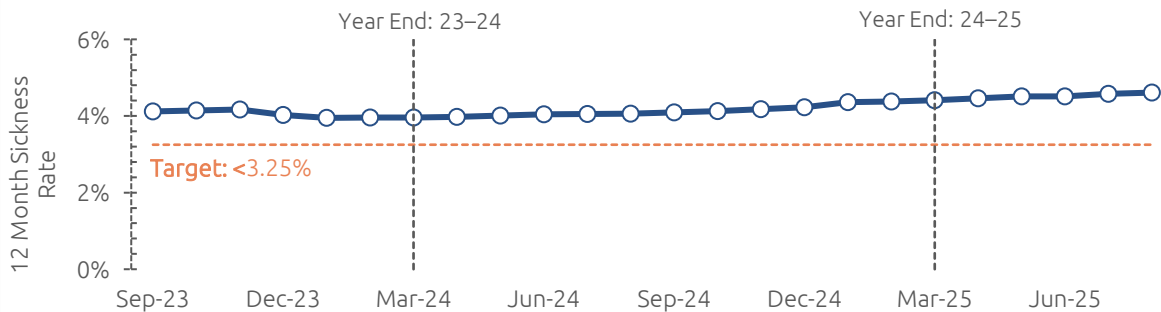


Sickness Absence



Decreased by **0.94%** in August 2025. Sickness Absence has decreased over the summer period, and the latest figure is comparable to August 2024.

12 Month Rolling Absence

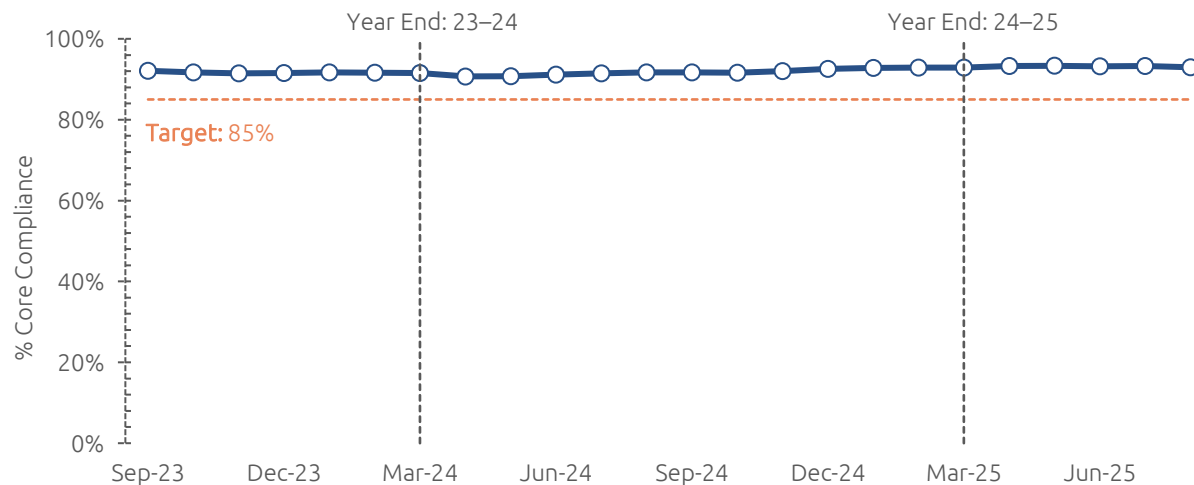


Additional assurance is provided in the focus area on pages 7 & 8.



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

Statutory and Mandatory Training



Remains **above** target in August 2025.



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

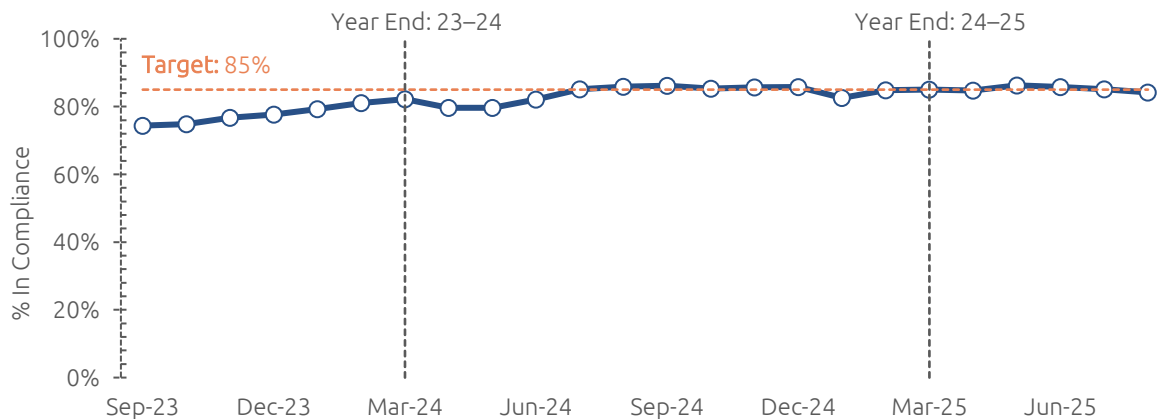
The module reporting lowest completion is *Anti Racism* (67.4%), which was introduced as a mandatory training e-learning module with compliance being taken into account from July 2025.



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.*

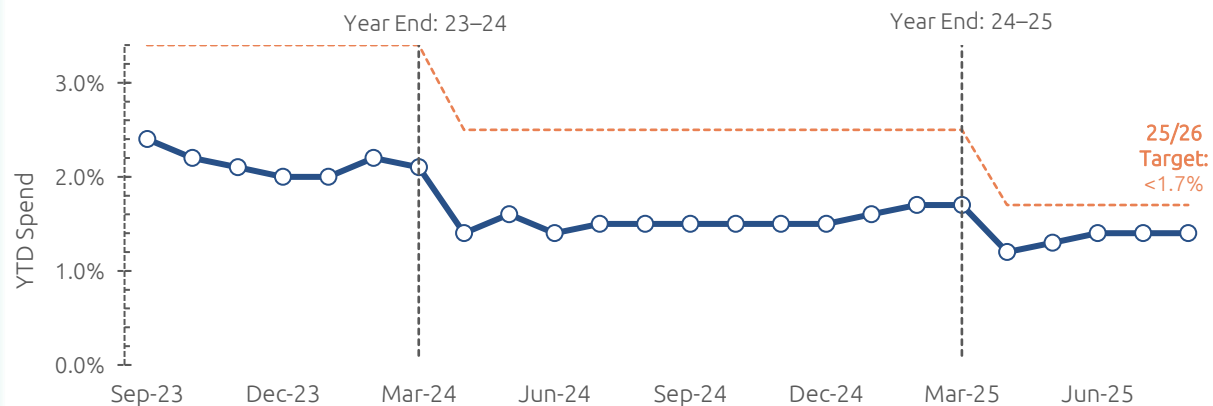
Equality and Diversity



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.

During August, PHW spent £170k on agency staff, £124k of which was categorised as Admin and Clerical.

The organisation continues to work towards the targets outlined in enabling actions from the NHS Wales Planning Framework 2025-28, including effective implementation of job planning, and reduced sickness absence (achieved by maximising adherence to Managing Attendance at Work Policy and all-Wales Occupational Health minimum service levels).

The Business Executive Team received a paper in August proposing further work to limit future agency spend and to understand how much of the organisation's reported 'Admin and Clerical' agency usage is, in fact, specialist digital and/or technical posts.

Finance and People and OD Partners are working with their respective Business and Planning Leads to review agency worker information, discuss the generalist/specialist nature of the roles, and determine appropriate action on a case-by-case basis.



In Focus: Sickness Absence



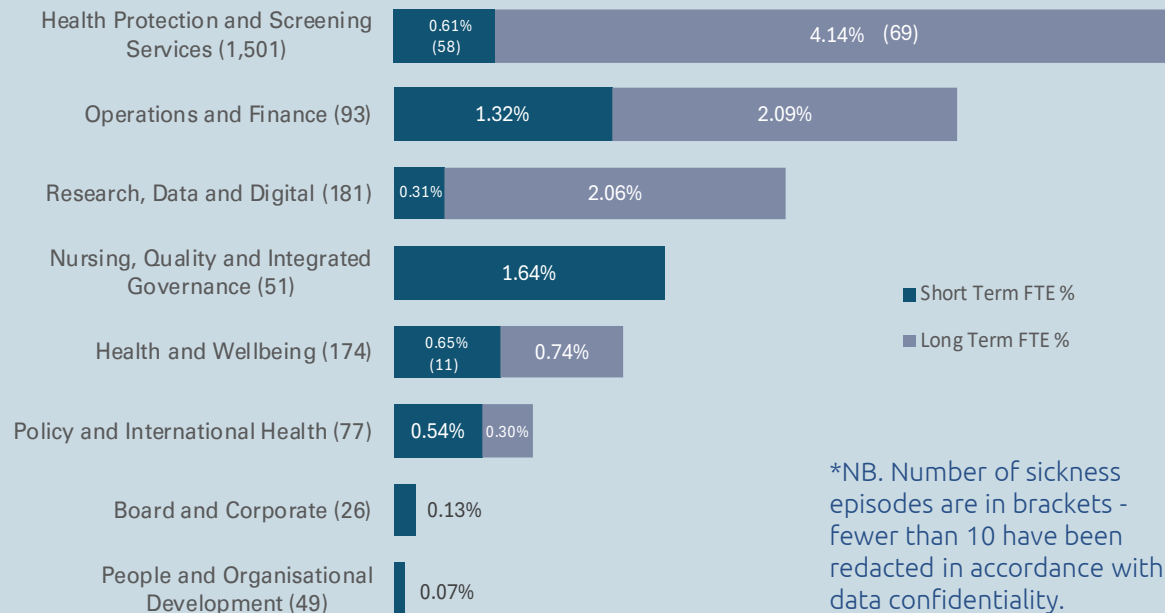
Sickness Absence by Directorate



A decrease in sickness absence has been reported in August, falling from 4.8% in July to 3.8% in August.

The breakdown by Directorate for August 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 August 2025, **30%** of FTE days lost are due to short-term sickness absence, and **70%** of FTE days lost are due to long-term sickness absence.



*NB. Number of sickness episodes are in brackets - 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. We have seen a decrease of FTE days lost with the absence reasons of 'Unknown causes/Not Specified' and 'Other known causes – not elsewhere classified', but this still remains the third highest absence reason.



- S10 Anxiety/stress/depression/other psychiatric illnesses
- S12 Other musculoskeletal problems
- S98 Other known causes - not elsewhere classified
- S17 Benign and malignant tumours, cancers
- S29 Nervous system disorders



In Focus: Sickness Absence



Data Quality

- Monthly sickness absence decreased from 4.8% in July to 3.8% in August, marking a notable improvement over the summer period. This reduction is accompanied by a continued decline in FTE days lost due to 'Unknown causes/Not Specified', suggesting improvements in data accuracy. However, 'Other known causes – not elsewhere classified' remains the third highest reason for absence, indicating further work is needed to improve categorisation.

Assurance

- An overview of sickness absence trends and data quality was presented to the People and OD Committee in July. A more detailed discussion will be scheduled with Business Executive Team and People and OD Committee following the conclusion of the current Internal Audit (date TBC). This will focus on assurance around absence management and the robust absence categorisation.

Advice and Support

- Managers continue to receive targeted support, including 1:1 guidance from People & OD Advisors, to manage long-term sickness absence effectively and ensure appropriate interventions are in place.

Learning and Development

- The refreshed All-Wales Managing Attendance at Work (MAAW) training continues to reinforce the importance of accurate absence categorisation, helping managers to better understand and apply absence codes.
- ESR absence codes have been added to the MAAW pages on the Intranet to aid accurate recording.



In Focus: Appraisal and Development Reviews

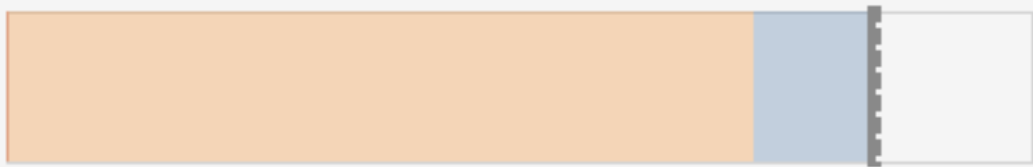


Compliance Performance

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 last month (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, Operations & Finance and Research, Data and Digital, who have the highest percentage of appraisals that are due soon.

84.2%
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 seven Directorates are achieving compliance with the national target, with one Directorate 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 98.7% in Policy and International Health to 80.8% in Health Protection and Screening Services.

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

Policy and International Health	98.7%	75	
Nursing, Quality & Integrated Governance (NQIG)	98.0%	48	
People & Organisational Development	95.8%	35	10
Board and Corporate	92.3%	21	3
Research, Data and Digital	90.8%	138	19
Operations and Finance	90.2%	71	12
Health & Wellbeing	87.6%	135	5
Health Protection and Screening Services	80.8%	960	181

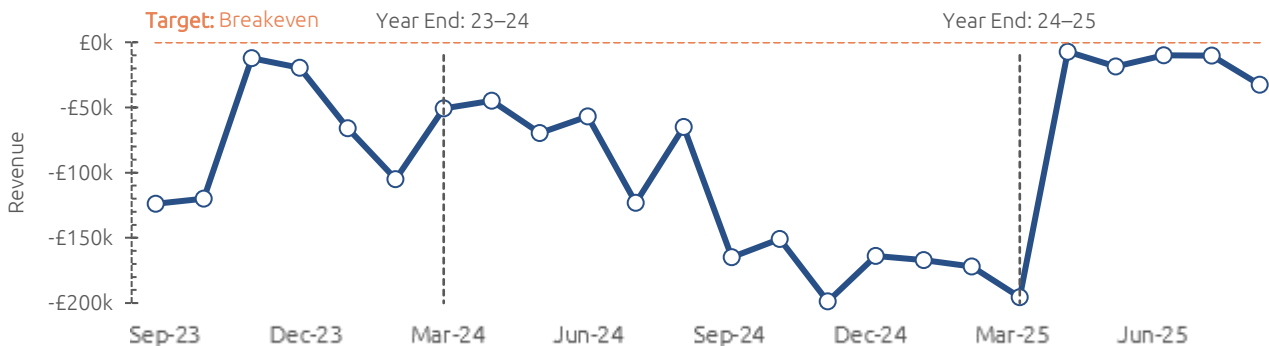


Financial Governance



Revenue Position

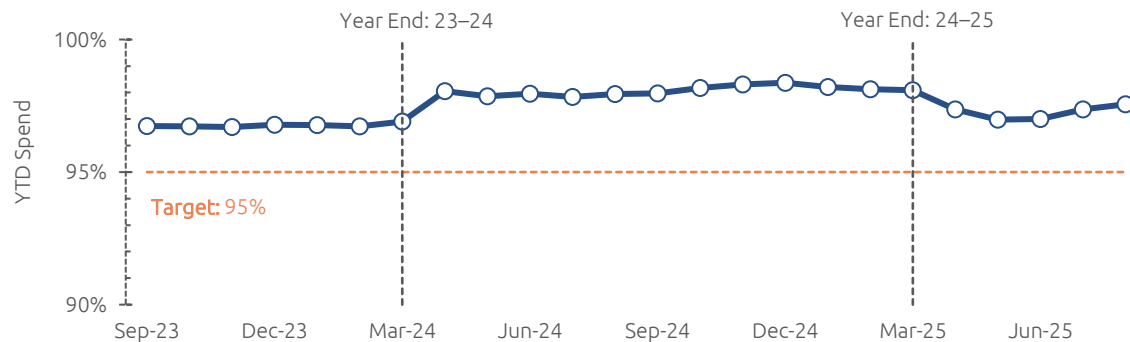
Break-even
 -£33k YTD
 £0k Forecast



Public Sector Payment Policy (PSPP)

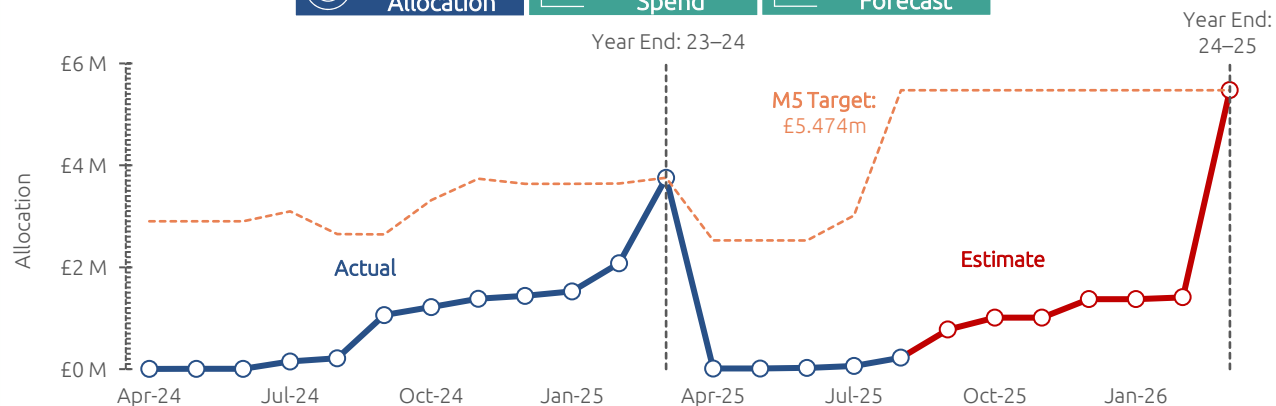
95%
 97.56% YTD
 >95% Forecast

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



Capital Position

£5.409m Allocation
 £225k YTD Spend
 £5.409m Forecast



Click to access further detail in the latest Finance Board Report

The Capital forecast is breakeven. PHW capital funding is made up of a discretionary allocation of £1.613m and a strategic allocation of £3.797m. Risks relating to capital include availability of strategic capital funding to support the capital plan included in the IMTP.



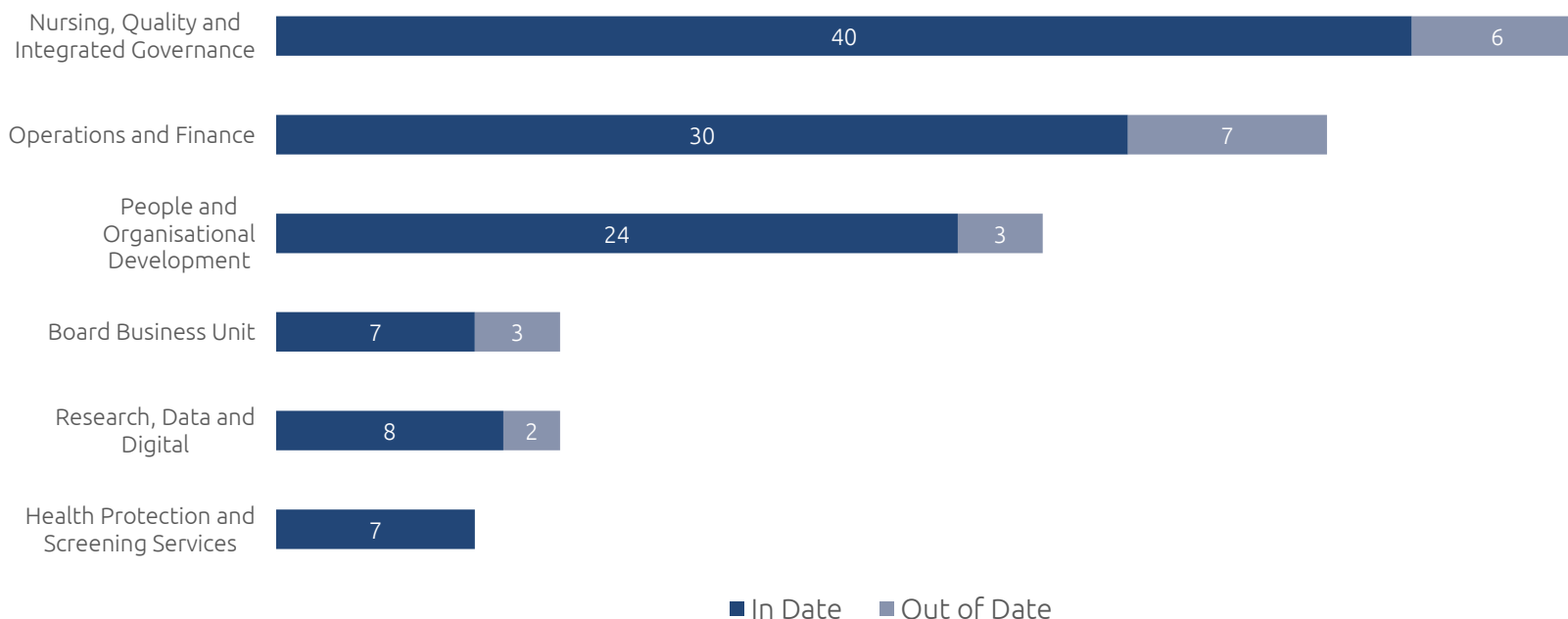
Corporate and Information Governance



Corporate Governance

Corporate Policies Compliance

7 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 August 2025:

- No policies were approved in August.

Overview:

- The Directorates with the most policies out of compliance are Operations and Finance and Nursing, Quality and Integrated Governance.
- A number of policies from both directorates have completed the consultation stage and are due to be submitted for approval in September.



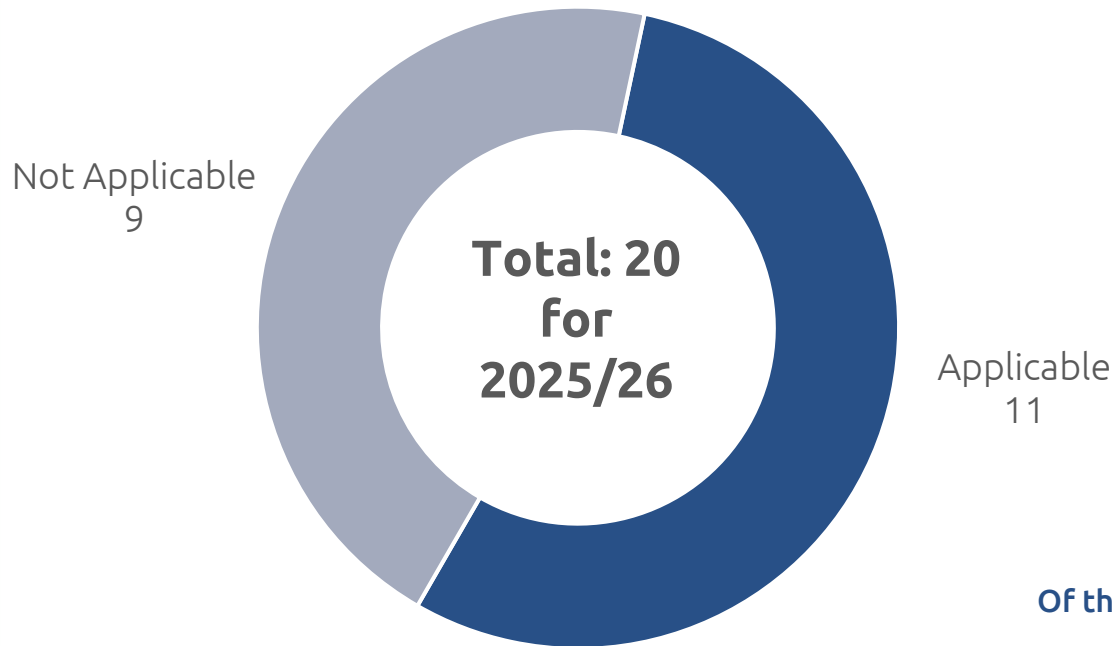
Corporate and Information Governance



Corporate Governance

Wales Health Circular (WHC) Compliance 2025/2026

For the Period 01 - 31 August 2025:



- 1 WHC was received which was not applicable:
 - WHC 2025 (026) - The safe and responsible adoption of ambient voice technologies ('AI Scribes') in clinical and practice settings
- 3 WHCs were enacted and closed this month:
 - WHC 2025 (023) - PPE stockpile volumes in Wales
 - WHC 2025 (027) - Changes to supply of Gluten Free Foods in Wales; All-Wales Gluten Free Subsidy Card Scheme
 - WHC 2025 (028) - Expansion of the shingles immunisation programme for severely immunosuppressed individuals aged 18-49

Of those applicable:





Corporate and Information Governance



Information Governance

Data Protection (Subject Access) Requests

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

2 Received

1 Month

0 Exceeded

In July, 2 Subject Access Request was received.

Both were compliant, and the response was sent within 1 calendar month.

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.

21 Received

20 days

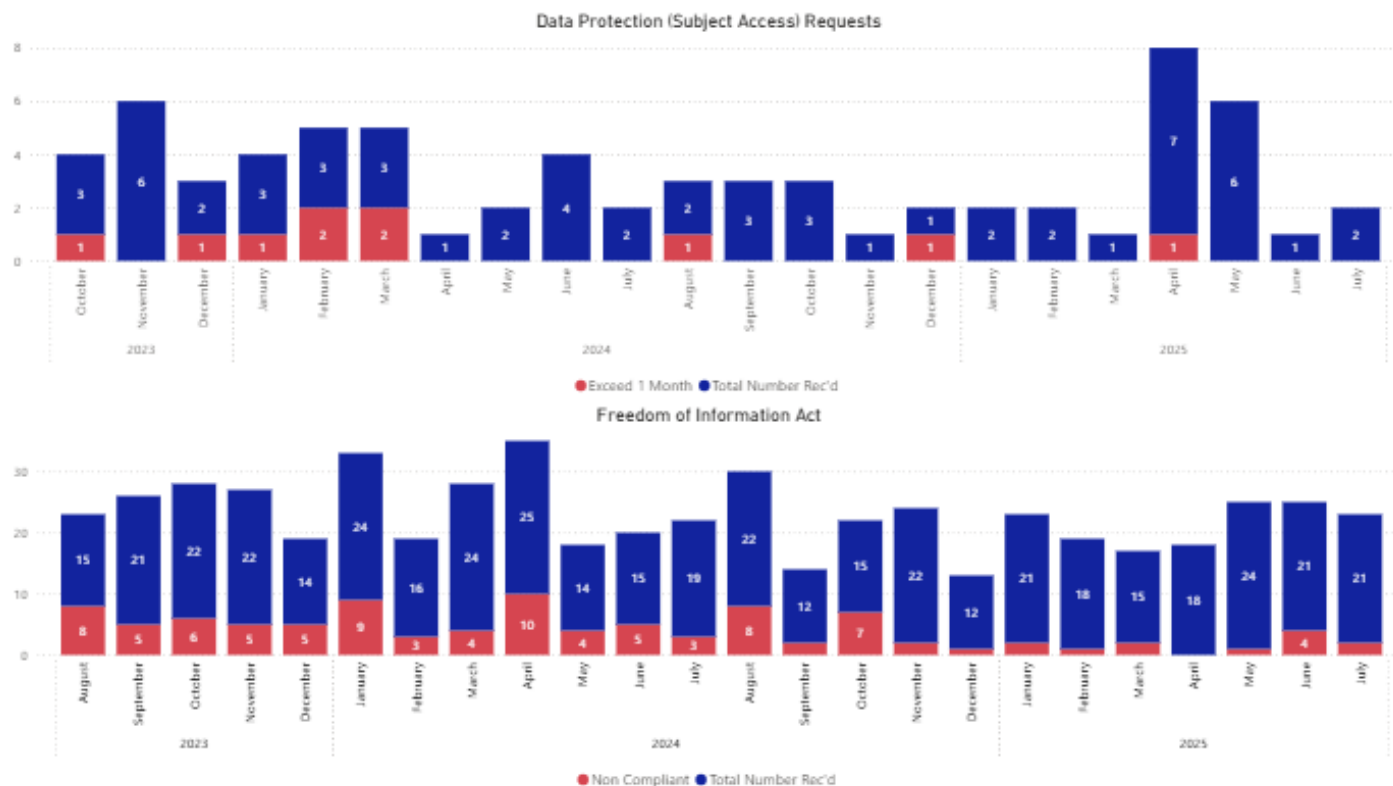
2 Non-Compliant

Out of the 21 requests received in July, 2 were out of compliance.

1 request required reviewing and redacting a large number of documents that were provided the day before the request was due.

1 request involved consulting with third parties and requesting legal advice due to the sensitivity of the information being considered for release.

The Average number of days to respond in July was 15.



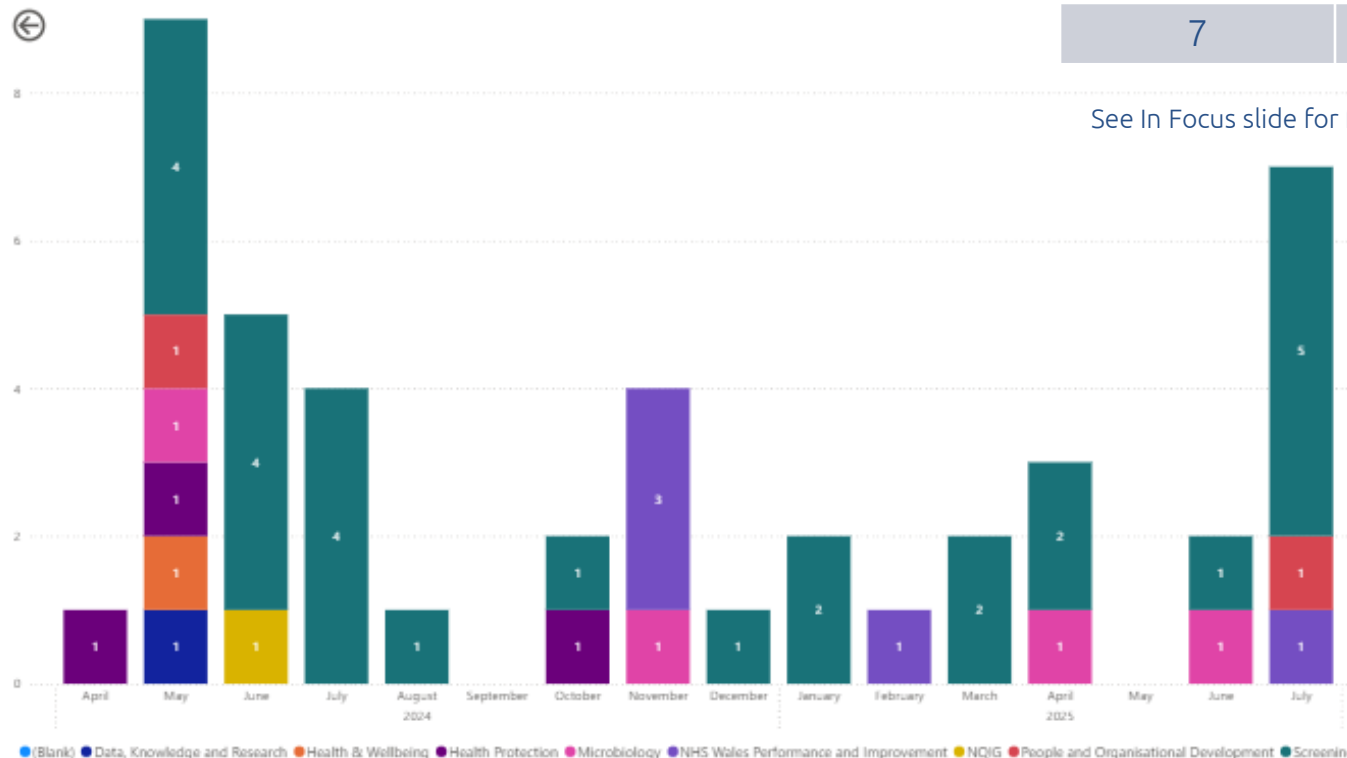


Corporate and Information Governance



Information Governance

Personal Data Breaches



Reported	Escalated
7	0

See In Focus slide for further information.



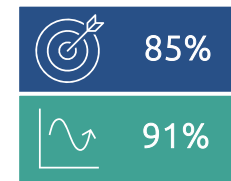
Additional assurance is provided in the focus area on pages 15

Information Governance Dashboard, Personal Data Breaches

Live data Data updated on 04/09/25, 00:14



Mandatory Information Governance Training



Organisation-wide compliance with Information Governance mandatory training **exceeds** the national target in August-25.



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



In Focus: Personal Data Breaches



There were 7 data breaches reported in July 2025. Further details are below:

Datix ID	Directorate/Division	Description	Action Taken
7100	People & OD	Email sent containing training compliance of staff to over 70 people not using the Bcc function	Email recalled and apology issued. Bcc will be used going forward by the Team.
7009	Screening	Mix up of Symptomatic FIT pack labels and as a result was sent out to the wrong patients. This is due to human error. 4 incidents all occurred on the same date and location.	Record updated and replacement sent with an apology. A full review will be performed on this process.
7010	Screening	See 7009	See 7009
7011	Screening	See 7009	See 7009
7012	Screening	See 7009	See 7009
6940	Screening	External error made by Child Health which was picked up by the failsafe team, due to the NBSW systems 5-day delay in sending results. This was a near miss which would have led to a different baby's results being sent to a mother who had already received results for her baby.	Near miss incident. Record has been deleted in PHW systems.
6898	NHS Wales Performance & Improvement	My contribution template form on SharePoint contained information on a staff member. The template had been saved on-line, and the process was not followed correctly.	Document removed. Training on staff records with line managers is ongoing.



Clinical Governance, Quality, Safety and Improvement



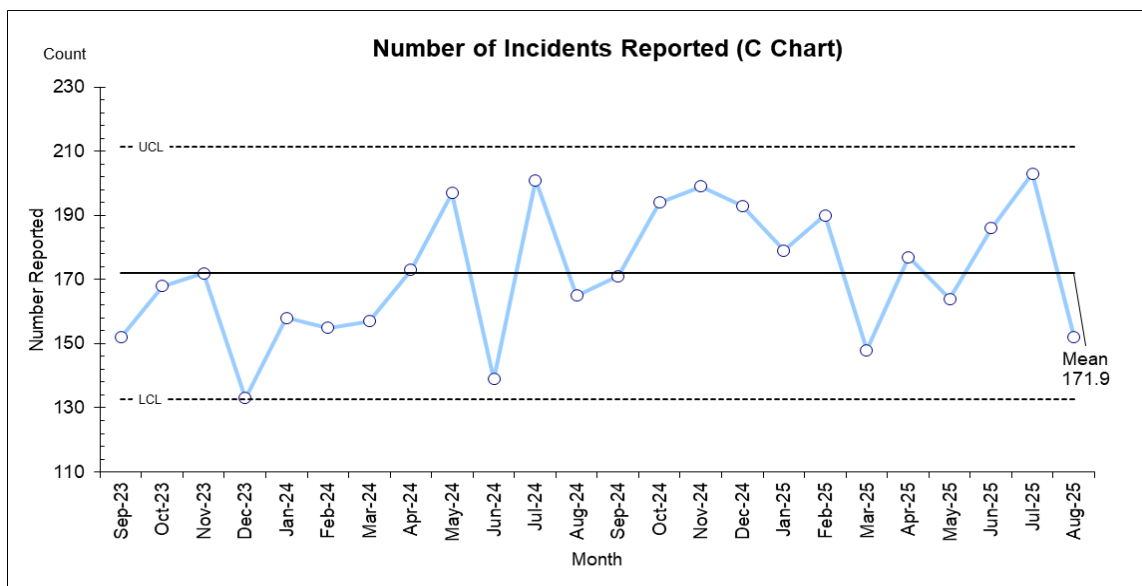
Externally Reportable Incidents - August update

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

Additional assurance is provided in the focus area on pages 17

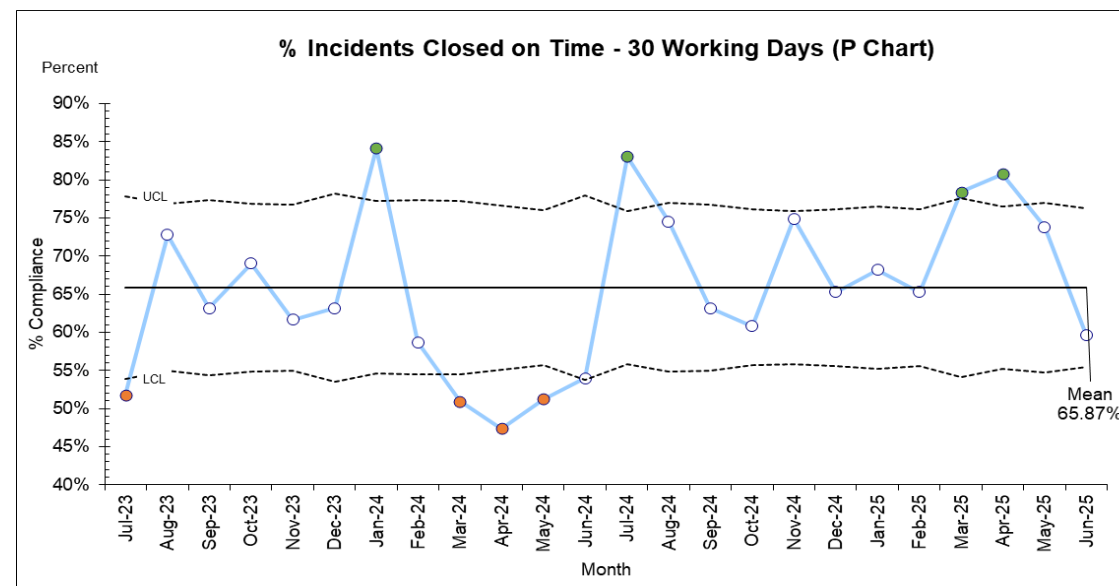


No. Incidents Reported Over Time



Normal variation, no special cause identified for reduction.

Percentage of Incidents Closed within 30 Working Days



Within normal variation. Reduced closure rates attributed to increased reporting rates along with a service process using a single point/post holder to close incidents which is impacted by annual leave.





In Focus: Externally Reportable Incidents



One externally reportable incident was reported in August (reported as an Early Warning and a Nationally Reportable Incident). It is an ongoing incident with the Incident Management Team meeting weekly, and actions ongoing.

Description of Incident:

On 12 August 2025, the Health Protection Team identified that a small cohort of cases had not been appropriately followed up through the IT system (Tarian). Initial investigation identified that Tarian was not opening cases as expected on receipt of a clinical sample result which meant that they had not been passed to Health Protection Team clinicians for appropriate action.

A lookback exercise began the same day and identified that the issue was larger than initially anticipated, so further work is ongoing to identify the full scale and scope, and to undertake the necessary mitigating actions.

Actions taken at time of reporting:

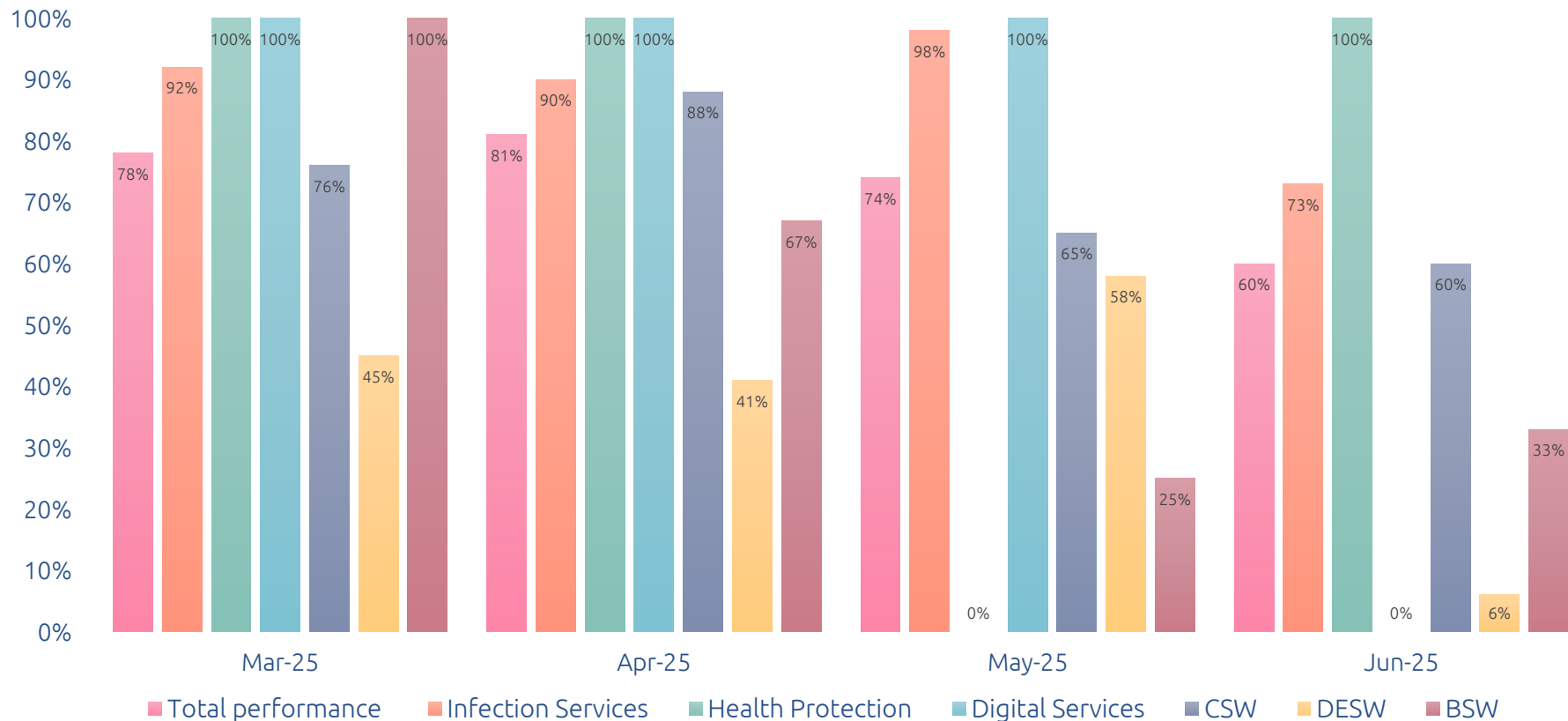
- Lookback exercise of initial 3-month period to identify any missed cases for clinical follow-up and to inform a root cause analysis and longer-term solution to avoid future repeat of issue
- Manual daily checking process implemented to ensure that no cases are missed until a solution is implemented and we have assurance that Tarian is working as expected
- Internal incident management team established to oversee the incident and ensure that remedial actions are implemented safely
- Case management will be undertaken based on risk assessment of specific case and priority of identified pathogens



In Focus: Incident Performance



Incident Performance 2025/26



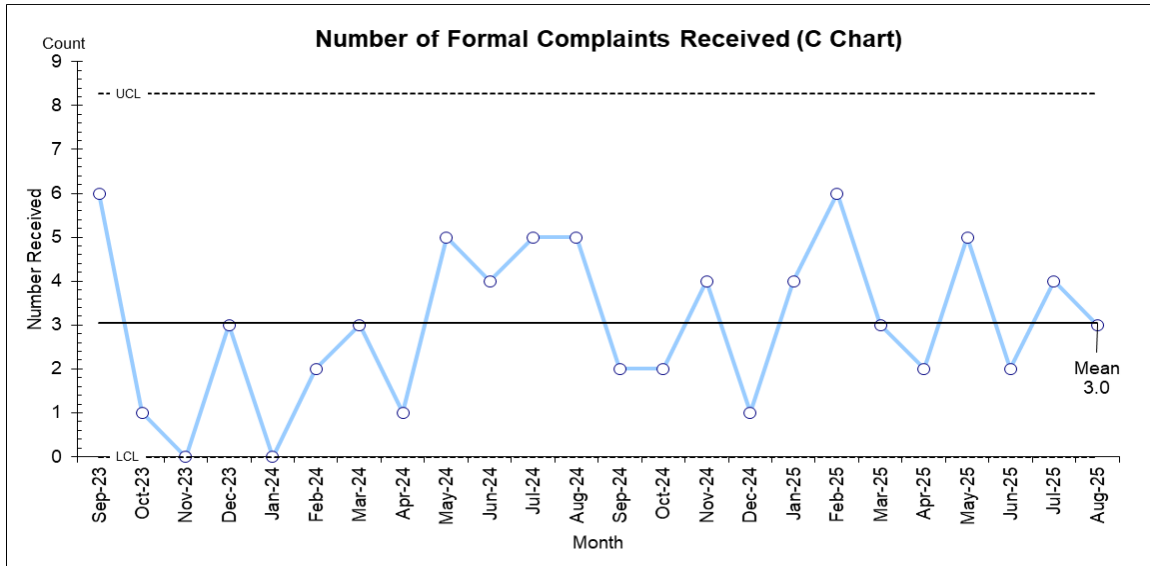
- There has been a fall in performance for incidents closure rates within the 30-working day requirement.
- The graph demonstrates the areas of poor performance & compliance as well as areas that are meeting the required performance target.
- Areas of underperformance and not achieving compliance have reduced number of staff that are able to close incidents.
- This has resulted in a negative impact on closure rate performance along with the impact of annual leave being taken in this period.
- Weekly overdue incident reports continue to be sent out and followed up. Escalation emails requesting a focused review from service areas with the highest number of open incidents and oldest overdue incidents. Ongoing monitoring currently showing an improvement in latest figures for September.



Clinical Governance, Quality, Safety and Improvement

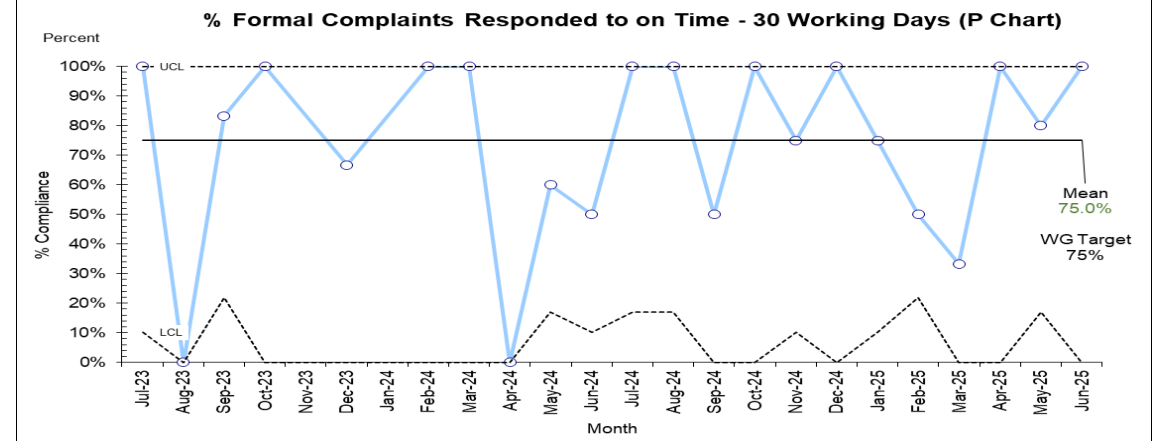
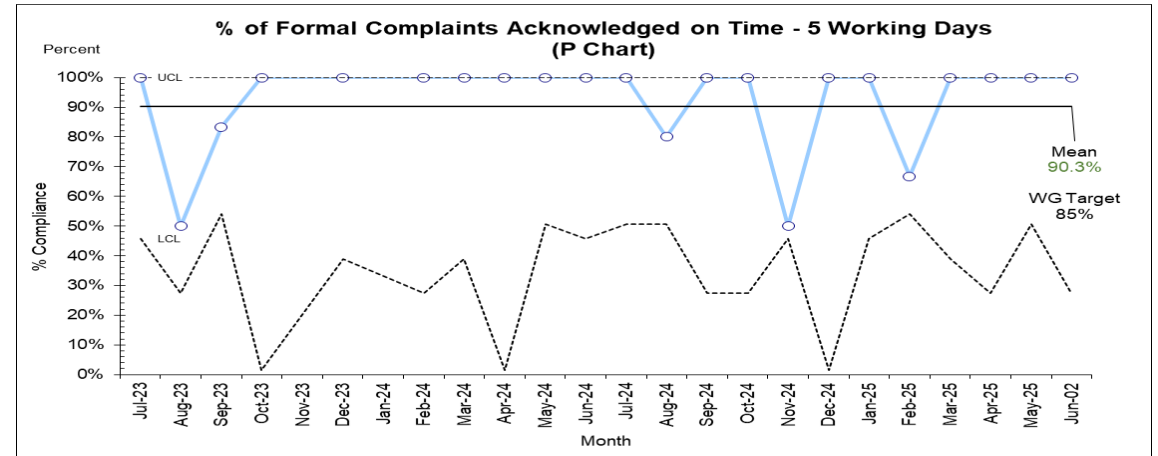


Number of Formal Complaints Received



Normal variation, no special cause identified.

Formal Complaints Compliance



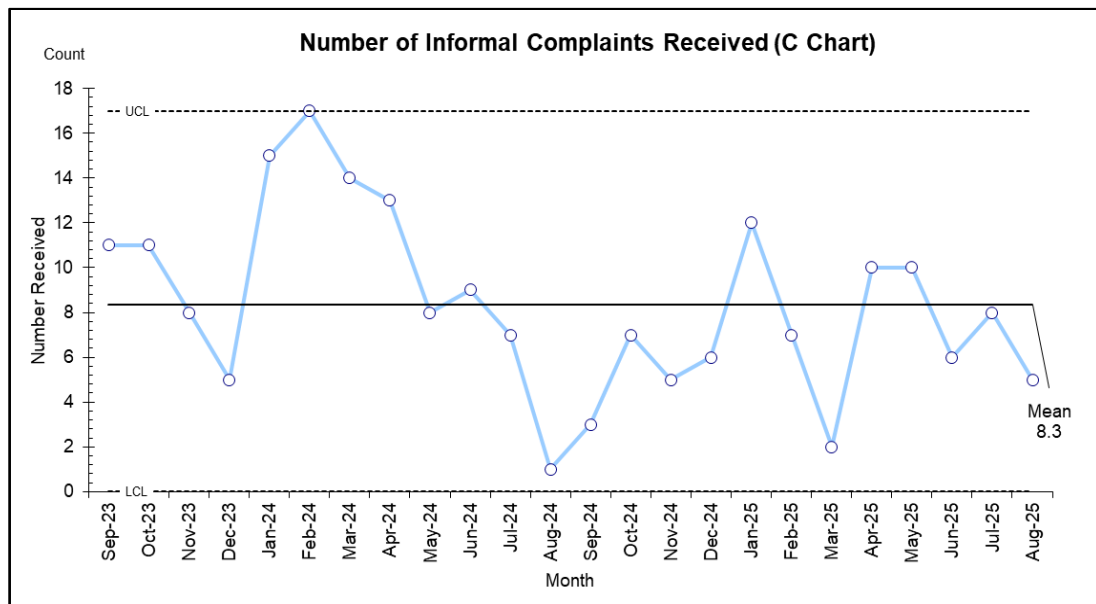
Normal variation, no special cause identified. Meeting WG targets.



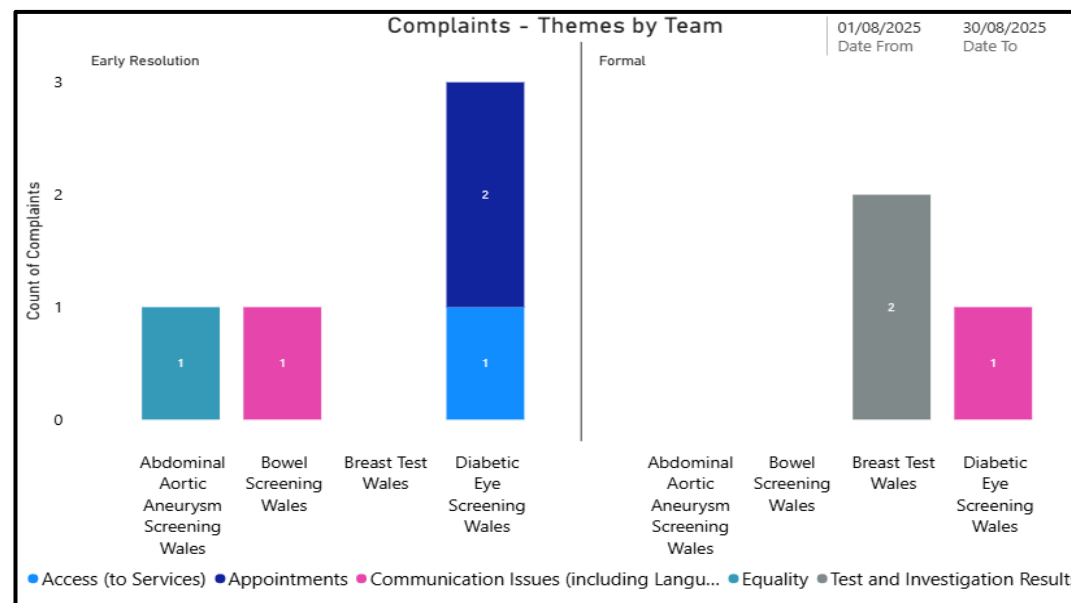
Clinical Governance, Quality, Safety and Improvement



Number of Informal Complaints Received



Themes and Service Areas – August 2025



3 Formal complaints and 5 Early Resolution complaints received in August.

Claims

August 2025

0

There were no new claims received in August. Of the 28 current ongoing claims, 25 are confirmed claims and 3 are potential claims.

Redress

August 2025

0

No new Redress cases were received in August.

There are 9 ongoing Redress cases, 4 within Breast Test Wales and 5 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	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25
Bowel Screening Wales – Waiting time for index colonoscopy (Health Board Delivery)	90%		20.6%	30.2%	32.5%	19.7%	15.2%	20.5%	8.4%	6.9%	3.9%	4.9%	8.8%	
Cervical Screening Wales – Waiting time for colposcopy appointment (8 weeks) (Health Board Delivery)	90%		95.2%	99.2%	99.7%	99.6%	97.9%	98.9%	98.9%	98.2%	98.4%	98.8%	98.4%	
Breast Test Wales – Assessment invitations (3 weeks)	90%		4.4%	7.7%	28.3%	37.8%	26.3%	11.1%	23.1%	8.8%	16.7%	19.6%	24.1%	24.6%
Diabetic Eye Screening Wales – Coverage (12 Months)	80%		40.4%	40.5%	40.9%	40.7%	40.6%	40.7%	40.3%	40.2%	40%	39.3%	38.9%	38.4%
Abdominal Aortic Aneurysm – Timely referral to elective vascular network (MTD)	100%		100%	100%	100%	100%	75%	100%	50%	100%	75%	100%	66.7%	100%
Infection Services														
Total Microbiology Rejection Rates	<5%		5.2%	5.4%	5.4%	5.2%	5.4%	5.2%	4.9%	5.2%	5.2%	5.1%	5%	
Total Microbiology Diagnostic Sample Requests	*TBC		158,457	180,373	168,181	160,875	184,046	154,804	167,166	160,143	162,735	162,252	178,612	
Blood Culture - Collected to Incubation SMI <4hrs	<4hrs		68.0%	70.3%	67.6%	66.3%	68.7%	69.2%	71.4%	67.3%	68.8%	68.5%	68.3%	
Blood Culture - Received (PHW Laboratory) to Incubation	*TBC		99.7%	99.2%	99.8%	98.8%	99.9%	99.5%	99.7%	98.7%	99.4%	99.7%	98.4%	
Health Protection														
Test and Post (STI self-sampling) – Test Turnaround Times	99%		100%	100%	100.0%	99.9%	99.9%	100.0%	99.9%	99.9%	99.9%	99.7%	99.9%	
Response times by priority - Urgent (<4 hours)	90%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Response times by priority - High (<24 hours)	90%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Response times by priority - Medium (<48 hours)	90%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Compliance to surveillance reporting schedules	90%		98%	90%	98%	92%	92%	97%	100%	100%	100%	100%	100%	
Health & Wellbeing														
JUSTB – Number of Schools with 2-day training completed by month**	35 Schools		2	6	4	3	5	2	7	1	6	4	N/A	
JUSTB – Number of Schools with 2-day training completed YTD**			2	8	12	15	20	22	29	30	36	40	N/A	
Whole School Approach – Percentage of schools with an Action in Place (All schools)	80%		61%	61%	65%	66%	74%	78%	83%	83%	85%	87%	88%	88%
Whole School Approach – Percentage of schools with an Action in Place (Secondary schools)	100%		88%	88%	89%	89%	96%	97%	98%	98%	98%	99%	99%	99%
Help Me Quit - Benchmark for timely first contact (NTSS)	90%		97%	91%	95%	96%	94%	90%	86%	96%	92%	94%	89%	
Help Me Quit – 4-week self-reporting quit rate (NTSS)	35%		80%	78%	68%	80%	64%	71%	82%	83%	73%	48%	71%	
Research Data & Digital														
Number of Major Breaches	0 Major Breaches		Quarter 2 (24/25)			Quarter 3 (24/25)			Quarter 4 (24/25)			Quarter 1 (25/26)		
Percentage of publications without breaches	100%		0 Breaches			0 Breaches			0 Breaches			0 Breaches		
Percentage of user follow up to RD&D products	100%		67%			76%			76%			76%		
			20%			20%			20%			33%		
Policy and International Health														
Indicators and targets to be developed where applicable														

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

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

Key: RAG Status

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



Health Protection and Screening Services



Screening Services

Latest activity

- Constructive and helpful discussions with Health Boards at Chief Exec level on colonoscopy timeliness to discuss issues and identify themes and solutions
- Progressing recruitment for implementation planning and agreed governance structure for lung cancer screening programme
- Started project on self sampling for underserved population in cervical screening

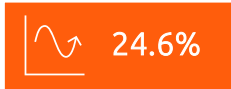
Breast Screening - Assessment invitations within 3 weeks of screen

This remains below the 90% standard in August 2025.

Breast Screening assessments waits continue to improve but remain outside of standard within 3 weeks for screening. There is a critical shortage of surgical capacity in North Wales which is impacting assessment capacity in the North.

Key steps being taken:

- West region supporting readings for the North
- Radiology lead assessment clinics in Wrexham undertaken
- Engaging with BCU HB senior leads to work together to address waits but not able to provide onward treatment pathway from radiological lead assessment clinics in Llandudno.



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



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

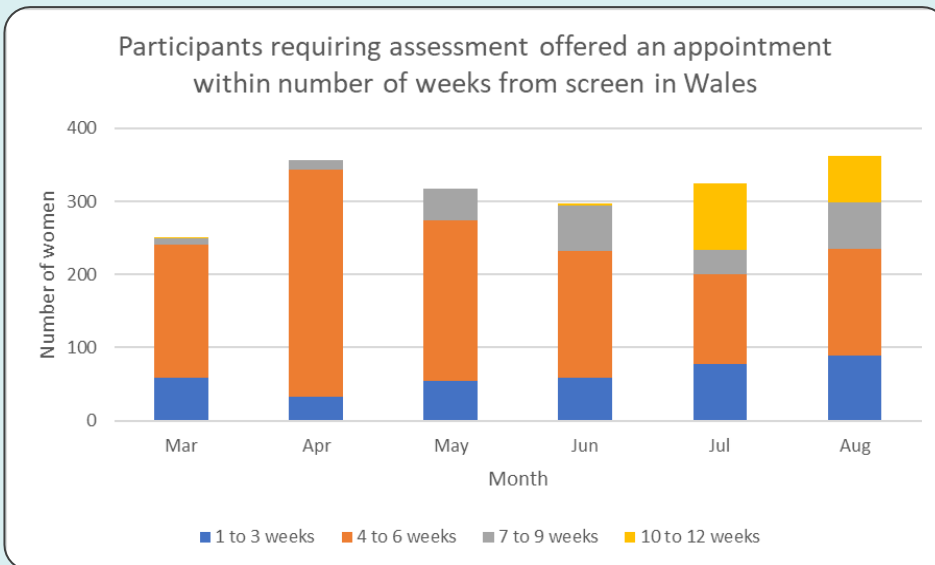
As of 5 September 25, the average waiting time for a screening colonoscopy was 9 weeks and 5 days. The waiting time ranged from 5 to 12 weeks across the 13 screening centres. Health boards are not delivering the commissioned weekly screening lists. Detailed collaborative discussions with Health Board at CEO level completed.

Average SSP waiting time is 1 week and 2 days which is within standard.





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’.

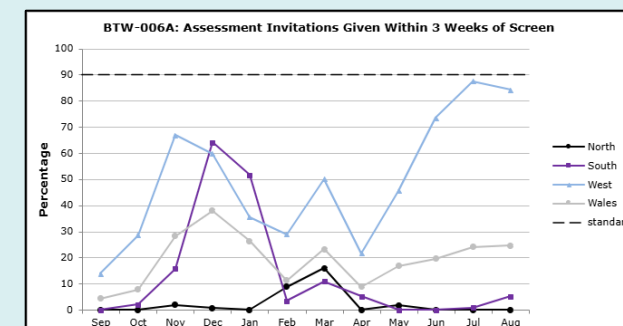
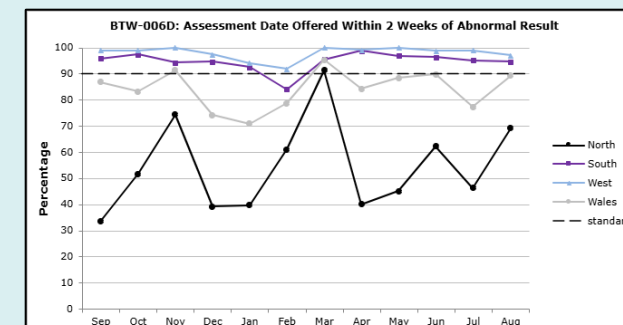
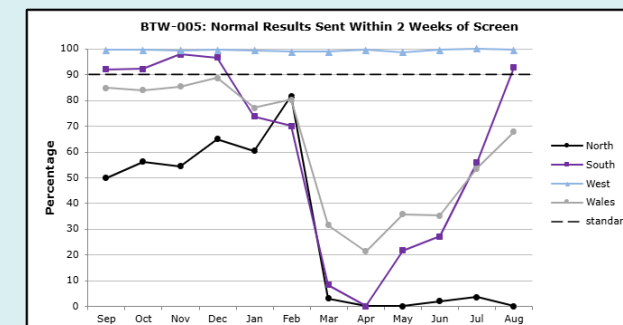
West consistently meet standard for normal results timeliness and South has improved and now meets standard.

South and West regions consistently meet standard for women having assessment date within 2 weeks of abnormal result.

Almost all women offered assessment within 4 weeks in West and 7 weeks in South. West region nearly meets standard for assessment waits. North region does not meet timeliness standards and has longest waits of up to 11 weeks.

Severe shortages in the medical workforce at the breast screening north centre has limited capacity for image reading, result reporting, and clinic assessments.

Reduced surgical workforce availability, has led to delays in the pathway. Due to surgical staffing constraints there has been no assessment clinics in Wrexham centre for 6 months. Participants were attending Llandudno centre with the two consultant surgeons. Assessment clinics were reinstated in Wrexham from middle of July. Constraints in how assessment clinics are able to be staffed in the North has impacted recovery and this has been urgently raised with BCU MD for their resolution.





In Focus: Breast Test Wales Assessment Waits



Current Issues and Challenges:

- Recruitment to 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 returned and assessment clinics in Wrexham have been reinstated since middle of July.
- 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 in North Wales
- 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 and treatment – not in line with single cancer pathway targets.

An action plan for improvement is in place:

- West region is supporting North with readings. The new PACs has enabled this ability.
- Film readers are in training in the north region. There is a Breast Clinician in training and a Radiologist Fellow in training both will be able to undertake reading and assessment clinics when trained.
- 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.
- Assessment clinic capacity has increased in South with radiologist run clinics.
- Met with Betsi Cadwaladr UHB (at MD level) as they were not able to confirm onward surgical pathway for radiologically lead clinics. This was to reduce current backlog for assessment especially to reduce impact of surgical annual leave over the summer.
- The rate of screening in BTW North has been safely reduced slightly.
- NHS Wales Performance and Improvement team scoping out tracker for breast screening taking similar approach to bowel screening.
- A service review of the BTW programme to be undertaken to identify other areas of improvement in line with delivering excellent services.

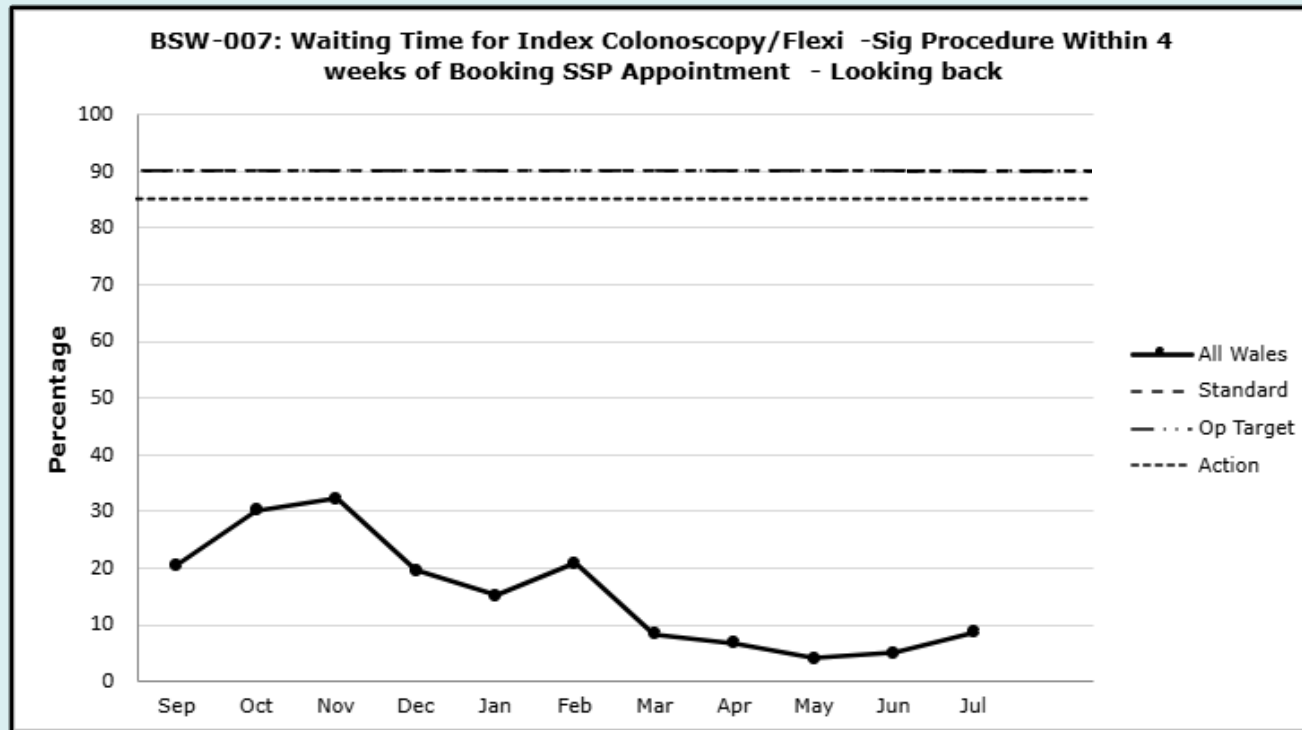


In Focus: Bowel Screening Wales Colonoscopy Waits



Waiting times as of Friday 12 September

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



Local Assessment Centre	Waiting time SSP assessment	Waiting time colonoscopy	Total waiting time
1	0 weeks 3 days	8 weeks 2 days	8 weeks 5 days
2	1 weeks 5 days	12 weeks 4 days	14 weeks 2 days
3	1 weeks 6 days	14 weeks 3 days	16 weeks 2 days
4	0 weeks 6 days	5 weeks 1 days	6 weeks 0 days
5	1 weeks 3 days	7 weeks 4 days	9 weeks 0 days
6	2 weeks 5 days	5 weeks 2 days	8 weeks 0 days
7	2 weeks 5 days	4 weeks 0 days	6 weeks 5 days
8	1 weeks 4 days	10 weeks 5 days	12 weeks 2 days
9	1 weeks 4 days	11 weeks 0 days	12 weeks 4 days
10	0 weeks 4 days	4 weeks 2 days	4 weeks 6 days
11	0 weeks 4 days	4 weeks 5 days	5 weeks 2 days
12	0 weeks 6 days	10 weeks 0 days	10 weeks 6 days
13	0 weeks 4 days	7 weeks 5 days	8 weeks 2 days
14	1 weeks 3 days	7 weeks 5 days	9 weeks 1 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 List (WLTs) 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 12 September 2025, the average waiting time for a screening colonoscopy was 9 weeks and 3 days. The waiting time ranged from 4 weeks and 6 days to 16 weeks and 2 days across the 14 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.
- CEO to CEO meetings have taken place over July and August with all Health Boards and these have been constructive, solution focused discussions. Communication to go back to Health Board with specific actions and feedback of themes and learning from other Health Boards discussions.
- 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 which was a theme from the Health Board discussions.
- 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.
- 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. 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 95% invited within 24 months.

Coverage at 24 months for the low-risk recall pathway remains good at 72%.

Uptake of eye screening above standard at 82% demonstrating that participants are taking up their screening appointments.

In August, 99.6% of the 1,400 participants that were newly registered with the programme were offered appointment within 90 days.

The number of inadequate images captured in Diabetic Eye Screening has continued to be much reduced since introducing the new cameras. The inadequate rate was 5.6% in August 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 August 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 which is impacting on clinic cancellations
- High volume of cancellations of fixed time appointments and non-attendance of approximately 20% at scheduled clinic appointments
- Image capture failure rate impacted by participants with cataracts who are awaiting Hospital Eye Service review.
- New technology which has the potential to modify usage of eye drops and improve efficiency but requires evaluation to enable a change to delivery model

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 taken to Change Board in September
- 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 – this awaiting approval and not currently within the plan due to financial constraints.
- 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 in place to provide 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.

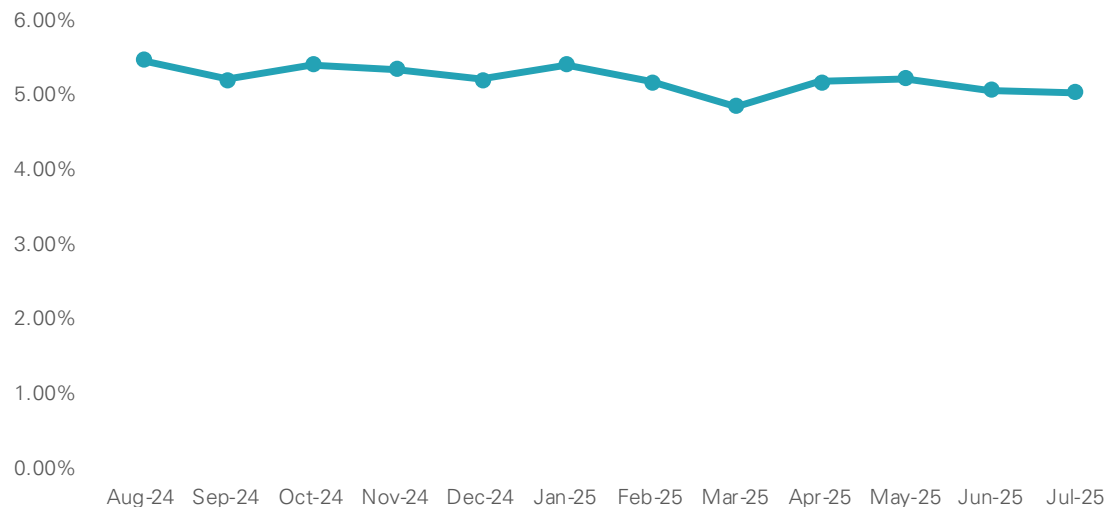


Health Protection and Screening Services



Infection Services

Total Microbiology Rejection Rates



<5%

5%

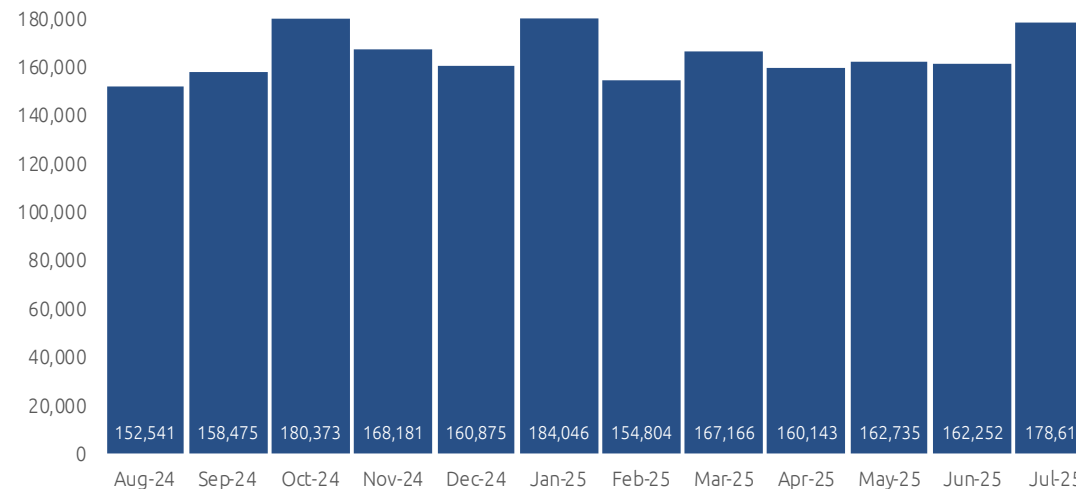
Diagnostic testing rejection rates demonstrated a slight decrease in July, with a rate of 5.04% observed among 178,612 total sample requests. The Specimen Acceptance Policy within the Infection Division offers detailed guidance regarding criteria for accepting or rejecting samples.

Broken, leaking, or contaminated specimens, as well as samples submitted in incorrect containers remain the primary reasons for rejected samples. Rejection rates vary across different health boards, and no single root cause has been identified.

Infection Quality Leads undertake monthly reviews to analyse rejection rate trends and engage with service users to support improvements in user practices.

The implementation of LIMS2.0 will present an opportunity to develop a customised test set, allowing for the collection of more streamlined/comprehensive data.

Total Microbiology Diagnostic Sample Requests



The volume of Microbiology Diagnostic Sample requests has consistently exceeded 150,000 per month over the past year. In July 2025, there was a marginal increase to 178,612 samples.

Substantial efforts are ongoing to optimise COVID-19 and respiratory testing, ensuring that such investigations are clinically appropriate.

It is anticipated that periodic fluctuations in the number of requests will continue, influenced by a range of factors such as seasonal patterns—summer and winter variations—as well as outbreaks involving respiratory viruses, gastrointestinal pathogens, and healthcare-associated infections (HAIs).

*Target to be developed

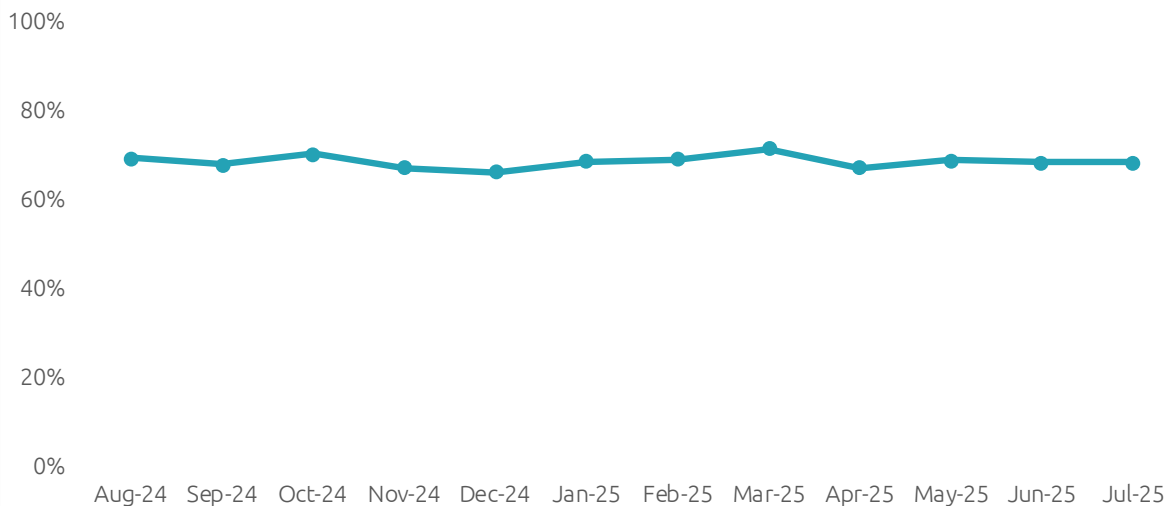


Health Protection and Screening Services



Infection Services

Blood Culture - Collected to Incubation SMI <4hrs

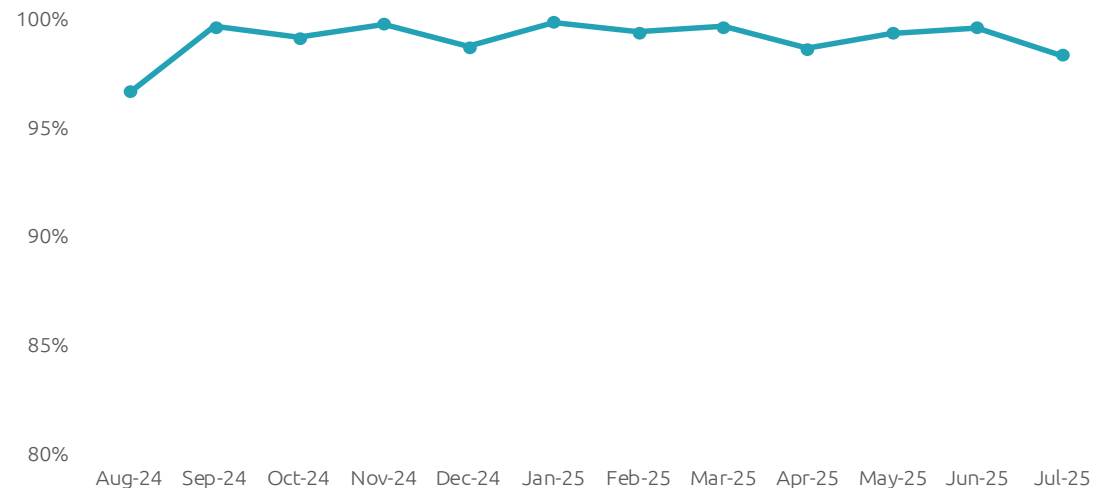


<4 hrs

68.3%

- The UK Standards for Microbiological Investigations stipulate a four-hour target from the collection of blood cultures to incubation as essential for facilitating accurate and prompt clinical diagnosis, thereby preventing sample degradation and prompt diagnosis. There has been a slight increase in July. Blood culture investigations play a critical role in the management of sepsis.
- This metric is contingent upon health board processes to ensure the timely transportation of blood culture samples from all collection sites. The complexities inherent in these processes are multifaceted and are subject to regular review in collaboration with relevant stakeholders.
- A limitation within the laboratory is the absence of collection time data for samples, which hinders the ability to accurately determine compliance with the recommended timeframe.

Blood Culture - Received (PHW Laboratory) to Incubation



*TBC

98.4%

*PHW specific target to be developed

- To facilitate a more precise evaluation of our performance in meeting the 4hr target, reporting focuses on the timeliness with which specimens are received by the laboratory and subsequently incubated on Blood Culture analysers.
- Currently, 98.39% of blood culture samples were incubated within the recommended four-hour window in July. According to the Standards for Microbiological Investigations (SMI), all samples should be processed within 4hrs of receipt; opportunities for further improvement are limited.
- Timely transportation of samples from clinical wards to the laboratory remains the primary challenge. Nevertheless, the consistently high compliance rate demonstrates the effectiveness and efficiency of internal laboratory processes.



Health Protection and Screening Services

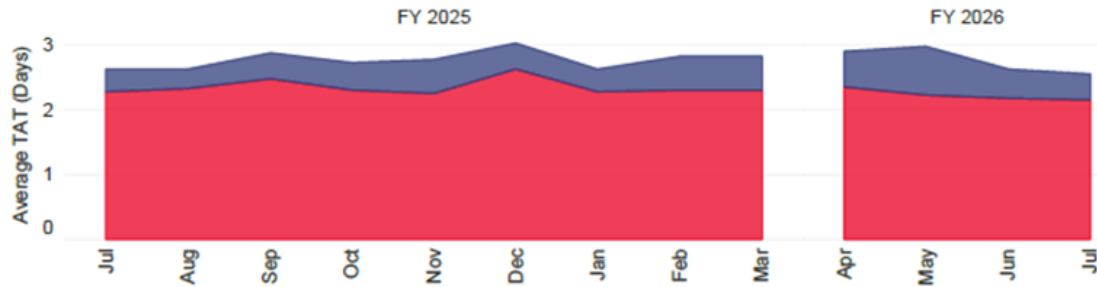


Health Protection

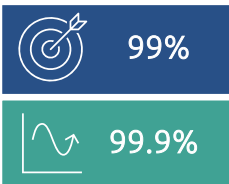
Test and Post – STI self-sampling

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 July 2025, 100% met the 7-day turnaround standard.
- 0 requests of 5,971 total requests (0.0%) did not meet the 7-day TAT standard.
- 5,971 total requests equated to 36,910 tests being undertaken.



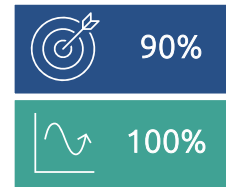
Actions to improve:

- No delays reported in month.
- Ongoing monthly monitoring.

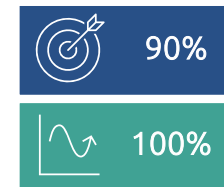
*N.B. Target changed from 100% to 99% due to rounding issues in multi-test results. Approved by the Directorate Management Team on 09/09/25.

AWARe Response Times by Priority

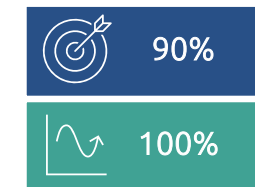
Urgent (<4 hours)



High (<24 hrs)

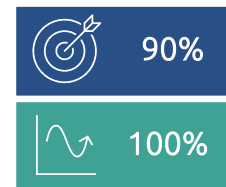


Medium (<48 hrs)



- 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 July 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 July 2025, reporting remains above the expected target.
- The automated process is now in place having resolved the technical issues with IT support. We will have data from the new process for August.
- 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			

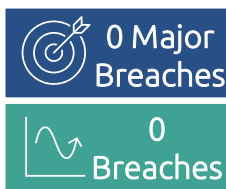
Major breaches are:

- 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

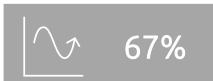
Any other type of breach is defined as **minor**

Breaches addressed by:

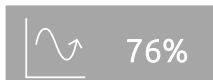
- Quality control processes to minimise the risk of re-occurrence.



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	112K			
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			

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



Policy and International Health



Housing and Health stakeholder engagement and policy advocacy

Strategic Priority: Influencing the Wider Determinants of Health

Overview

- The Polisi team has built a diverse housing and health stakeholder network and carried out in-depth interviews with key stakeholders. These engagements provided critical insights and opportunities to inform housing policy and practice from a public health perspective.

Our Impact Findings: (over the past year)

Building evidence and mobilising knowledge

- Publication of "[Shaping the future of healthy housing for children and families in Wales](#)" led to significant interest from the housing and health sectors.
 - Shared with the [Local Government and Housing Committee](#) and via the Community Housing Cymru's Monthly newsletter and presented to networks in third and private sectors and academia.
 - Positive feedback from stakeholders including "... a clear recognition of how cross-sector collaboration can meaningfully impact the lives of vulnerable households across Wales", "A stronger 'people' lens in viewing the challenges we face in Wales can drive new thinking across departmental/ policy boundaries" and "Wales is at it again... Another useful resource to drive healthy urban design".
- Invited to speak at [UK Construction Week](#) 2025.
- Published 'The future of healthier homes' in [Welsh Housing Quarterly](#).

Convening and connecting stakeholders

- Built a strong stakeholder network, to position PHW as a trusted convener and catalyst for collaborative policy action.
- Interviews with 63 stakeholders and engagement at 7 stakeholder groups has laid a foundation for ongoing collaboration and collective action to help accelerate impact.
- Hosted an event that engaged 50 stakeholders, including Welsh Government, local authorities, community groups and housing providers, building a trusted reputation to support sustainable housing solutions.

Ongoing work

- Leading a PHW housing and health group to promote organisation join-up and opportunities and bring together different expertise and skills.
- Bi-monthly meeting with NHS Wales housing and health professionals.
- Bi-monthly meeting with Welsh Government housing strategy lead including providing advice and support, contributing to the development of the housing strategy (published in July).

Next steps to build impact

- Deliver a stakeholder workshop in North Wales (November 2025) to strengthen regional partnerships, gather place-based insights, and ensure housing and health priorities reflect and support diverse local needs across Wales.
- Publish a second policy-focused resource advocating for investment in healthy housing to improve health in Wales.



Policy and International Health



Trauma and ACE (TrACE) Informed Organisations Toolkit

Strategic Priority: Promoting mental and social wellbeing

Overview

- The TrACE Toolkit aims to embed and sustain organisational cultural change for consistent and coherent trauma and ACE-informed responses, underpinned by kindness and compassion across Welsh communities. It is a key resource for implementation of the Trauma Informed Wales Framework.

Our Impact

Direct support for stakeholders

- Positive cultural and practice changes reported by multiple organisations and sectors (Further Education, Higher Education, Substance Use, Youth Justice, Housing).
- Cited in Flintshire Youth Justice Service His Majesty Inspectorate of Prisons inspection and Wrexham University's Equality Enhancement Review.

Evidence for Action

- Coordination of National TrACE Community of Practice (140+ members) and online TrACE Space (200+ members), leading to 7 co-produced resources supporting practice change.
- Translating knowledge into practice through implementation of an e-learning course, completed by 5,200 people since November 2024 and embedded in learning systems of 27 external organisations.
- Train-the-Trainer packages delivered to over 700 organisations since 2019, including 600+ schools.

Evidence for Action

- Using case studies of organisations to promote implementation based on good practice.

Leadership and advocacy

- Evidenced as an enabler of sustaining trauma- and ACE-informed practice in organisations supporting the ambition of the Trauma-informed Framework for Wales to become a trauma-informed nation.

On-going work

- Scaling up implementation across sectors and systems, continued focus on the education sector and Criminal Justice System and moving to the NHS and Social Care.
- Further strengthening of, and capacity building for, project management with good practice dissemination to support existing and new sectors.
- An ongoing commitment to inclusive co-production to embed a trauma and ACE-informed approach in our communities.
- Aligning to priorities and strategies such as commitments to an anti-racist Wales, ending child poverty, and mental health and wellbeing.

Next steps to build impact

- Explore a social return on investment model to further understand the value of the impact made by the Toolkit.
- Build evidence of how developing new tools/resources and sources of support from ACE Hub Wales enhance system-wide connections.

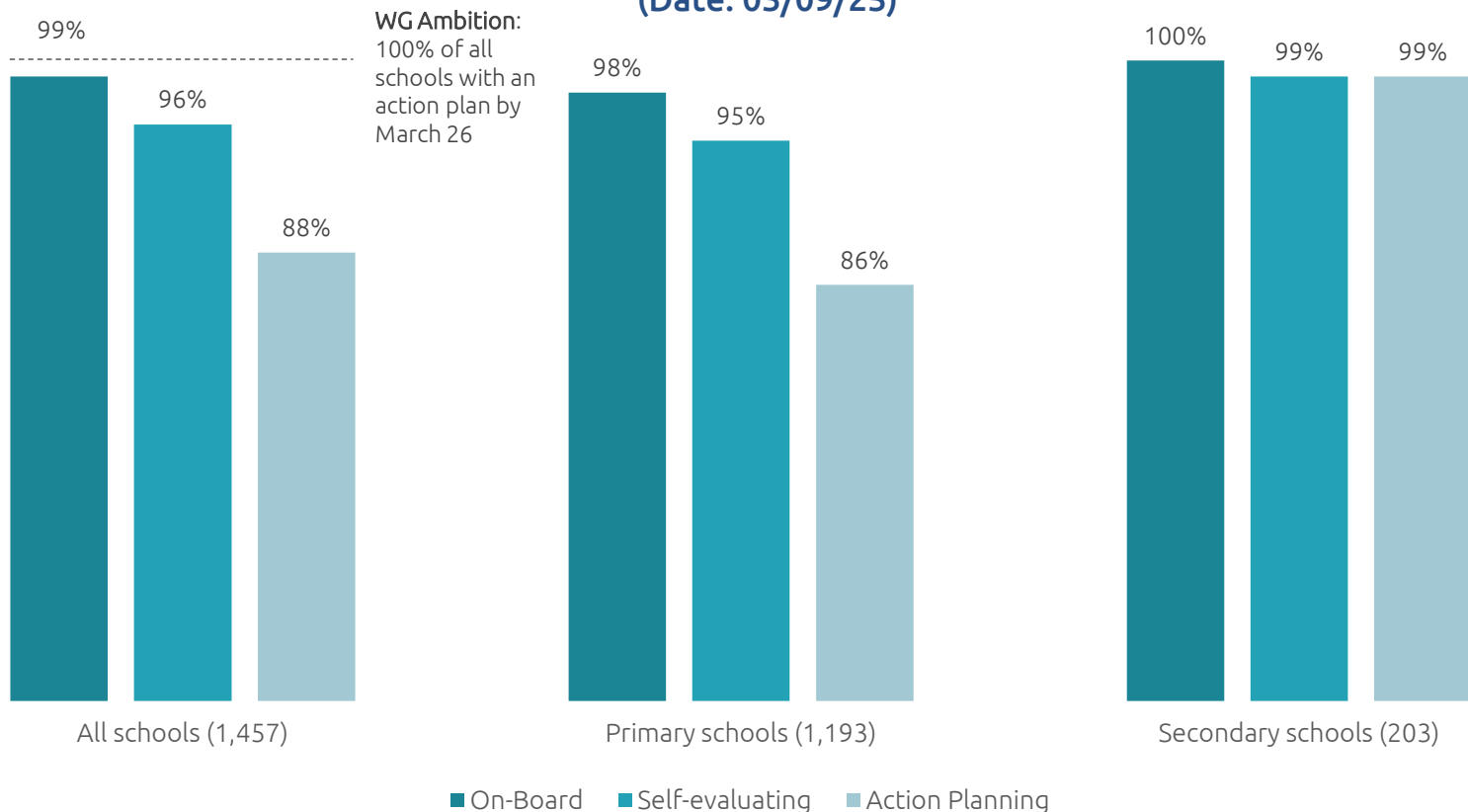


Health and Wellbeing



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: 03/09/25)



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-evaluation explained (it does not necessarily mean that they have started self-evaluating).

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

'Action Planning' is where a school has entered a continuous improvement and planning cycle. The school is continually reviewing the SET, developing their action plan and then adding / removing actions as appropriate in a continuous process.

* We have recently refined data definitions to meet the requirements of the Welsh Government ambition. They will be in place for the beginning of the next academic year.



Health and Wellbeing



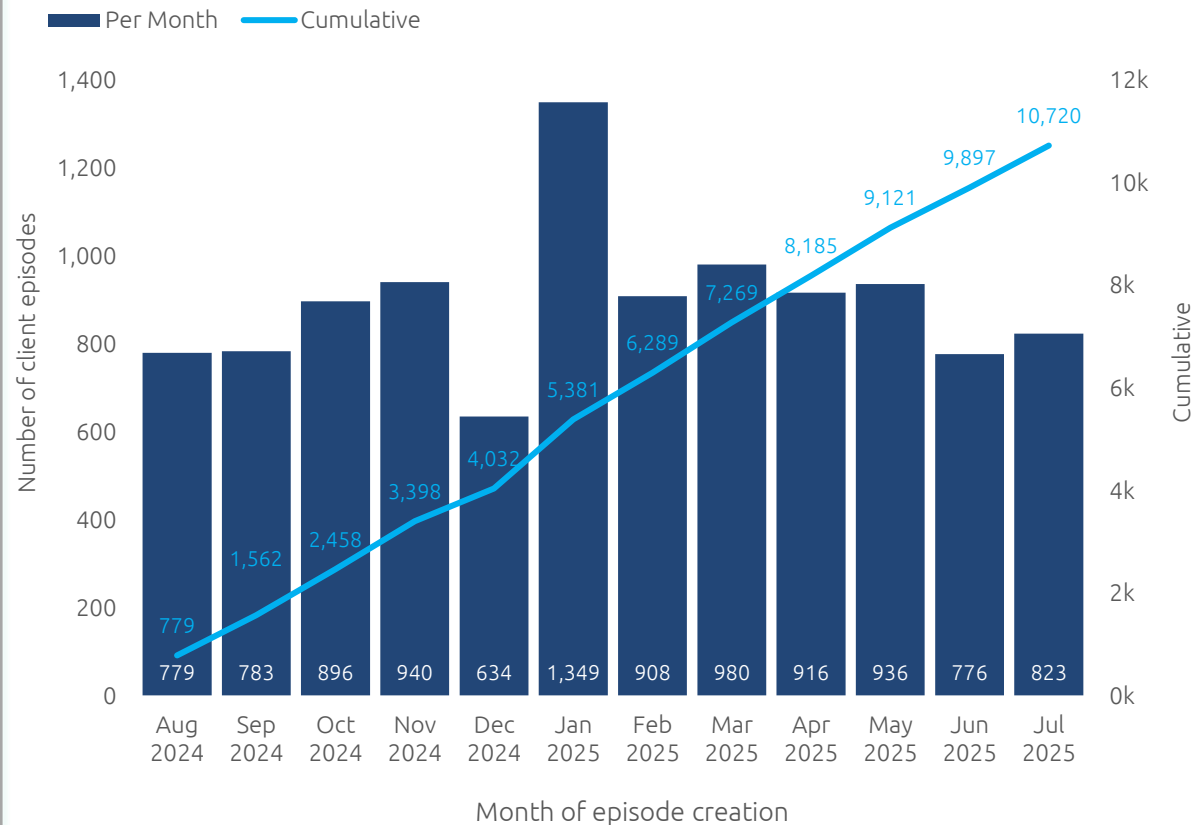
Help Me Quit (HMQ)

In July 2025, the Hub was responsible for contacting 1,045 new referrals compared with 1,096 in July 2024. 79% of the referrals were submitted via the self referral call back form on the Help me Quit website. In addition, the Hub handled 855 inbound calls in July 2025, of which 58% were new self referral calls from smokers wanting support to quit. The Hub created 823 new client episodes in July 2025, a similar figure to the 776 created in July 2024.

Timeliness of first contact: 89% received their first call attempt within two working days, just below the 90% target. This slight dip in performance reflects temporary operational pressures.

National Telephone Support Service (NTSS): There were 83 NTSS client episodes with initial contact dates in July 2025, of which 70% met the target of having a scheduled assessment session date within 14 days of initial contact and 81% (67) attend an assessment session, exceeding the 75% target. The NTSS quit rate for July 2025 was 71%; this is the same as July 2024 (target 35%).

Number of client episodes created by the Hub



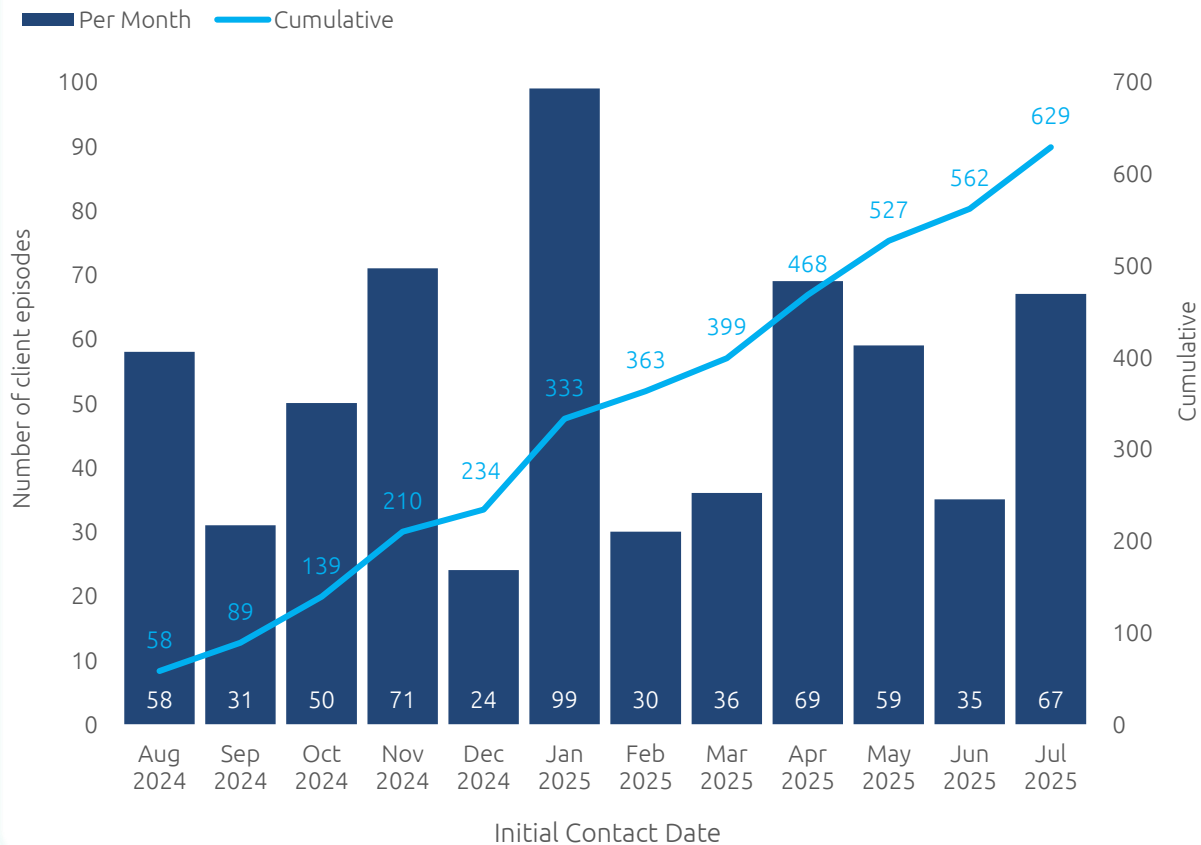


Health and Wellbeing

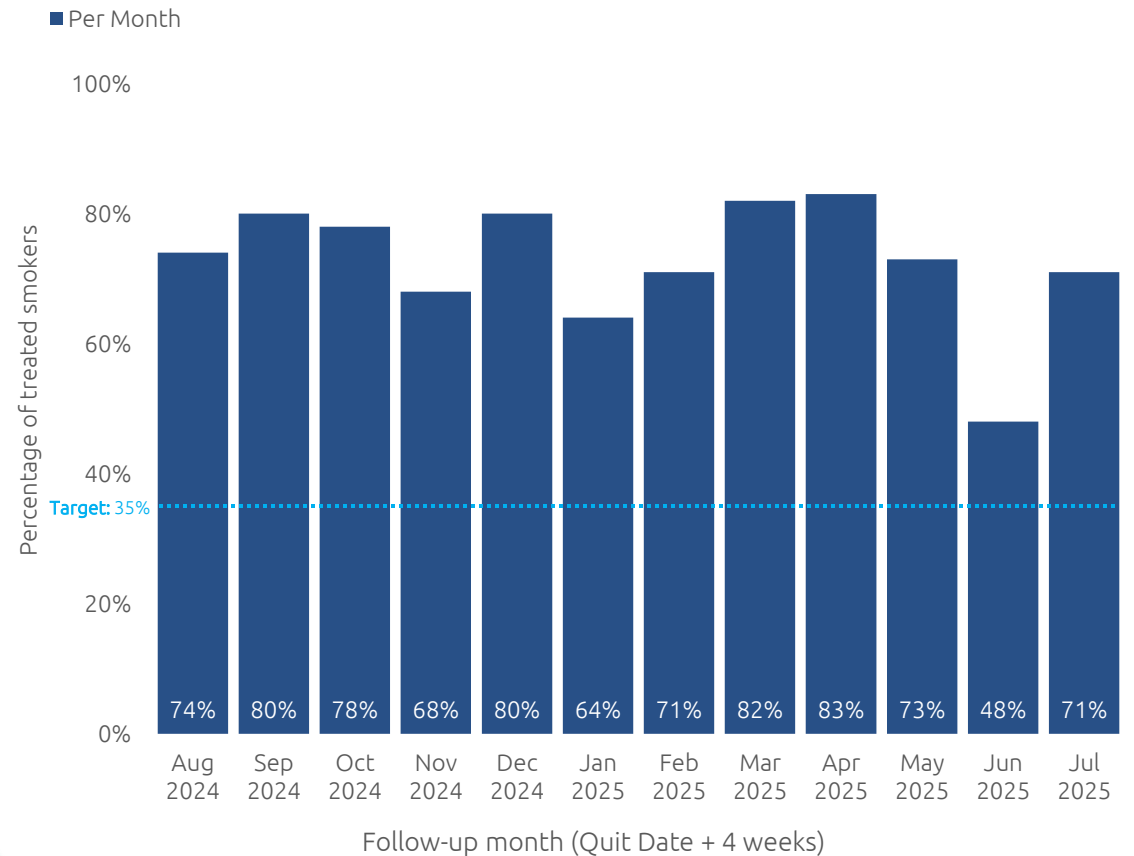


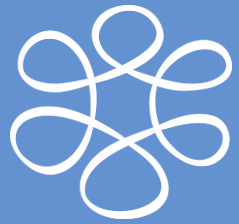
Help Me Quit

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	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25
Strategic Plan – Percentage of milestones currently green or complete		86.3%	87.9%	87.8%	86.9%	86.4%	87.9%	84.6%	96.1%	93.5%	91.8%	90.2%	89.3%
Strategic Plan – Percentage of milestones currently red		2.5%	5%	3.8%	3.8%	3.8%	2.6%	3%	0.9%	1.2%	2.1%	2.1%	0.8%
Request for Change (RFC) – Number of milestone changes submitted for approval		9	13	9	8	5	4	7	4	3	8	5	5
Strategic Priority 1 – Wider determinants		88.9%	77.8%	77.8%	77.8%	77.8%	77.8%	77.8%	100%	100%	100%	100%	100%
Strategic Priority 2 – Promoting mental and social wellbeing		100%	100%	100%	100%	100%	100%	100%	100%	100%	82%	82%	82%
Strategic Priority 3 – Promoting healthy behaviours		73.3%	66.7%	65.5%	57.1%	71.4%	74.1%	67.9%	94.1%	92.1%	89.5%	89.5%	86.8%
Strategic Priority 4 – Sustainable health and care system		88.4%	95.3%	95.3%	93%	93%	95.2%	92.9%	100%	93%	93%	88.4%	88.4%
Strategic Priority 5 – Excellent public health services		76.7%	81.4%	88.1%	85.7%	83.3%	83.3%	83.3%	91.1%	93%	93.1%	91.4%	91.4%
Strategic Priority 6 – Climate change		100%	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Enabling delivery of our plan		0%	0%	0%	0%	87.4%	89.1%	94.4%	97.2%	92.5%	91.3%	90.0%	88.8%
Strategic Change Programmes – Percentage of milestones currently green/amber		100%	77.8%	90%	87.5%	87.5%	75%	62.5%	75%	100%	100%	88%	88%
Strategic Change Programmes – Percentage of milestones currently red		0%	0%	0%	0%	12.5%	0%	0%	0%	0%	0%	0%	0%



Strategic Plan Milestone Delivery



Strategic Priority Delivery Status

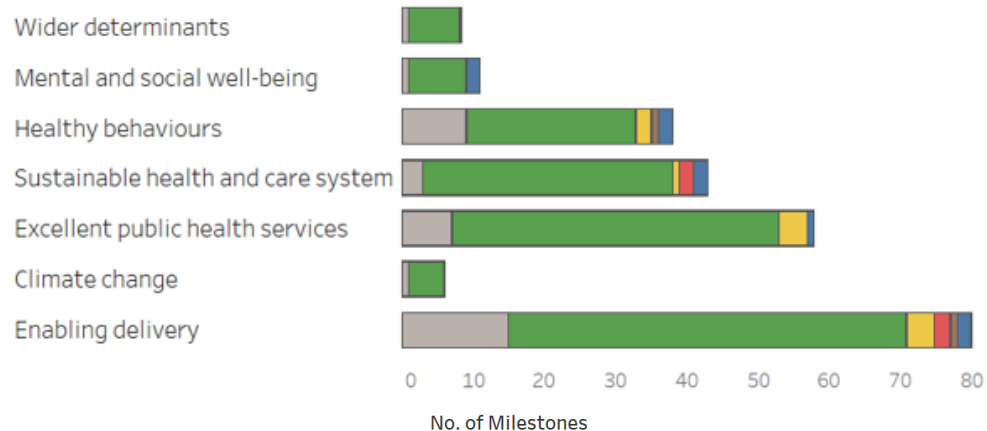


Request for Change

A total of 5 Requests for Change were submitted for approval in August 2025.



By Strategic Priority



At Month 5, 37 milestones have been completed, and 181 milestones are reporting as Green. This indicates that 87% of the remaining plan is on track to be delivered within the agreed scope and timescales.

There are 11 milestones currently rated Amber. Common causes cited are capacity issues (including recruitment delays and secondments ending), and stakeholder dependencies (including clarification from Welsh Government and DHCW issues).

2 of the Red milestones were also rated Red last month. 'Replacement of virtual infrastructure' is at risk due to the Statement of Need not yet being approved. 'Evaluated the recent introduction of QIA methodology' is behind schedule due to delayed UAT testing and revision of the tool. An RFC has been submitted extend delivery by 3 months.

The remaining 2 red milestones are for Health & Wellbeing, and both have submitted RFCs to extend the delivery date.

A total of 5 RFCs have been submitted this month. Full details can be found in Annex A of the cover paper.

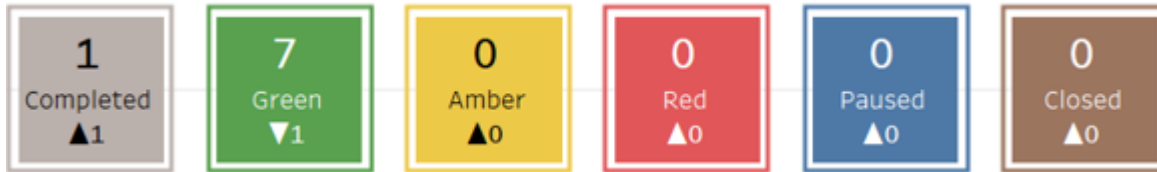


Strategic Plan Milestone Delivery



Strategic Priority 1 – Wider determinants

Current Delivery Status



By Directorate



Changes to Plan

No requests for change received in month 5

Strategic Priority Overview

Child Poverty, worklessness

- Needs Assessment completed into child poverty collaboration; recommendations to go to the Building a Healthier Wales Coordination Group
- Spotlight Feature on Child Poverty interventions in Scotland, identifying approaches and policies to inform efforts in Wales (Solutions platform)
- Rapid evidence review on the health and well-being implications of unemployment and economic inactivity completed

Planning, transport and housing

- Publication on shaping the future of healthy housing for children and families in Wales: A summary of stakeholder engagement, outlines challenges, opportunities, and practical recommendations
- Work to better integrate health and wellbeing into spatial planning in Wales presented to ADPH Planning & Health Collaborative group (WHIASU)

Health in all policies

- Draft report of Well-Being Economy Policy Dialogue with WG and WHO shared with international partners to inform future action planning

Strengthening WDoH partnership action

- Public Services Board (PSB) delivery and impact workshop led to establishing National Strengthening PSB Progress Group with agreed priority actions. Shaping Places for Wellbeing in Wales reprofiling work to focus on PSB subset

Route map

- Priority group critique of route map for ambition and deliverability. Applying viable system model to improve delivery and impact

Issues/Risks

- Resourcing ambition of our long-term strategy and route map remains a challenge
- Working through balance of directorate roles and route-map overview role

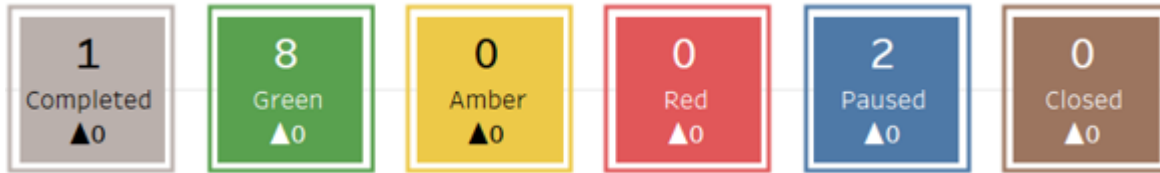


Strategic Plan Milestone Delivery



Strategic Priority 2 – Promoting mental and social wellbeing

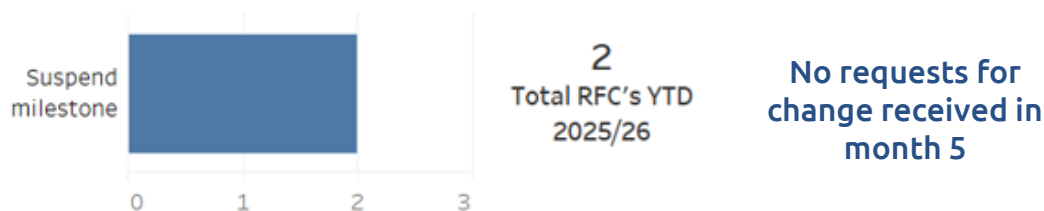
Current Delivery Status



By Directorate



Changes to Plan



Strategic Priority Overview

- Recommendations made to Welsh Government on the new Standards for Health and Wellbeing Promoting Schools for Ministerial approval. Supplementary guidance for schools in development
- Workshops underway with WG, Estyn, ADEW and School In-Reach Teams to agree additional action to support mental health and wellbeing during the school day
- Service review of Emotional Learning Support Assistants (ELSAs) in schools completed and shared with WG
- Early Years Framework for Action published in July, stakeholder engagement underway to develop implementation plan
- Publication of Every Child Resources progressing in line with revised timescales (following RFC in July)
- Nationally representative survey carried out by YouGov in August to support Hapus National Conversation evaluation. Findings to feed into programme development
- Cardiff Met Centre for Health, Activity and Wellbeing undertaking a rapid evidence review on the relationship between mental wellbeing and cardiovascular outcomes; search strategy agreed and review underway

Issues/Risks

- Staff changes impacting delivery, two new Principal PH Practitioners recruited to start in the autumn to support Education Settings and Early Years teams

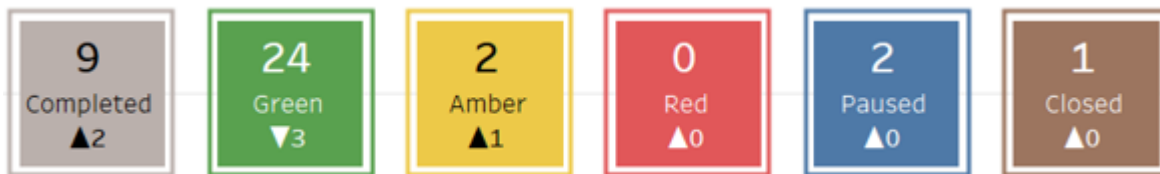


Strategic Plan Milestone Delivery



Strategic Priority 3 – Promoting healthy behaviours

Current Delivery Status



By Directorate



Changes to Plan



Strategic Priority Overview

- Finalising recommendations for a revised data reporting system for HMQ
- Progressing planned service developments (app and system upgrades) along with development of targeted tobacco and vaping prevention and monitoring the uptake for the newly launched interactive smoking quit tool
- System engagement and work for the development and implementation of the programme of work to support Gambling related harm
- Developing proposals for strategic programme of work for substance use with learning from the needs assessment
- Supported school food Regulations in Wales following the recent WG consultation
- Ongoing development of work for early years nutrition and breastfeeding
- Implemented learning and development of the whole systems programme for healthy weight in Wales with learning from the recently published evaluation
- Developed national whole systems workstreams and reviewed draft indicators for monitoring and evaluating HWHW
- Delivered maternity weight management pathway and establishing community of practice to support weight management pathway delivery (including weight management medicines)
- Finalising delivery of proposals for Daily active whole school approach to Physical Activity and place-based approaches for active travel
- Delivered the Healthy Working Wales programme for workplace health across Wales
- Developed plans for HW behaviour change

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 particularly with emerging areas such as calls for digital weight management architecture to support pathways

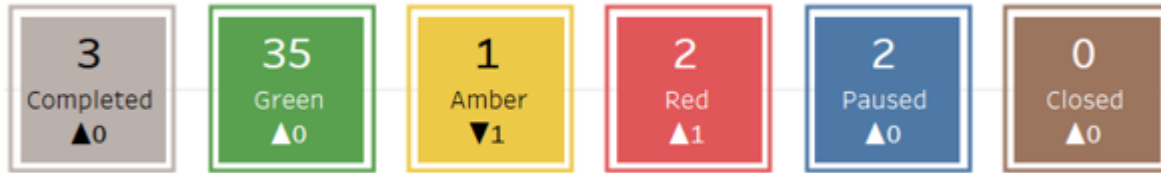


Strategic Plan Milestone Delivery



Strategic Priority 4 – Supporting a sustainable health and care system

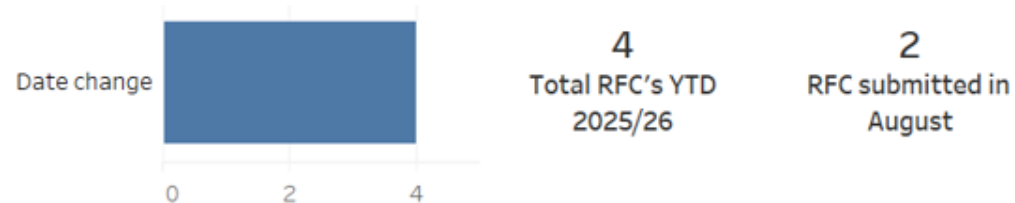
Current Delivery Status



By Directorate



Changes to Plan



Strategic Priority Overview

- [CVD prevention programme ABCD+](#) published on 9th September.
- **Prevention Based Health & Care (PBHC):** Worked with Welsh Government to align development of prevention-specific action plan with Welsh Government group on prevention. Commissioned Kings Fund to deliver population health training for healthcare leaders in Wales, including content on prevention.
- **Women's Health Network:** Funding secured to develop a post natal contraception training programme and deliver training to enhance population health skills in the leaders designing and delivering Women's health hubs in each health board area.
- Established and Chairing an NHS-WG Task and Finish group to **develop the national narrative for addressing health inequalities in healthcare.**
- [Primary Care Model for Wales Cluster Self Reflection](#) report published.
- Developed an [interactive map of Wales](#) highlighting every primary care practice that has actively participated in the **Greener Primary Care Wales Scheme** since its launch in 2022.
- Safeguarding data set & national reporting has been agreed via Safeguarding Metrics task group.
- Social Value E-guide for Public Health under development to support public health professions to use social value methods to evaluate interventions and to guide spending and investment decisions.

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 vs operational pressures

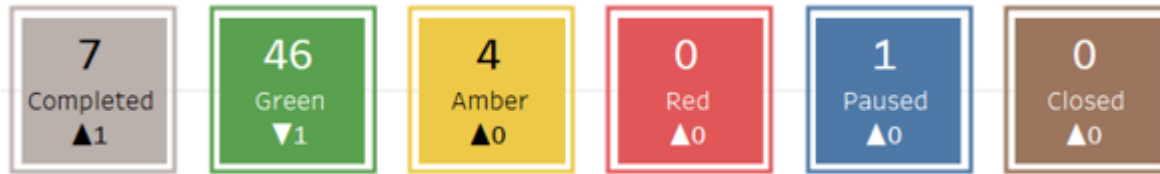


Strategic Plan Milestone Delivery



Strategic Priority 5 – Delivering excellent public health services

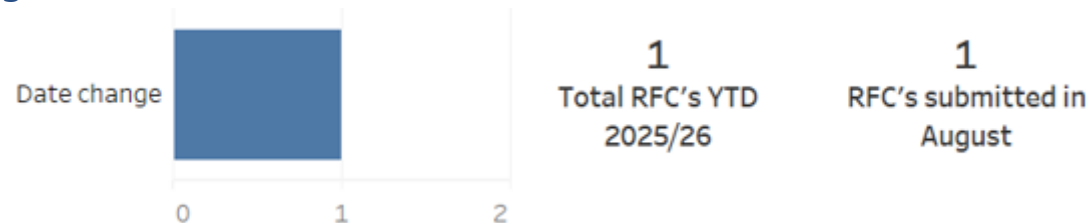
Current Delivery Status



By Directorate



Changes to Plan



Strategic Priority Overview

- All Directorates and divisions have completed a baseline assessment using a standardised tool which allow for self-assessment against quality standards around the 6 domains of quality STEEEP. QuOG has a standard monthly agenda with protected time to allow for professional discussion and sharing learning. Dashboards have been developed allowing members to identify areas for improvement.
- Working with partners, the HARP Antimicrobial Stewardship Team have developed a National Prescribing Indicator focused on course duration for respiratory tract infection antibiotics for tackling AMR. The NPI aligns with NICE Quality Standards and AWMMSG guidelines, promoting the shortest effective course of antibiotics, improving prescribing quality and patient safety. With the NPI in place until March 2028 and a 75% target, there's a clear roadmap for sustained improvement.
- The Screening and VPDP Engagement Teams are developing a consistent cross-directorate approach to engagement and involvement with our communities. This includes sharing of best practice for co-production in the development of public information, strengthening expertise in engagement activities through 'spotlight' sessions and undertaking joint planning for events and engagement activities to maximise the impact of involvement from communities.
- Work has been initiated on the BTW review.

Issues/Risks

- Cross organisational capacity to adopt, plan and deliver the ambitions of the strategic priority.
- External and internal dependencies on the current routemap objectives for directly delivered services.

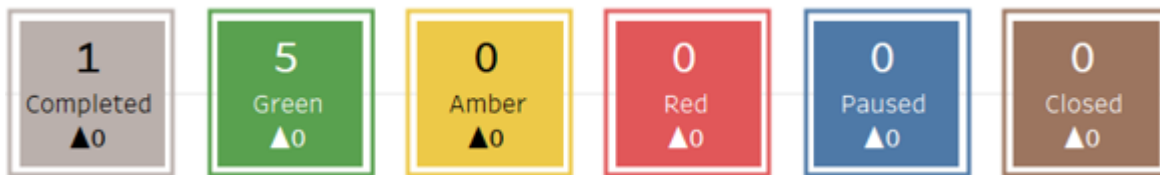


Strategic Plan Milestone Delivery



Strategic Priority 6 – Climate change

Current Delivery Status



By Directorate



Changes to Plan

No requests for change received in month 5

Strategic Priority Overview

- Route map has been finalised and is ready for organisational sign-off
- The PHW annual net zero monitoring return for 2024/25 has been submitted to WG. Emissions for PHW have increased 17% this year, partly due to better reporting, but also due to procurement and business travel. Discussions are underway as to how we can continue our path to net carbon zero
- The Environmental Health Protection team are leading the development on an Adverse Weather plan
- Climate Change Programme Board is currently undergoing a review to consider:
 - How best to respond to the recommendations outlined in June BET paper in terms of discharging priority accountability requirements
 - How best to structure the main programme Board and Sub-Groups to enable delivery of the route map and engage staff across all levels of the organisation
 - How best to manage the issues and risks associated with the strategic priority area
 - An options paper was discussed in September CCPB with a final decision due at the next meeting in November

Issues/Risks

- Both the (organisational) climate change and (corporate) decarbonisation risks are to be managed via Climate Change Programme Board
- As a pan-organisational strategic priority, it may be that other risks that are held within directorates or divisions may benefit from discussion at CCPB. How this is done will require careful consideration

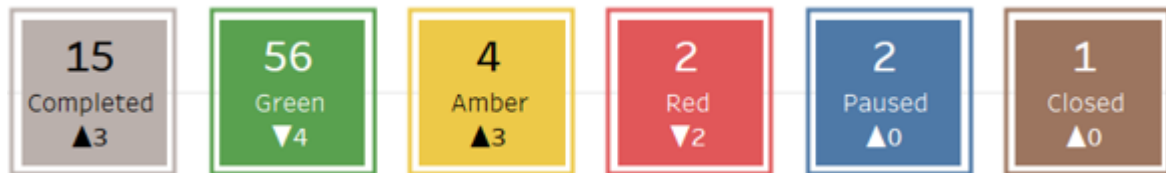


Strategic Plan Milestone Delivery

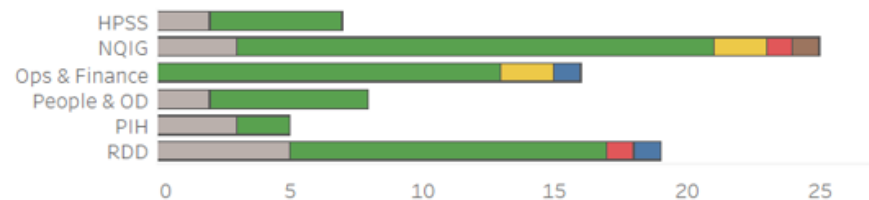


Enabling delivery of our plan

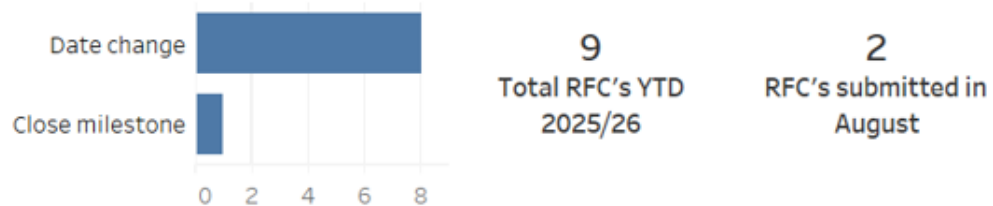
Current Delivery Status



By Directorate



Changes to Plan





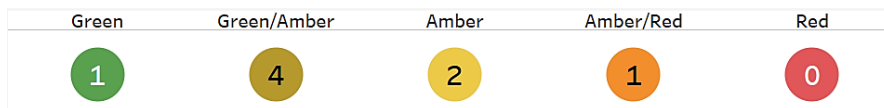
Strategic Change Programmes



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 August 2025, is provided below.



Key Information

Overall delivery confidence remains **on track**, with all programmes maintaining their previous month RAG ratings. Progress continues across multiple areas, though **dependencies, governance requirements, and stakeholder engagement** are beginning to impact timelines in some workstreams.

National Targeted Lung Cancer Screening – Amber/Red

- Remains Amber/Red, as this reflects the current position against the original milestones until a revised timeline is agreed with Welsh Government.
- Business Justification Case (BJC):** Development is progressing at the request of Welsh Government, led by Delivery Groups and overseen by an Assurance Group. Market engagement is underway, with supplier briefing documents (PAS, CT units, connectivity, AI) due for circulation on 05/09/25 and responses expected by end of September. Recruitment of key roles are filled or in progress.

Digital Health Protection – Green/Amber

- First round of tender is complete, with three suppliers shortlisted. Full technical proposals will be considered early September, and a preferred supplier will be proposed to BET, Board and Welsh Government. All Programme workstreams have been established and the review of the outline business case is in progress. The Full Business Case is due to be submitted to the Welsh Government before the end of October.

Tackling Diabetes Together – Amber

- Following Programme Director's review, the programme is being **re-focused** on high-confidence projects aligned with strategic aims.
- Engagement with MIMA to develop a **patient information platform** is progressing well. TDT will lead development of the **NHS Wales App for diabetes** in collaboration with DHCW. Exploring partnership with HEIW on **secondary prevention**; executive meeting scheduled for 29 September.

Web Transformation – Green/Amber

- Programme is progressing steadily, with **79% content migration complete** and strong stakeholder engagement.
- Existing risks include **organisational resistance to change** and **dependency on key partners**, mitigating actions in place.

Data, Analytics, Registers, Cloud – Amber

- New programme manager in post giving a renewed focus on governance and scheduling. Risks include **dependencies on DHCW, unclear NDAP cost models, and limited access to critical datasets**. **Data mapping and migration planning** underway with RDD and HPSS; roadmap in development.

Programme Detail

Tier	Programme	Jun	Jul	Aug
1	Diabetic Eye Screening Transform..	G	G/A	G/A
	Digital Health Protection	A	G/A	G/A
	National Targeted Lung Cancer Screening	G	A/R	A/R
	Tackling Diabetes Together	A	A	A
2	Automation and AI	A	G/A	G/A
	Data, Analytics, Registers, Cloud	A	A	A
	North Wales Estate	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.





Teg I Bawb/ Fair for all Primary Care Programme

A fairer, healthier Wales where primary care actively reduces health inequalities through coordinated, community-informed, and data-driven actions.



Health Inequalities and Inclusion Programme (Year 24-25 in numbers)

160 people attended 5 workshops

- To co-produce **Teg I Bawb/ fair for all** action framework to reduce health inequalities through primary care
- 3 in-person events | 2 online events & living and lived experience assertive engagement** - *A proactive approach to reach, build and maintain contact with people where they are*

2 new Inclusion Health Networks established

- Local and national public health teams** - *Platform for aligning public health priorities and sharing inclusion health learning*
- Inclusion health nurses' network** - *An education and training platform for inclusion health nurses – focused on primary care but open to any health professional working directly with inclusion health groups*

116 attended the health inclusion summit

- 2 GP training events delivered**
- 5 presentations** at National and International events
- 6 webinars delivered | 277 people** to discuss the needs of each inclusion health group:
 - Introduction to health inclusion: why it matters?
 - People involved in the criminal justice system
 - People experiencing homelessness
 - Sex Workers
 - Asylum Seekers and Refugees
 - Roma, Gypsy and Traveller Communities



1619 visitors*
to our webpages since its launch in June 2024.



11 new resources available on our website
planning support | data and evidence | professional development and training



So what? Our impact so far

- Inclusion Health Blueprint was Launched by the Minister for Mental Health and Wellbeing
- Our advocacy led to health inequalities and inclusion health explicitly mentioned in the NHS Strategic Planning Guidance 2025-28 for LHB
- Welsh Government/NHS CE wrote to LHB CE, highlighting our resources, reminding them of their responsibility to deliver new and better health inclusion services
- Stronger networking between local and national teams, sharing of best practice
- As result of our networking, training and wider engagement there is growing activity in the Primary Care system including in Primary Care academies (new entities to provide training for all in primary care) and in clusters on inclusion health, and health inequalities.
- New Health Inequalities Dashboards on Chronic disease, collaboration between Primary Care Division of PHW and NHS P&I and data is being disaggregated by socioeconomic deprivation
- New inequalities training packages and recruitment for new leads is being delivered by HEIW
- Invited to present our work at UK national and international conferences, and share best practice via Home Office UK group

What are we working on? (25-26)

- Reducing Health Inequalities action plan for Primary care
- A call to action and professional guidance to improve continuity of care for people in contact with the justice system including a pathway for dental continuity of care for people in contact with the justice system
- More webinars, one has already been delivered on [inequalities dashboard](#) for primary care
- Probation data dashboard (population profile and reported health issues)
- Multi-professional Primary Care Capabilities Framework for Inclusion Health, Prison and Custody Suite Health Services
- Health inequalities e-learning package for pharmacists & Teg I Bawb training for GP admin staff
- Community outreach engagement with service users, key focus on Deep End Wales (GPs in 100 most deprived communities) and inclusion health groups
- Models of experts from experience engagement and co-development
- Co delivering 2nd inclusion health summit with Cymorth Cymru



Inequalities



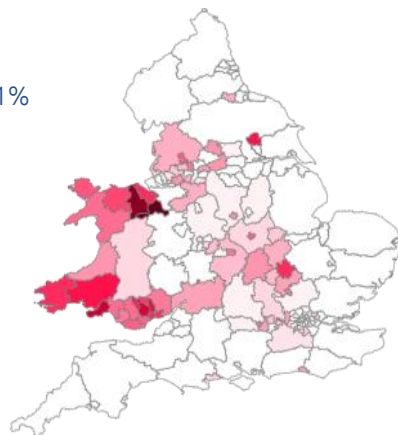
Health Foundation – geographic inequalities in premature mortality

The Health Foundation published [research](#) using Census data exploring premature mortality rates (deaths from any cause which occur before age 75) in local authorities in England and Wales between March 2021 and December 2023. The report calculates premature mortality rates for each local authority, then accounts for demographic and socioeconomic factors which removes some of the variation between areas:

- The average premature mortality rate in local authorities in Wales is 490.1 per 100,000 population, compared to 446.3 per 100,000 in England.
- **Ethnicity, migration background, socioeconomic status, and area-level deprivation** account for some of the variation in premature mortality rates – much of the variation between areas is due to the make up of the population.
- However, after adjusting for these factors, **all local authorities in Wales still had higher premature mortality rates** than Richmond-upon-Thames (the area with the lowest rate).
- This indicates that other factors are associated with differences in premature mortality rates between areas. These might include access to and the provision of health care services as well as environmental factors such as air quality.
- **Wrexham** has the highest premature mortality rate after adjusting for all these factors, Wrexham's rate is 31% higher than Richmond-upon-Thames.
- We are considering further analysis at Wales-level

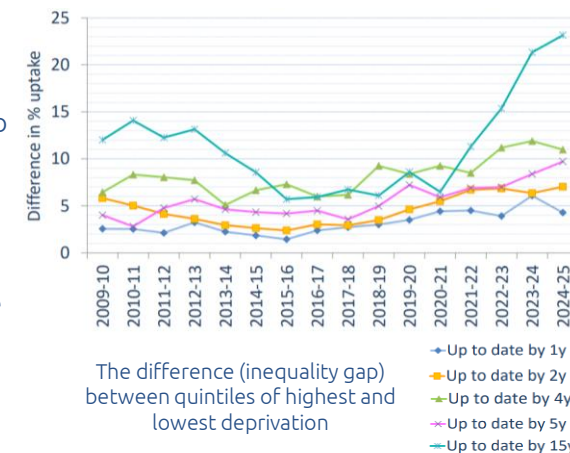
Comparison with Richmond-upon-Thames, after adjusting for age, sex, ethnicity, migration, and socioeconomic factors

Higher value indicates a worse mortality rate than Richmond-upon-Thames



Inequalities in coverage of childhood immunisations 2024/25

- The [latest data](#) shows that in 2024-25, there continued to be statistically significant differences between the most and least deprived areas in proportions of children who were up to date with routine immunisations at all ages.
- The **gap increased in two-, five-, and 15-year-old children**, compared to the previous year, but decreased in one- and four-year-olds. The gaps are now the widest since reporting began for all age groups. **Variation in uptake between Health Boards has decreased** in all age groups



Cancer in Wales – trends and projections report

- We recently published a [report](#) exploring historical cancer data and projected cancer incidences to 2035.
- The report highlights that, after accounting for age, people living in the **most deprived fifth of areas are 1.2 times more likely to get cancer** than those in the least deprived fifth. Survival rates are also lower. These gaps have existed for a long time and show no sign of closing.
- In 2015, **4 in 10 new cancer cases in Wales were linked to risk factors that could potentially be changed**, like smoking and diet. Many of these [risk factors show stark inequalities by deprivation](#), meaning action to reduce inequalities in these risk factors could have major gains in preventing cancer cases and mortality.



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%	↓

*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	94.1%	2024/25	▬	Not available	Not available	Not available
	MMR coverage at age 2	93.0%	2024/25	▬	Not available	Not available	Not available
	HPV coverage at age 15	73.1%	2024/25	↓	Not available	Not available	Not available
	All routine immunisations coverage at age 1	93.3%	2024/25	▬	90.4%	94.7%	↓
	All routine immunisations coverage at age 2	91.2%	2024/25	▬	87.4%	94.5%	↑
	All routine immunisations coverage at age 4	85.3%	2024/25	↑	79.7%	90.7%	↓
	All routine immunisations coverage at age 5	87.6%	2024/25	▬	82.5%	92.2%	↑
	All routine immunisations coverage at age 15	60.7%	2024/25	↓	48.1%	71.3%	↑

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 (kgCO2e)	303,700.49	2023/24	↓	Not applicable	Not applicable	Not applicable
	PHW carbon emissions – indirect emissions from energy (kgCO2e)	236,199.46	2023/24	↓	Not applicable	Not applicable	Not applicable
	PHW carbon emissions – indirect emissions (kgCO2e)	10,007,535.11	2023/24	↓	Not applicable	Not applicable	Not applicable



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