



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Performance and Insight Report

September 2025



Report Overview

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

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



Section 1 Governance and Accountability

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



Section 2 Service Delivery

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



Section 3 Strategy Delivery

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



Section 4 Outcomes Measurement

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



Section 1

Governance and Accountability



Key Performance Indicator Summary



	Target	12 Month Look Back	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
People Governance														
12m Rolling Sickness Absence FTE %	<3.25%		4.13%	4.18%	4.23%	4.36%	4.38%	4.41%	4.46%	4.51%	4.51%	4.58%	4.61%	4.58%
Statutory and Mandatory Training	85%		91.7%	92%	92.5%	92.8%	92.9%	92.9%	93.2%	93.3%	93.2%	93.2%	93.0%	93%
Appraisal Compliance	85%		85.3%	85.7%	85.8%	82.6%	84.9%	85.0%	84.8%	86.3%	85.8%	85%	84.2%	85.2%
Diversity ESR Data	N/A		75%	75%	76%	76%	76%	76%	76%	76%	77%	77%	77%	77%
Agency Spend, % of Total Pay Bill	≤1.7%		1.5%	1.5%	1.5%	1.6%	1.7%	1.7%	1.2%	1.3%	1.4%	1.4%	1.4%	1.3%
Financial Governance														
Revenue Position YTD	Breakeven		-£151K	-£199K	-£164K	-£167K	-£172K	-£195K	-£7K	-£19K	-£10K	-£10K	-£33K	-£0.016k
Revenue Position Forecast	Breakeven		£0k	£0k	£0k	-£200K	-£200K	-£195K	£0k	£0k	£0k	£0k	£0k	£0k
Capital Year-End Position	Breakeven		£1.203K	£1.362K	£1.423K	£1.700K	£2.058K	£3.578K	£0K	£14K	£23K	£62K	£225K	£0.282k
Public Sector Payment Policy (PSP)	95%		98.17%	98.31%	98.37%	98.21%	98.12%	98.09%	98.21%	96.98%	97%	97.36%	97.56%	97.41%
Information Governance														
Freedom of Information Request Response*	Within 20-Days		6	3	1	2	1	2	0	1	4	2	1	
Subject Access Request Response*	1 Month Avg		0	0	0	0	0	0	1	0	0	0	0	
Personal Data Breaches Reported	N/A		2	6	1	2	1	2	3	0	2	7	1	
Personal Data Breaches Reported - Escalated	N/A		0	0	0	1	1	0	0	0	1	0	0	
Mandatory Information Governance Training	85%		88%	89%	89%	90%	90%	91%	92%	91%	91%	91%	91%	91%
Clinical Governance														
Moderate or above harm incidents - monthly	N/A		3	9	5	6	4	4	6	6	6	0	0	2
Moderate or above harm incidents - YTD*	N/A		43	52	60	62	66	70	6	12	18	18	18	25
Number of externally reported incidents (NR/Is, EWI, RIDDOR, IRMER) - In Month	N/A		2	0	2	0	2	1	0	2	1	0	2	3
Number of externally reported incidents (NR/Is, EWI, RIDDOR, IRMER) - Rolling 12m	N/A		11	12	11	11	13	12	11	11	12	10	13	15
Incident Closure Compliance**	85% PHW		60.8%	74.9%	65.3%	68.2%	65.3%	78.4%	80.8%	73.8%	59.7%	65%		
Formal Complaints - Acknowledged within 5 working days**	75% WG 95% PHW		80%	100%	100%	100%	100%	100%	67%	100%	100%	100% (5)	90%	100% (4)
Formal Complaints - Responded to within 30 working days**	75% WG 95% PHW		100%	67%	100%	75%	100%	75%	50% (3)	33% (1)	100%	80% (4)	75%	100% (4)
Informal Complaints - In Month	N/A		7	4	4	12	4	3	9	9	5	6	8	7
Informal Complaints - Rolling 12m	N/A		107	103	103	101	88	80	76	77	75	75	81	85

*This data is YTD from 1 April 2025.

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

Key: RAG Status

Click on the Focus Area Icon for additional assurance

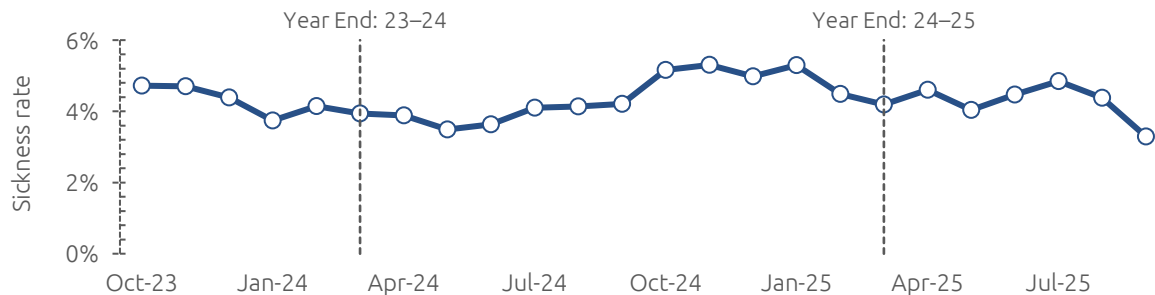
■ >10% outside target
 ■ Within 10% of target
 ■ Achieving target
 ■ Not applicable / TBC



People Governance

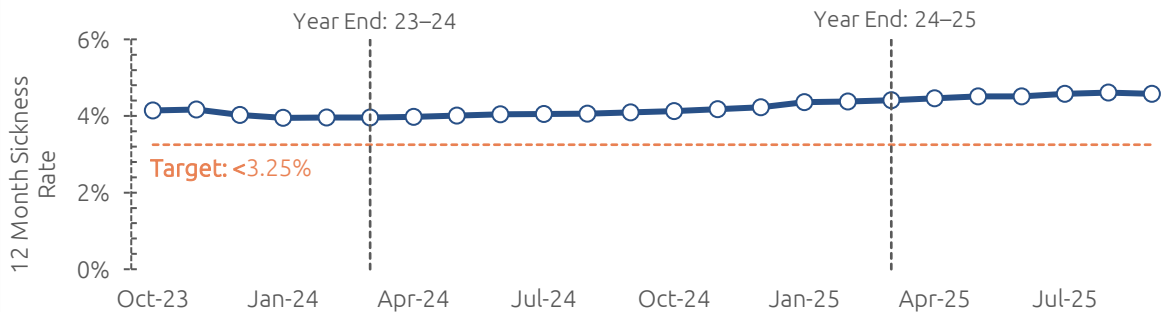


Sickness Absence



Decreased by **1.08%** in September 2025. Sickness Absence has decreased over the summer period, and the latest figure is comparable to September 2024.

12 Month Rolling Absence

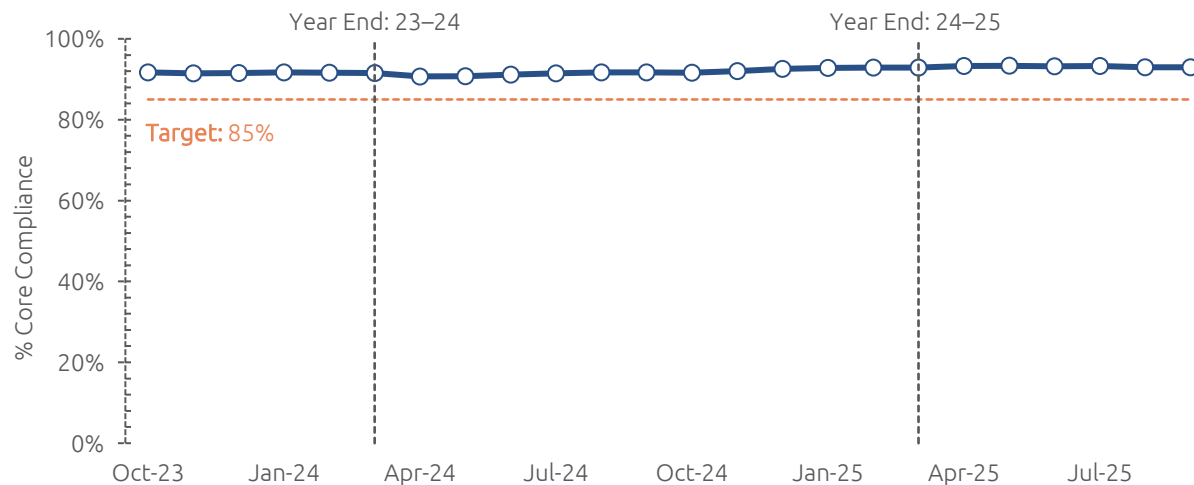


Additional assurance is provided in the focus area on pages 7 & 8.



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

Statutory and Mandatory Training



Remains **above** target in September 2025.



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

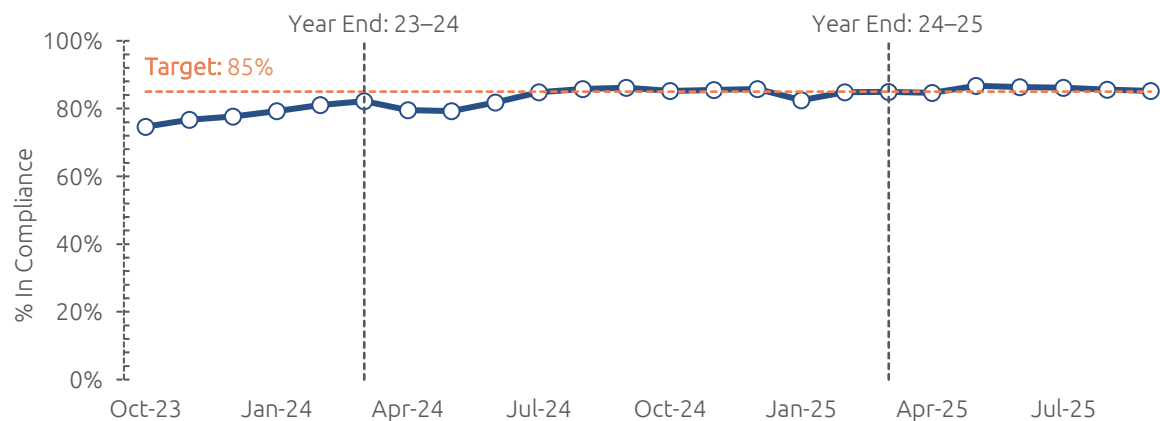
The module reporting lowest completion is *Anti Racism* (76.6%), which was introduced as a mandatory training e-learning module with compliance being taken into account from July 2025.



People Governance



Appraisal and Development Reviews



Additional assurance is provided in the focus area on pages 9

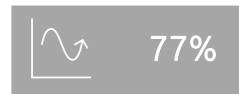


Compliance is now **above** the NHS Wales target.

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.*

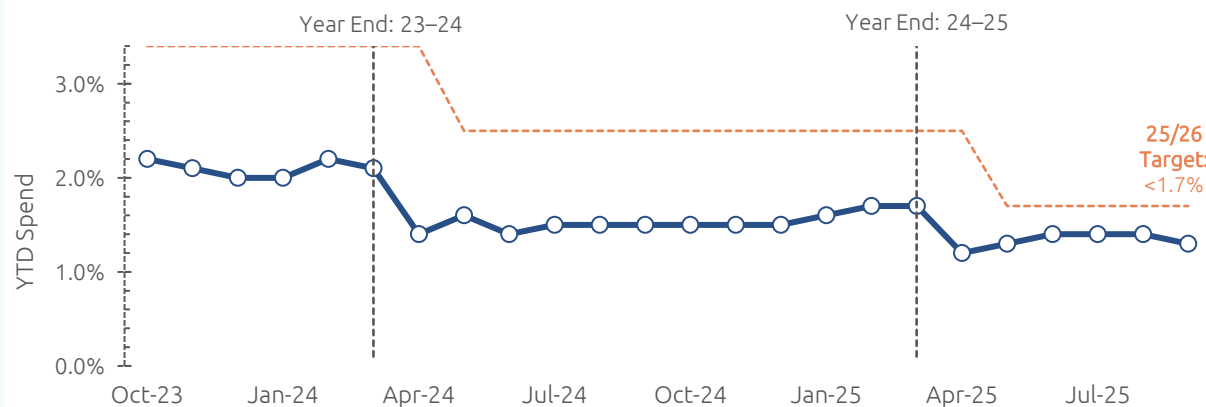
Equality and Diversity



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.

Year-to-date agency spend is currently 1.3% of the total pay bill, with a forecast reduction to 0.9%, below the 2024/25 level and within the <1.7% target for 2025/26.

Agency spend remains a key focus area in line with the Cabinet Secretary's enabling actions. During September, PHW spent £103k on agency staff, £82k of which was categorised as Admin and Clerical.

Work is ongoing to disaggregate specialist digital and technical roles from traditional Admin and Clerical categories to ensure accurate reporting and compliance with the zero-spend target. Continued use of agency workers is being carefully managed to balance operational needs with financial and workforce targets.

New agency requests are subject to scrutiny and early engagement with People and OD, Finance, and Business Leads, to determine appropriate action and ensure accurate coding.



In Focus: Sickness Absence



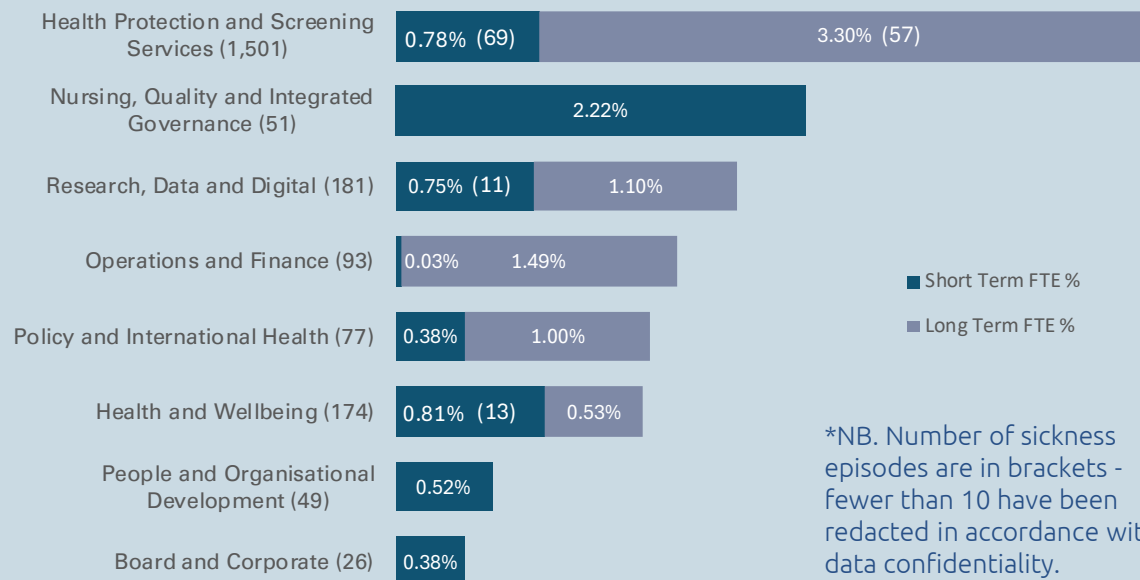
Sickness Absence by Directorate



A decrease in sickness absence has been reported in September, falling from 4.4% in August to 3.3% in September.

The breakdown by Directorate for September 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 September 2025, **23%** of FTE days lost are due to short-term sickness absence, and **77%** 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'.



- S10 Anxiety/stress/depression/other psychiatric illnesses
- S12 Other musculoskeletal problems
- S26 Genitourinary & gynaecological disorders
- S17 Benign and malignant tumours, cancers
- S13 Cold, Cough, Flu - Influenza



In Focus: Sickness Absence



Data Quality

- ❖ Monthly sickness absence decreased from 4.4% in August to 3.3% in September, 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' and 'Other known causes – not elsewhere classified', suggesting improvements in data accuracy.

Assurance

- ❖ The Internal Audit into wellbeing and mental health-related absence has been delayed; an update will be provided in the new year.

Advice and Support

- ❖ Managers are encouraged to use Stress Risk Assessments and the MAAW Policy to support staff in work or returning to work following a period of absence related to stress
- ❖ The Burnout Support Hub, Occupational Health referrals, and Employee Assistance Programme are also available to help staff stay well and in work or return to work when they are fit to do so.
- ❖ The People & OD Contact details and link to HR Clinics are now a monthly standing item in the Staff News and will also be included in the Manager News

Learning and Development

- ❖ Updated MAAW training now includes guidance on absence reasons and signposting to a reference table of ESR absence codes to support accurate coding.



In Focus: Appraisal and Development Reviews



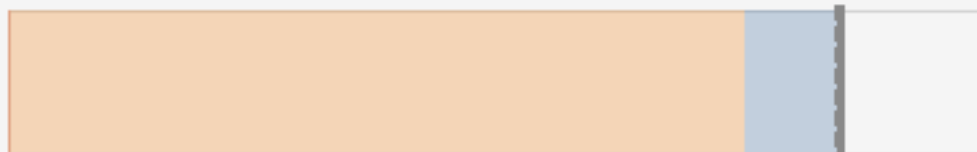
Compliance Performance

Appraisal compliance has increased above 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 Operations and Finance and Health Protection and Screening Services, who have the highest percentage of appraisals that are due soon.

85.2%

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 100% in Nursing, Quality & Integrated Governance to 81.5% 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

Directorate	Review Status %	Count
Nursing, Quality & Integrated Governance (NQIG)	100.0%	50
Policy and International Health	98.7%	77
People & Organisational Development	95.8%	42
Research, Data and Digital	93.7%	150
Board and Corporate	92.3%	21
Health & Wellbeing	91.8%	140
Operations and Finance	88.0%	66
Health Protection and Screening Services	81.5%	992

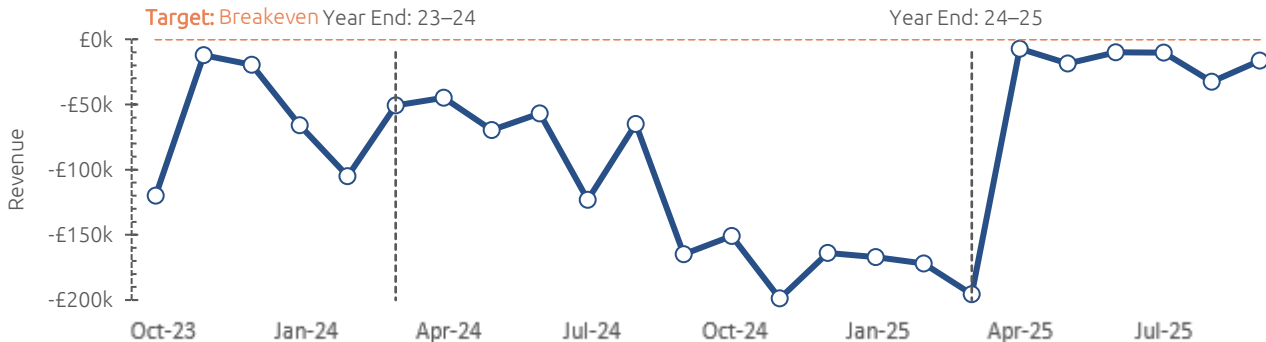


Financial Governance



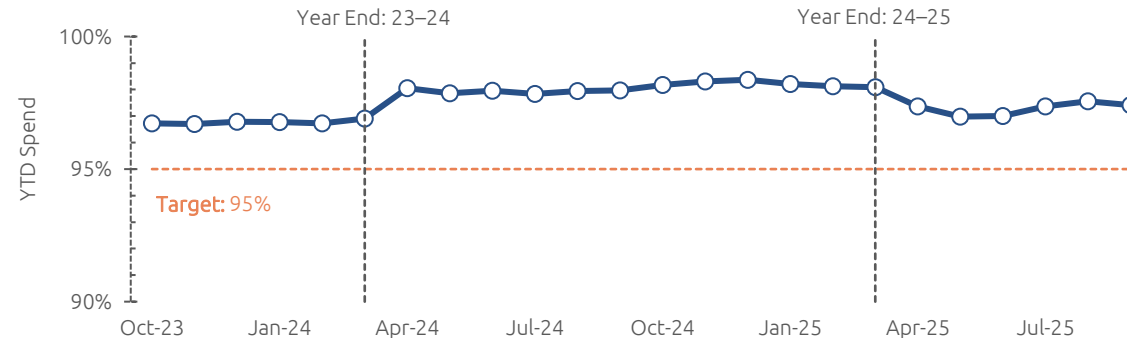
Revenue Position

Break-even
 -£0.016k YTD
 £0k Forecast



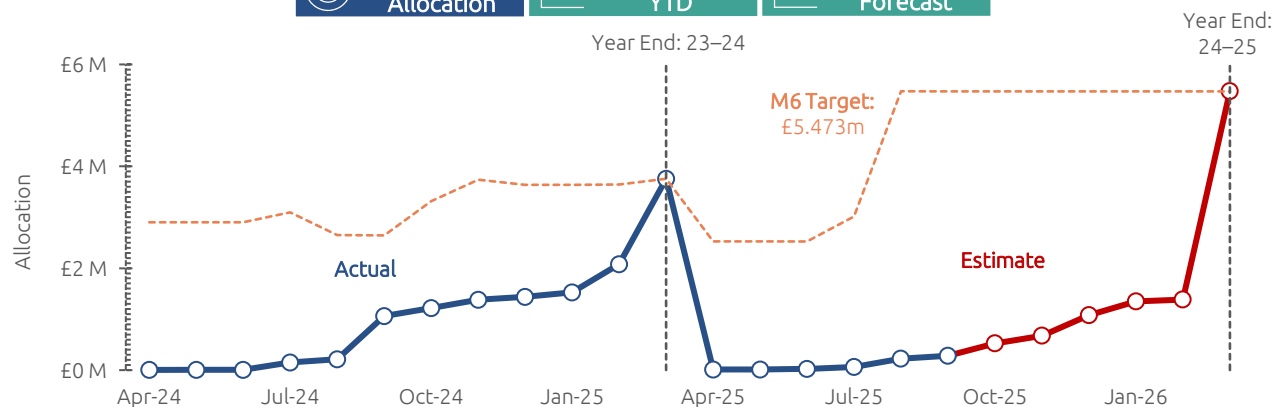
Public Sector Payment Policy (PSPP)

95%
 97.41% YTD
 >95% Forecast
 Expected to deliver the statutory target for the remainder of the year



Capital Position

£5.373m Allocation
 £0.282k YTD
 £5.373m 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 £3.761m. Risks relating to capital include availability of strategic capital funding to support the capital plan included in the IMTP.



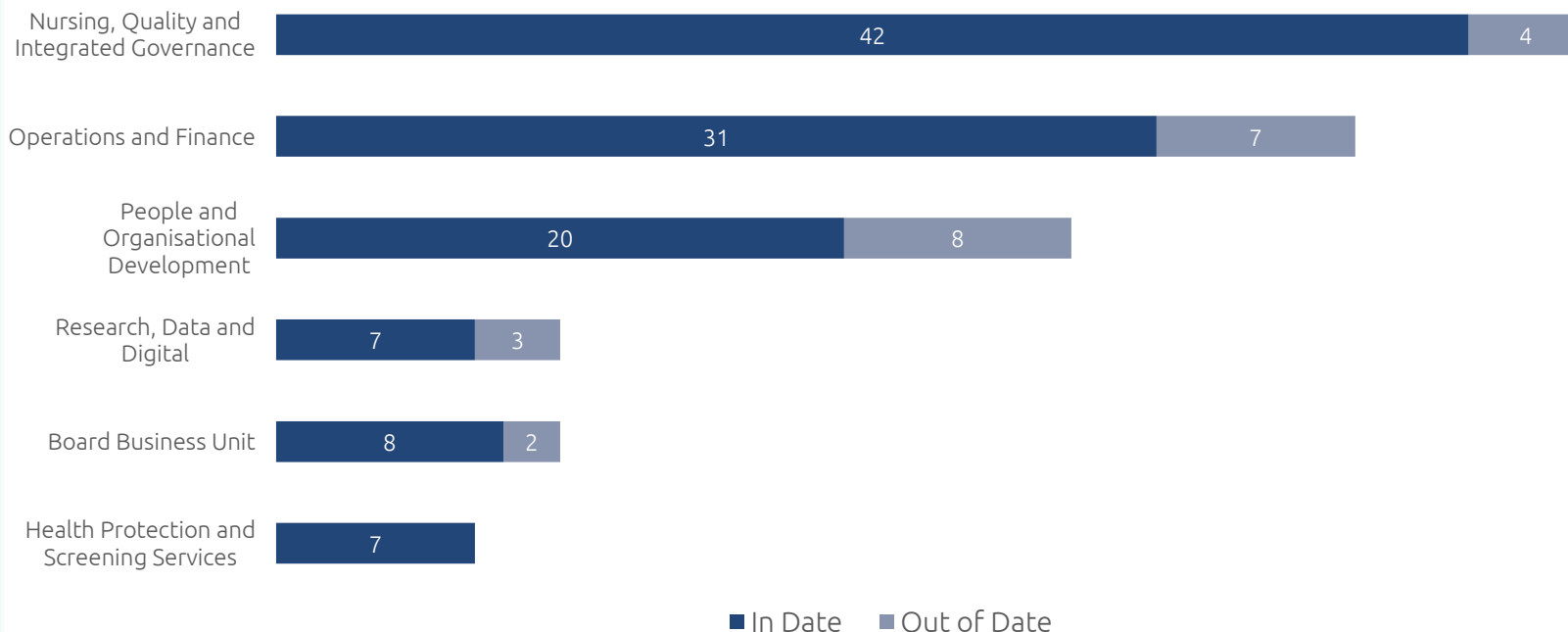
Corporate and Information Governance



Corporate Governance

Corporate Policies Compliance

8 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 September 2025:

- 4 policies were approved in September:
 - 2 updated Nursing, Quality and Integrated Governance policies
 - 1 new people and OD policy
 - 1 new Operations and Finance policy

Overview:

- The Directorates with the most policies out of compliance are Operations and Finance and People and OD.
- A number of policies from both directorates have completed the consultation stage and are due to be submitted for approval at the next relevant Committee meeting.

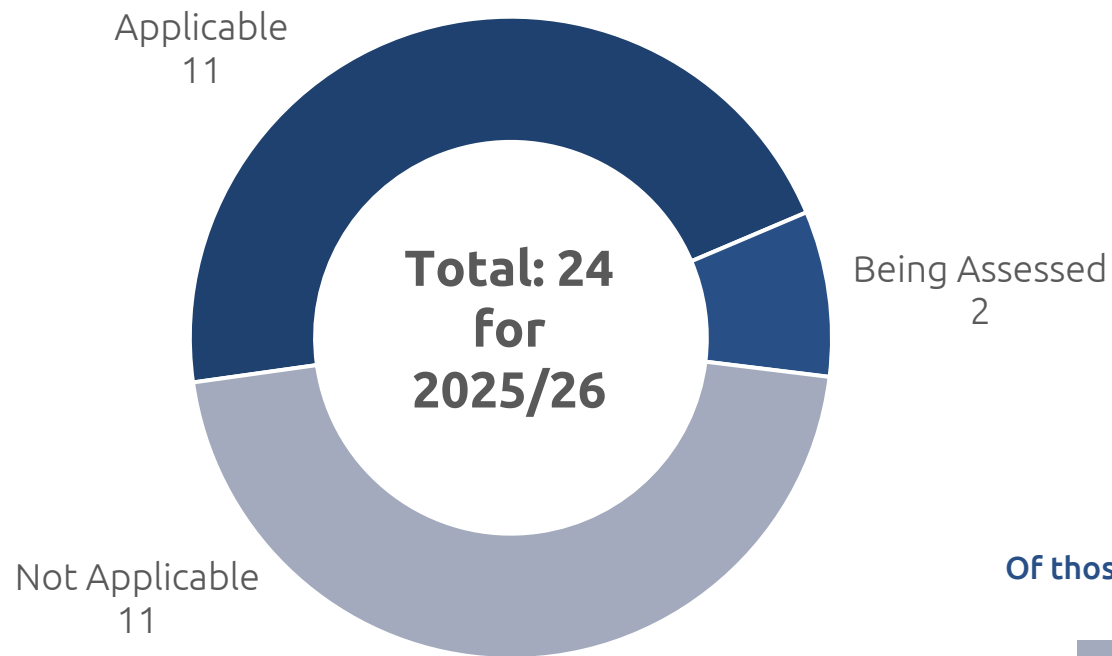


Corporate and Information Governance



Corporate Governance

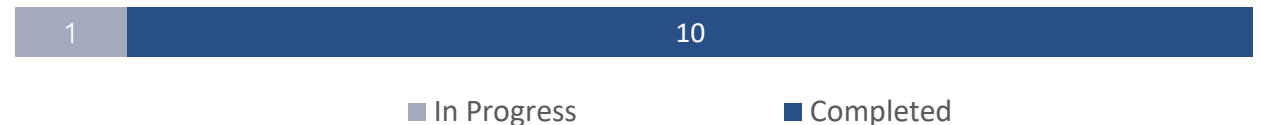
Wales Health Circular (WHC) Compliance 2025/2026



For the Period 01 - 30 September 2025:

- 4 New WHC's were received:
 - WHC 2025 031 - 3Ps Waiting Well single point of contact (SPOC) activity and outcomes data reporting (*Not Applicable*)
 - WHC 2025 034 - Implementation of the Planned Care Referrals DSCN (DSCN 2024/11) (*Being Assessed*)
 - WHC 2025 037 - Infected Blood Inquiry: Implementation of Recommendation 7e: Implementing SHOT reports (*Not Applicable*)
 - WHC 2025 038 - All-Wales NHS Accessible Communication and Information Standards (*Being Assessed*)
- 1 WHC was enacted and closed this month:
 - WHC 2025 020 - The National Influenza Immunisation Programme 2025-26

Of those applicable:





Corporate and Information Governance

Audit data updated quarterly
(Next update in December 2025)

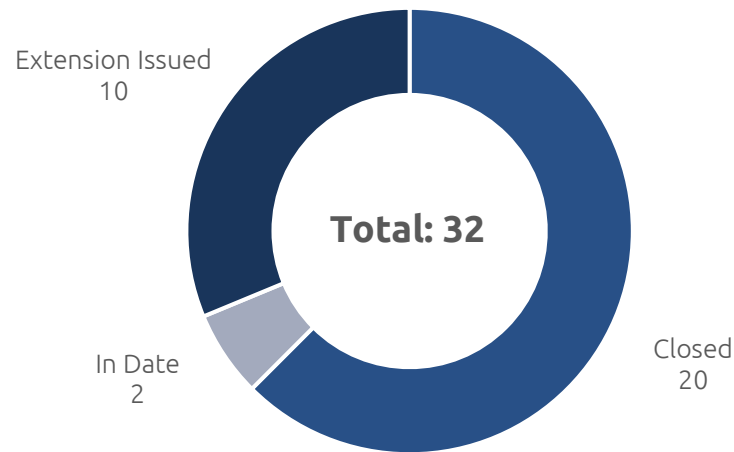


Corporate Governance

Audit Recommendations Implementation September 2025 position

On 18 September 2025, the Leadership Team reviewed updates on all the Audit Recommendations and approved the closure and extensions for overdue actions.

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



A full breakdown of this was presented to ACGC on 30 September.

Audit Recommendations Implementation Outstanding – Breakdown of open Recommendations as of 18 September:

External Audit Current number of open actions (3 actions):

Well Being	1
Workforce Planning	1
Quality Governance Arrangements	1

Internal Audit Current number of open actions (9 actions):

HPSS Performance Metrics	3
Duty of Quality	2
Duty of Candour	2
Digital and Data Strategy	1
Health and Safety (May 2023)	1



Corporate and Information Governance

Audit data updated quarterly
(Next update in December 2025)



Corporate Governance

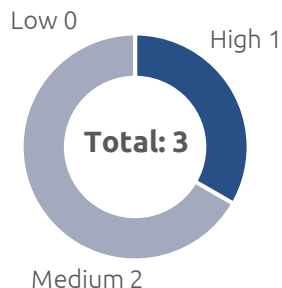
New Internal Audit Reports presented to Audit and Corporate Governance Committee on 30 September 2025

The Audit and Corporate Governance Committee considered the following Audit reports at its meeting on 30 September 2025:

Non-Core Funding: Health Improvement



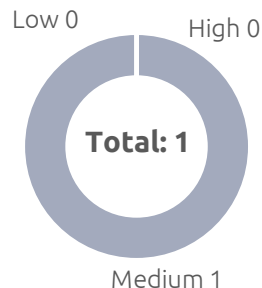
Management Actions:



Policies and Procedures Management



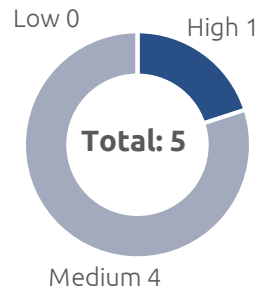
Management Actions:



Speaking Up Safely



Management Actions:



New External Audit Reports presented to Audit and Corporate Governance Committee on 30 September 2025

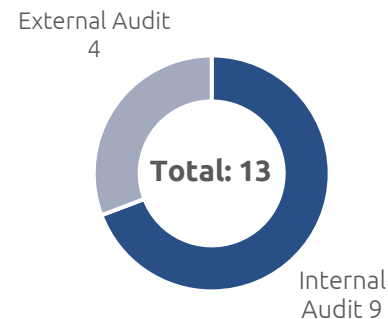
The Audit and Corporate Governance Committee considered the following External Audit report at its meeting on 30 September 2025:

Improving Quality Governance

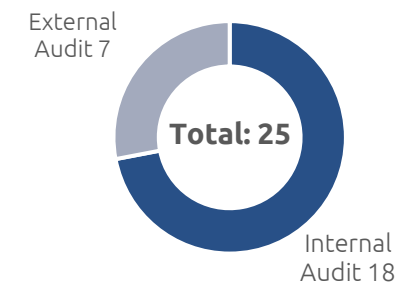
Management Actions: 4

(Assurance ranking not included on External Audit Reports)

Total Management Actions to be added to the register:



Overall Management Actions as of 1 October 2025:



Overall total including new actions added and existing actions on the register (summarised in previous slide)



Corporate and Information Governance



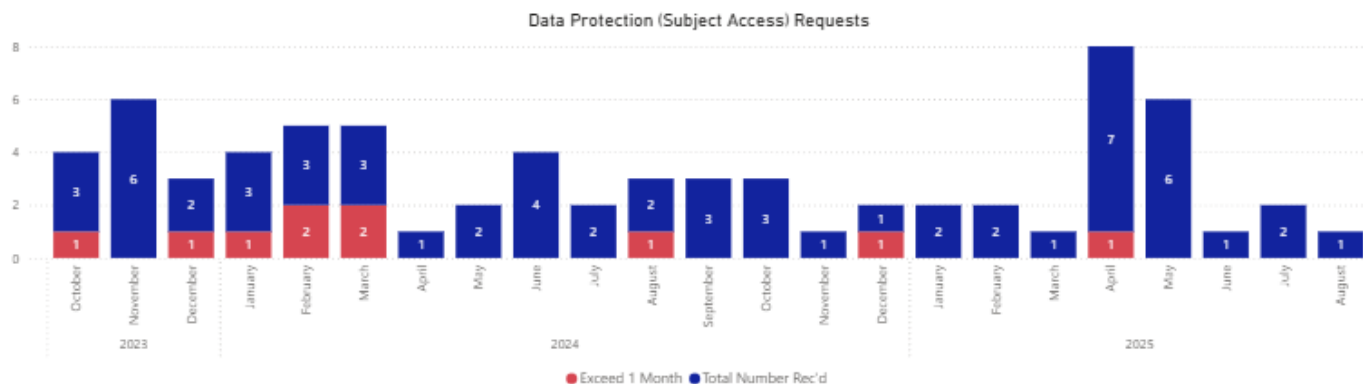
Information Governance

Data Protection (Subject Access) Requests

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

- 1 Received
- 1 Month
- 0 Exceeded

In August 2025, 1 Subject Access Request was received.
The response was compliant and sent within 1 calendar month.

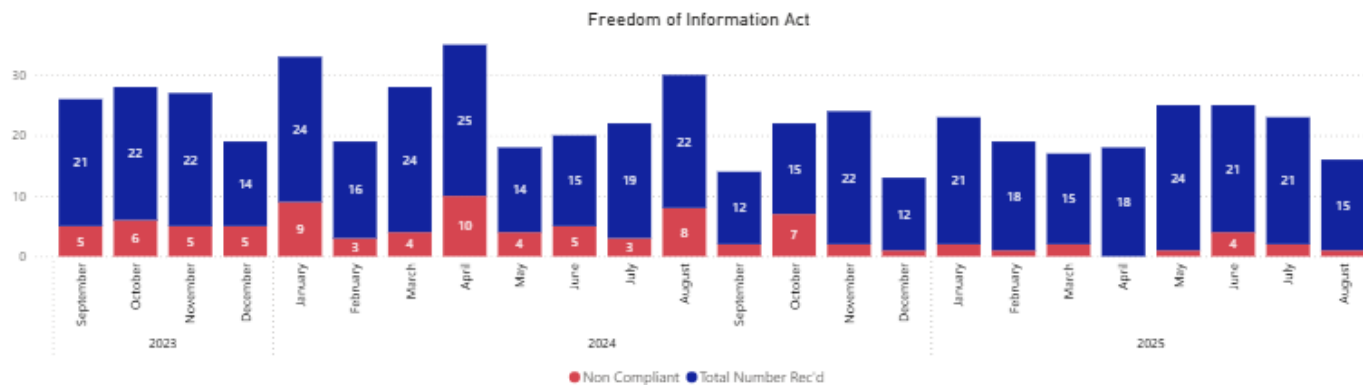


Freedom of Information Act

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.

- 15 Received
- 20 days
- 1 Non-Compliant

From the 15 FOI requests received in August 2025, 1 was reported as out of compliance.
The 1 non-compliant request is being handled under the Environmental Information Regulations and remains outstanding as it involves consulting with third parties and includes a large volume of documents to review.



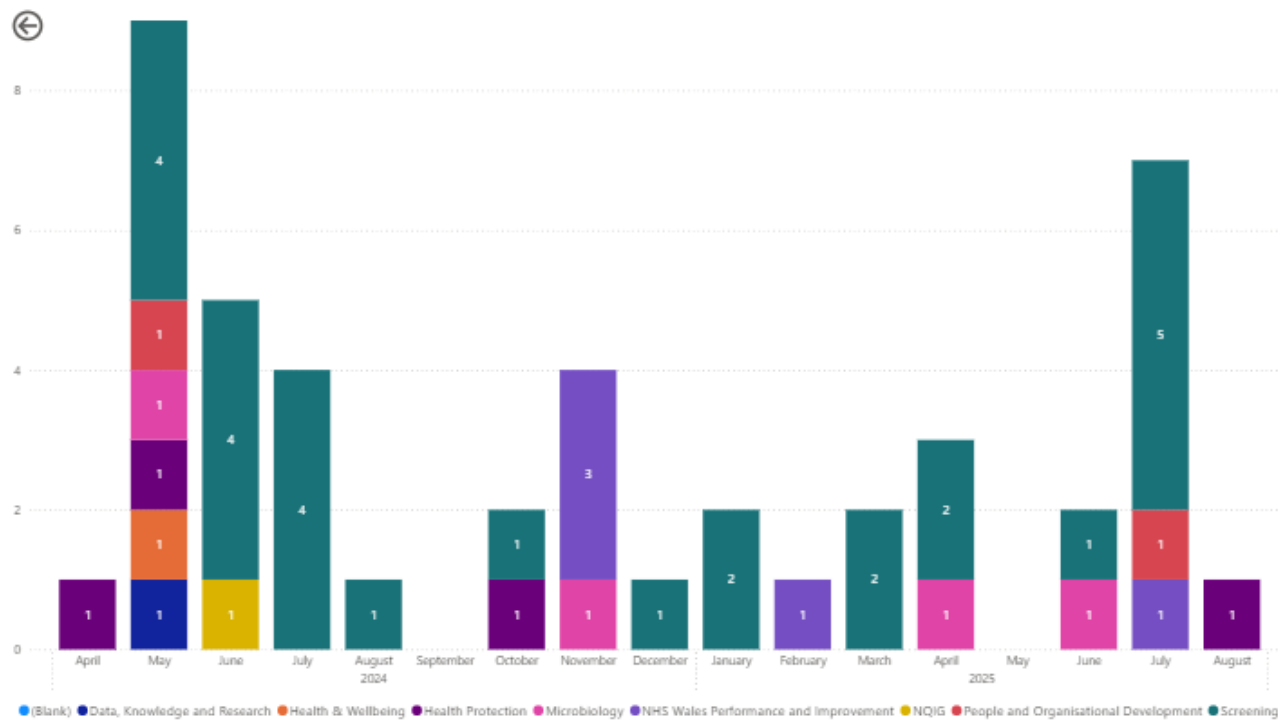


Corporate and Information Governance



Information Governance

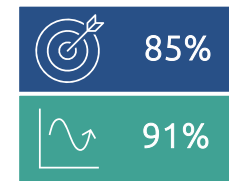
Personal Data Breaches



Reported	Escalated
1	0

There was one data breach reported in August 2025, this was a misdirected email containing limited personal identifiers and sent within the NHS environment. This did not require reporting to the Information Commissioner.

Mandatory Information Governance Training



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



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





Clinical Governance, Quality, Safety and Improvement



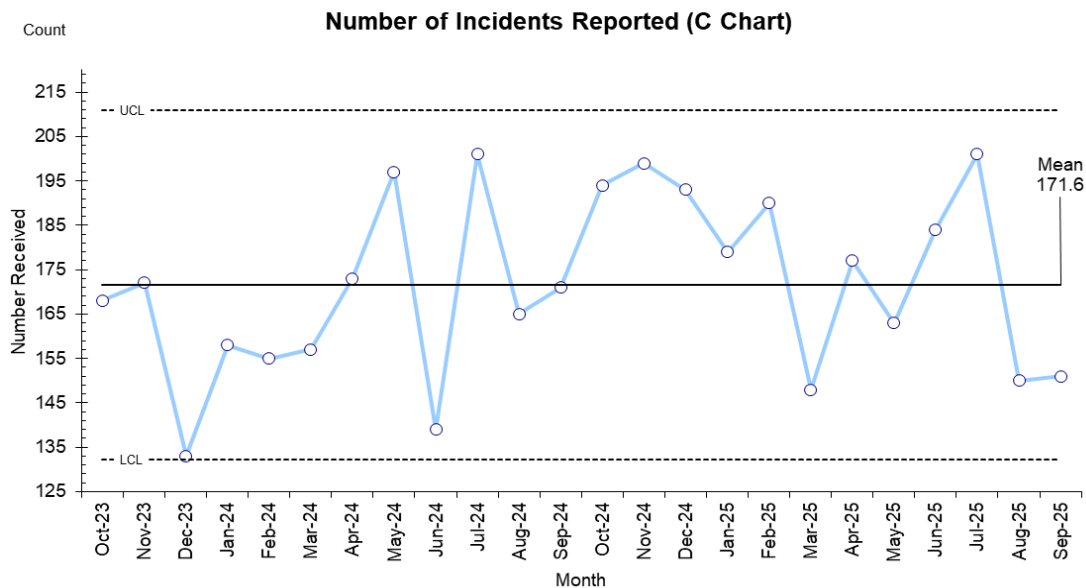
Externally Reportable Incidents - September update

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

Additional assurance is provided in the focus area on page 18

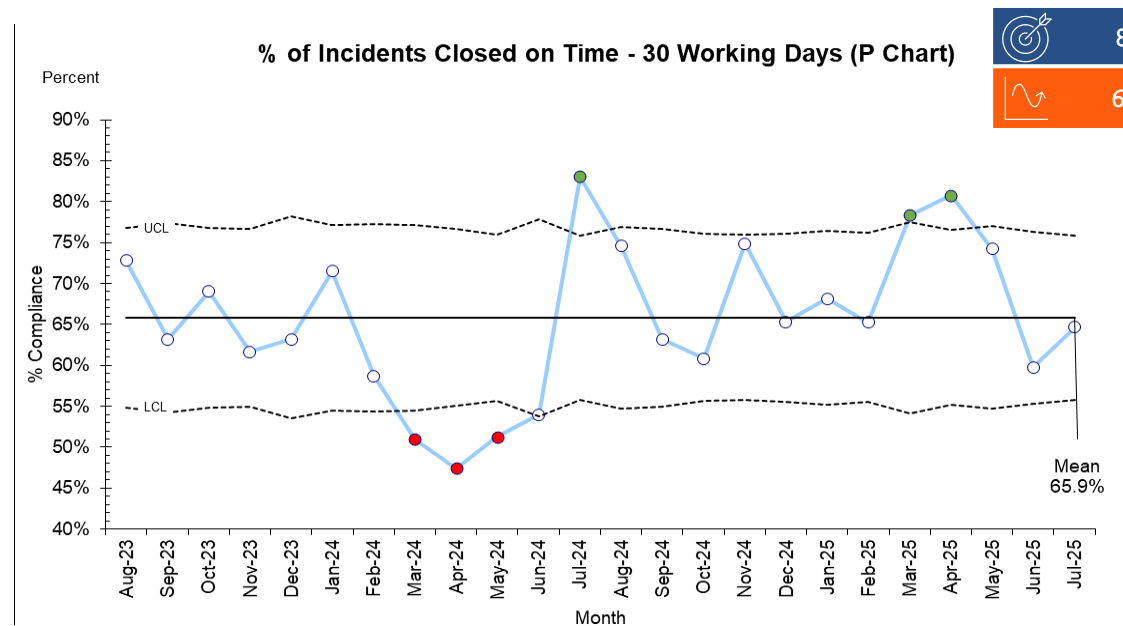


No. Incidents Reported Over Time



Normal variation, no special cause identified.

Percentage of Incidents Closed within 30 Working Days



Normal variation, no special cause identified.



In Focus: Externally Reportable Incidents



1 Early Warning incident was reported in September 2025 by Health Protection. It remains an ongoing incident with a weekly Incident Management Team meeting and actions remain ongoing at the current time.

Description of Incident:

On 29 August 2025, the Health Protection Team (HPT) became aware of the existence of a patient list titled "Out of Wales" on the Tarian IT system.

This list is believed to have been created to prevent reports from Welsh Reference Laboratories, which serve the UK, reporting results to the All-Wales Acute response (AWARe) service for citizens who do not reside within Wales.

This list has been operational since 2017, and a review of the data has identified 674 cases that required further investigation.

Actions taken at time of reporting:

- Prioritisation of the case list, reviewing of the most recent cases first to identify where Health Protection action is still possible.
- Reviewing the list to determine which cases should have triggered Health Protection involvement.
- Consider system-wide reminders to improve clinician notification to Health Protection teams of cases that require action.
- Working with the UKHSA and other devolved administrations to understand their involvement and role in management of the identified cases.

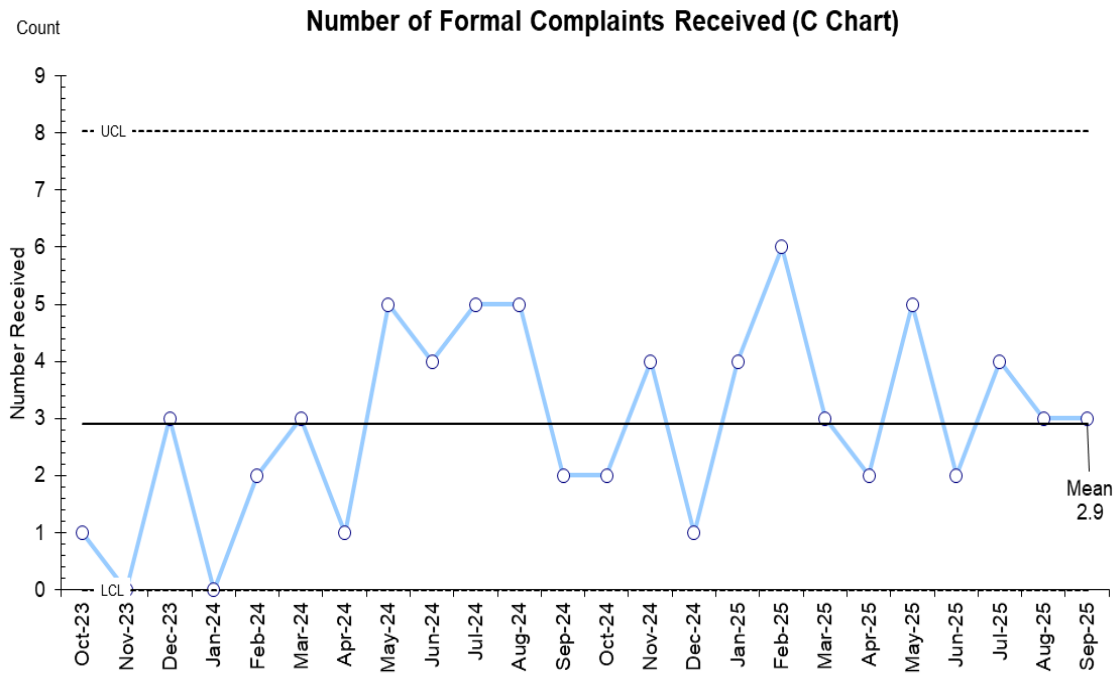
1 Duty of Candour incident was also reported in September 2025 by Microbiology relating to the incorrect reporting of a test result.



Clinical Governance, Quality, Safety and Improvement

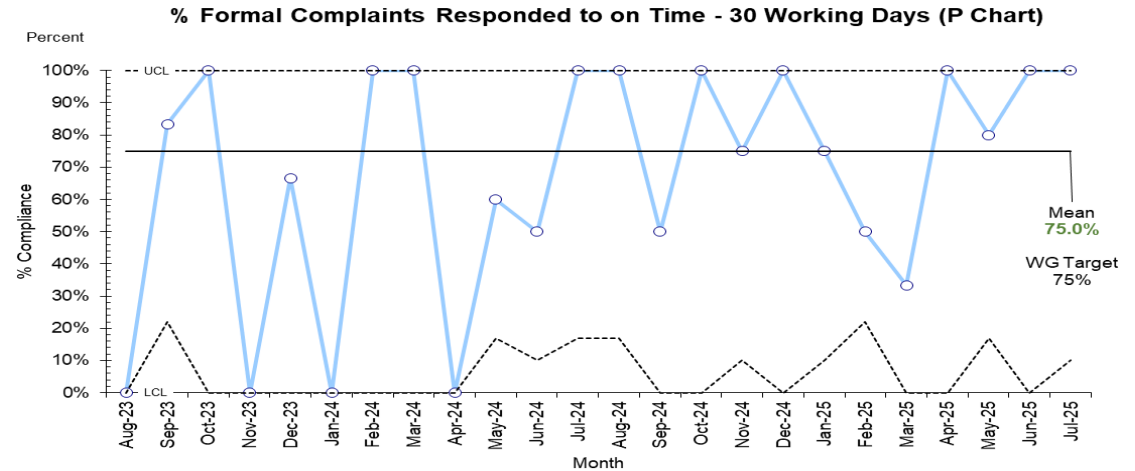
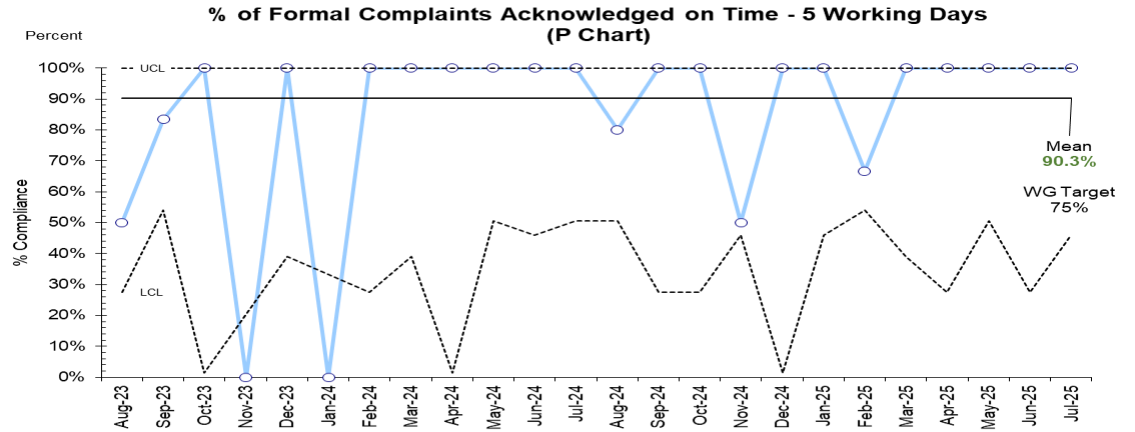


Number of Formal Complaints Received



Normal variation, no special cause identified.

Formal Complaints Compliance



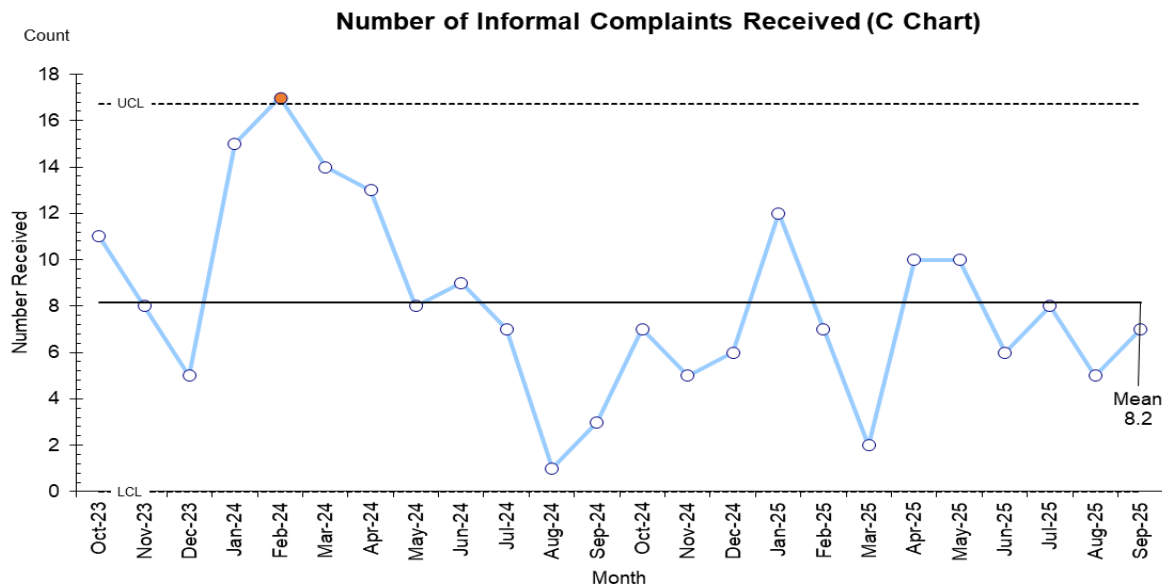
Normal variation, no special cause identified. Welsh Government targets are being met.



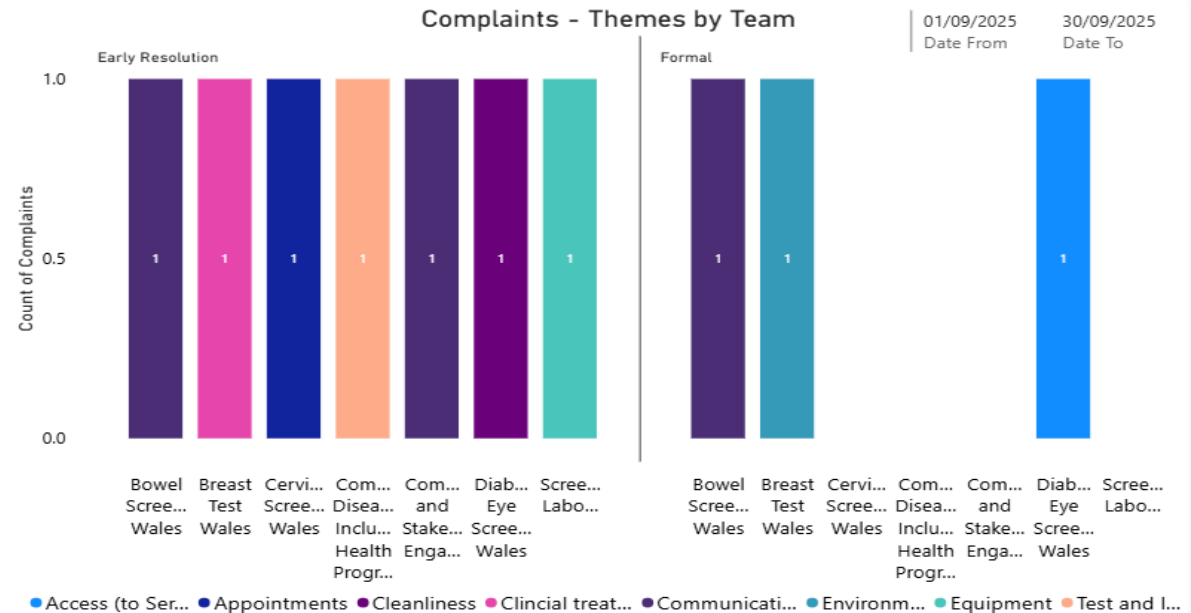
Clinical Governance, Quality, Safety and Improvement



Number of Informal Complaints Received



Themes and Service Areas – September 2025



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

Claims

September 2025

0

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

Redress

September 2025

0

No new Redress cases were received in **September**.

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	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
Bowel Screening Wales – Waiting time for index colonoscopy (Health Board Delivery)	90%		30.2%	32.5%	19.7%	15.2%	20.5%	8.4%	6.9%	3.9%	4.9%	8.8%	14.1%	
Cervical Screening Wales – Waiting time for colposcopy appointment (8 weeks) (Health Board Delivery)	90%		99.2%	99.7%	99.6%	97.9%	98.9%	98.9%	98.2%	98.4%	98.8%	98.4%	98.8%	
Breast Test Wales – Assessment invitations (3 weeks)	90%		7.7%	28.3%	37.8%	26.3%	11.1%	23.1%	8.8%	16.7%	19.6%	24.1%	24.6%	31.6%
Diabetic Eye Screening Wales – Coverage (12 Months)	80%		40.5%	40.9%	40.7%	40.6%	40.7%	40.3%	40.2%	40%	39.3%	38.9%	38.4%	39.6%
Abdominal Aortic Aneurysm – Timely referral to elective vascular network (MTD)	100%		100%	100%	100%	75%	100%	50%	100%	75%	100%	66.7%	100%	100%
Infection Services														
Total Microbiology Rejection Rates	<5%		5.4%	5.4%	5.2%	5.4%	5.2%	4.9%	5.2%	5.2%	5.1%	5%	5%	
Total Microbiology Diagnostic Sample Requests	*TBC		180,373	168,181	160,875	184,046	154,804	167,166	160,143	162,735	162,252	178,612	156,429	
Blood Culture - Collected to Incubation SMI <4hrs	<4hrs		70.3%	67.6%	66.3%	68.7%	69.2%	71.4%	67.3%	68.8%	68.5%	68.3%	68.1%	
Blood Culture – Received (PHW Laboratory) to Incubation	*TBC		99.2%	99.8%	98.8%	99.9%	99.5%	99.7%	98.7%	99.4%	99.7%	98.4%	99.6%	
Health Protection														
Test and Post (STI self-sampling) – Test Turnaround Times	99%		100%	100%	99.9%	99.9%	100.0%	99.9%	99.9%	99.9%	99.7%	99.9%	100%	
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%		90%	98%	92%	92%	97%	100%	100%	100%	100%	100%	75%	
Health & Wellbeing														
JUSTB – Number of Schools with 2-day training completed by month**	35 Schools		6	4	3	5	2	7	1	6	4	N/A	N/A	2
JUSTB – Number of Schools with 2-day training completed YTD**	35 Schools		8	12	15	20	22	29	30	36	40	N/A	N/A	2
Whole School Approach – Percentage of schools with an Action in Place (All schools)	80%		61%	65%	66%	74%	78%	83%	83%	85%	87%	88%	88%	99%
Whole School Approach – Percentage of schools with an Action in Place (Secondary schools)	100%		88%	89%	89%	96%	97%	98%	98%	98%	99%	99%	99%	100%
Help Me Quit - Benchmark for timely first contact (NTSS)	90%		91%	95%	96%	94%	90%	86%	96%	92%	94%	89%	96%	
Help Me Quit – 4-week self-reporting quit rate (NTSS)	35%		78%	68%	80%	64%	71%	82%	83%	73%	48%	71%	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)					
			0 Breaches		0 Breaches		0 Breaches		0 Breaches		0 Breaches			
Percentage of publications without breaches	100%		67%		76%		76%		76%		76%			
Percentage of user follow up to RD&D products	100%		20%		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

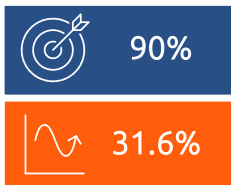
Latest activity

- Successful recruitment of key roles for lung cancer screening programme and progress of business justification case which is being finalised in line with the agreed plan. The BJC will go through a quality assurance review before submission to BET
- Self sampling for underserved population in cervical screening project group established and developing implementation options for timely introduction
- Full-service review of BTW programme initiated to identify what is working well and areas of improvement

Breast Screening - Assessment invitations within 3 weeks of screen

This remains below the 90% standard in September 2025.

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

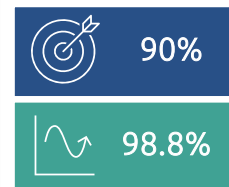


Key steps being taken:

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



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

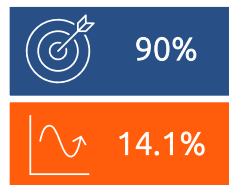


Timeliness remains above the 90% standard in August 2025.

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



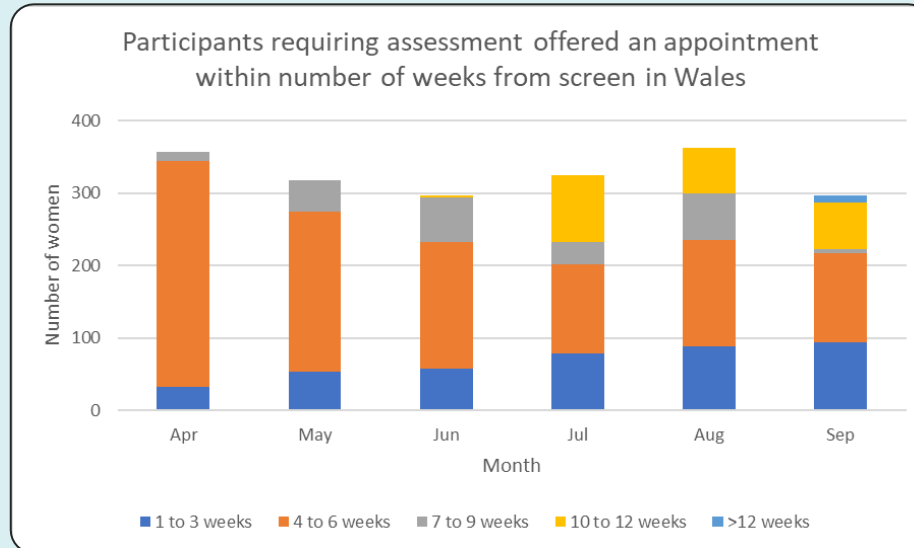
Timeliness remains below the 90% standard in August 2025. Colonoscopy is a commissioned service from the Health Boards.

As of 3rd October 25, the average waiting time for a screening colonoscopy was 9 weeks and 6 days. The waiting time ranged from 5 to 15 weeks across the 13 screening centres. To deliver improvements in waiting times, themes that were identified following collaborative discussions with Health Boards will be taken forward at a local level. Average SSP waiting time is 1 week and 3 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.

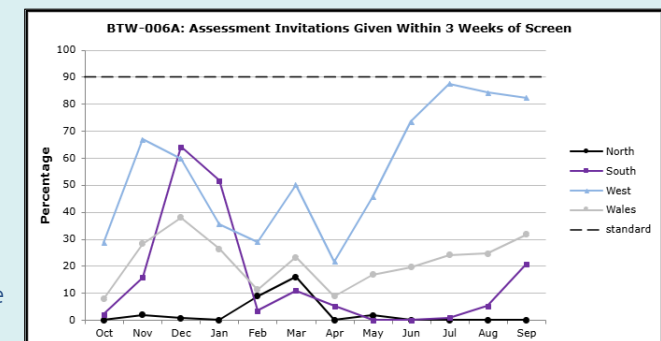
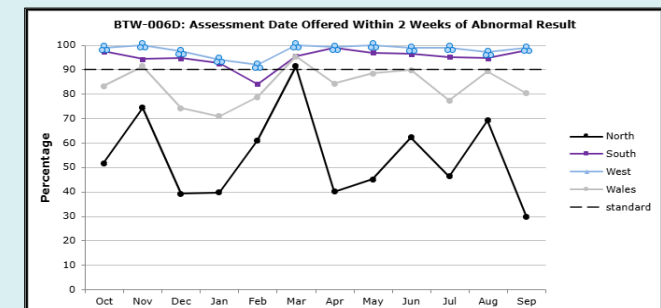
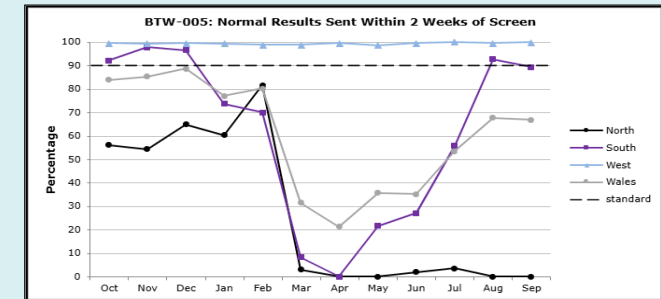
There are two other standards that are key to understand this pathway: -- 'Timeliness of reading mammograms which is measured in normal results sent within 2 weeks of screen' and 'Assessment date offered within 2 weeks of abnormal results'.

West and South meet standard for results within 2 weeks and standard for women having assessment date within 2 weeks of abnormal result. In the West 99% of assessment are within 4 weeks of screen and in the South 95% of assessment are within 5 weeks of screen.

North region does not meet timeliness standards and has longest waits for assessment with the longest waits of 12 weeks.

Severe shortages in the medical workforce at the breast screening north centre which 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. The backlog from this impact has not yet been able to be recovered.





In Focus: Breast Test Wales Assessment Waits



Current Issues and Challenges:

- There is only one substantive Radiologist across BTW in North Wales and two consultant radiographers. BTW clinical staffing in North Wales are currently in training.
- There was surgical sickness absence resulting in the cancellation of assessment clinics in BTW Wrexham for 6 months which were reinstated in July. This created a large backlog which has not yet been resolved.
- There are constraints in the pathway in Llandudno as radiology lead assessment clinics are not able to be put in place when there is surgical leave which results in cancelled clinics.
- Slow speed of system is impacting on readings in Wrexham which is impacting radiologist in Wrexham readings. This is IT infrastructure issue and is being addressed but waiting for procurement process to be completed.

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 within usual hours. The new PACs has enabled this ability.
- Not able to progress with additional reading initiatives due to financial constraints.
- 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. This will improve capacity and resilience.
- Clinic bookings are optimised to ensure all slots are booked and short notice appointments are offered.
- Assessment clinic capacity has increased in South with radiologist run clinics.
- Meetings 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. This has not been able to be resolved yet.
- 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.

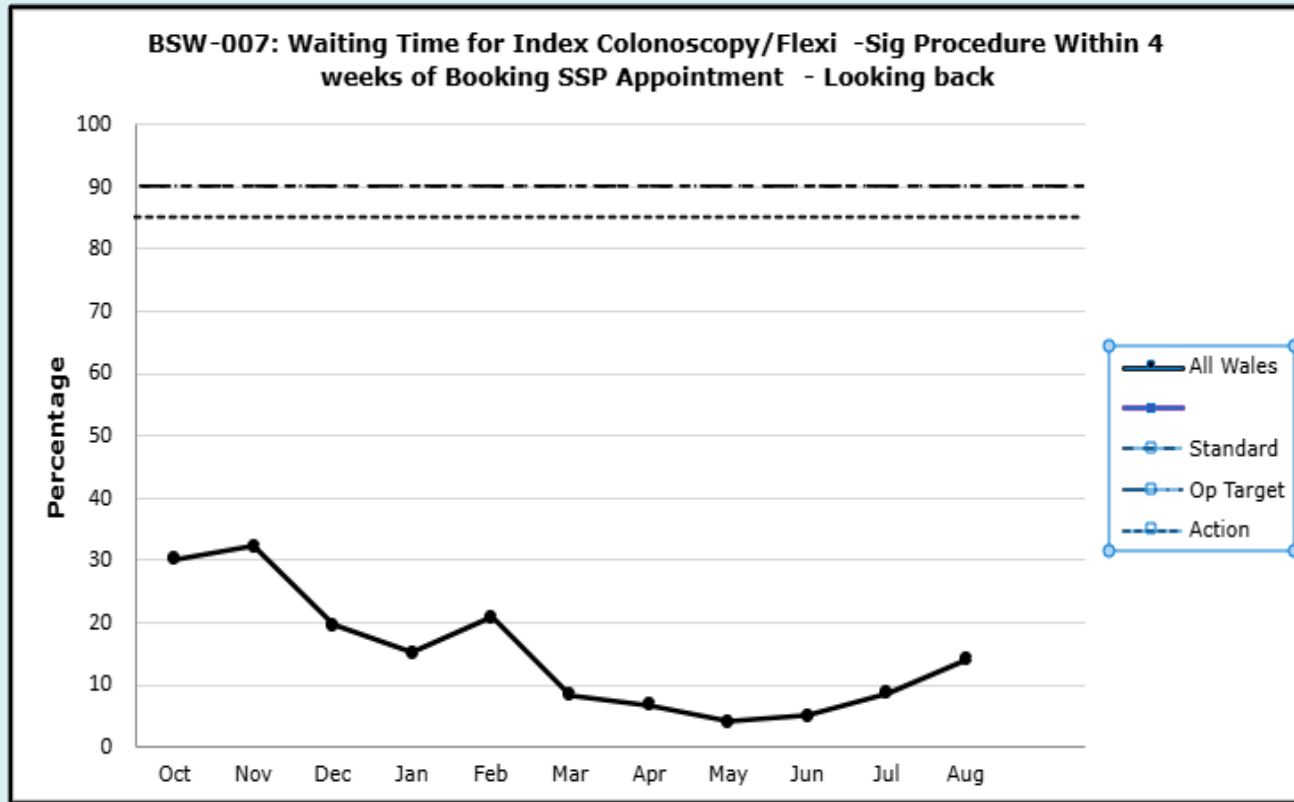


In Focus: Bowel Screening Wales Colonoscopy Waits



Waiting times as of Friday 17 October

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



Local Assessment Centre	Waiting time SSP assessment	Waiting time colonoscopy	Total waiting time
1	1 weeks 3 days	15 weeks 6 days	17 weeks 2 days
2	0 weeks 4 days	13 weeks 6 days	14 weeks 3 days
3	1 weeks 5 days	14 weeks 0 days	15 weeks 5 days
4	0 weeks 4 days	3 weeks 1 days	3 weeks 5 days
5	0 weeks 5 days	5 weeks 4 days	6 weeks 2 days
6	1 weeks 6 days	6 weeks 5 days	8 weeks 4 days
7	3 weeks 4 days	3 weeks 1 days	6 weeks 5 days
8	1 weeks 6 days	10 weeks 4 days	12 weeks 3 days
9	1 weeks 6 days	11 weeks 0 days	12 weeks 6 days
10	0 weeks 4 days	4 weeks 1 days	4 weeks 5 days
11	0 weeks 4 days	4 weeks 6 days	5 weeks 3 days
12	0 weeks 5 days	5 weeks 3 days	6 weeks 1 days
13	0 weeks 4 days	5 weeks 5 days	6 weeks 2 days
14	0 weeks 3 days	7 weeks 1 days	7 weeks 4 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 17 October 2025, the average waiting time for a total wait was 9 weeks and 1 day. The waiting time ranged from 4 weeks and 5 days to 17 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

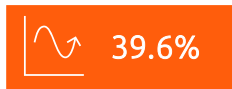


Screening Services

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



Coverage at 12 months for annual recall remains below standard at 39.6%. However, coverage at 24 months for the low-risk recall pathway is higher at 73% though below standard of 80%.



Coverage at 24 months for the low-risk recall pathway remains good at 73%.

Uptake of eye screening above standard at 81% demonstrating that participants are taking up their screening appointments. This is also reflected in positive service user experience elicited through the SMS (text message) pilot.

The number of inadequate images captured in Diabetic Eye Screening has continued to be much reduced since introducing the new cameras. The inadequate rate was 6.2% in September 25. To further benefit from the introduction of new cameras an evaluation framework is being developed to explore the safety, feasibility and effectiveness of adopting a staged mydriatic approach to eye screening.



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



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



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

Positively, the service has achieved its target for September 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
- Transformational lead on 3-month secondment within Directorate.

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 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.

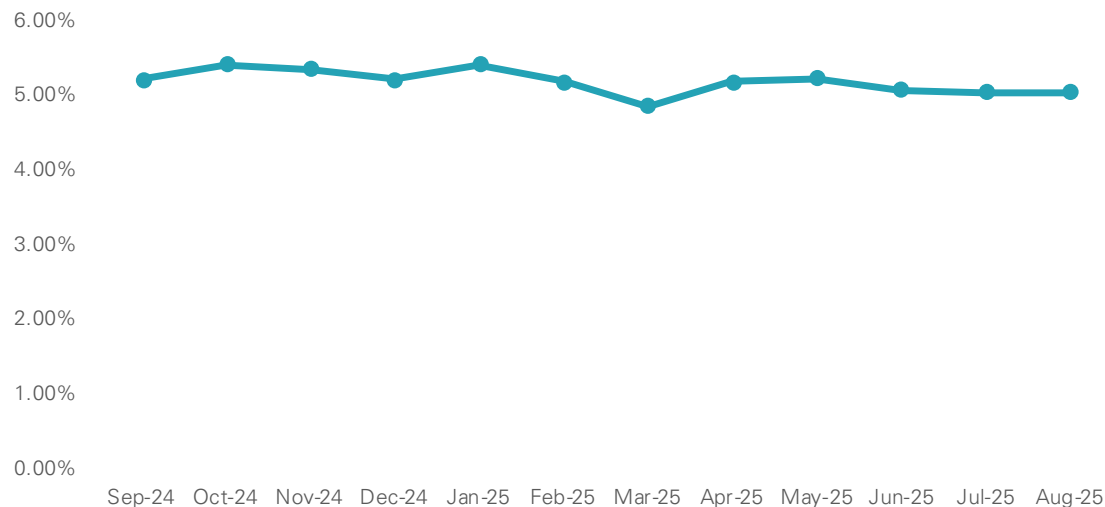


Health Protection and Screening Services



Infection Services

Total Microbiology Rejection Rates



<5%

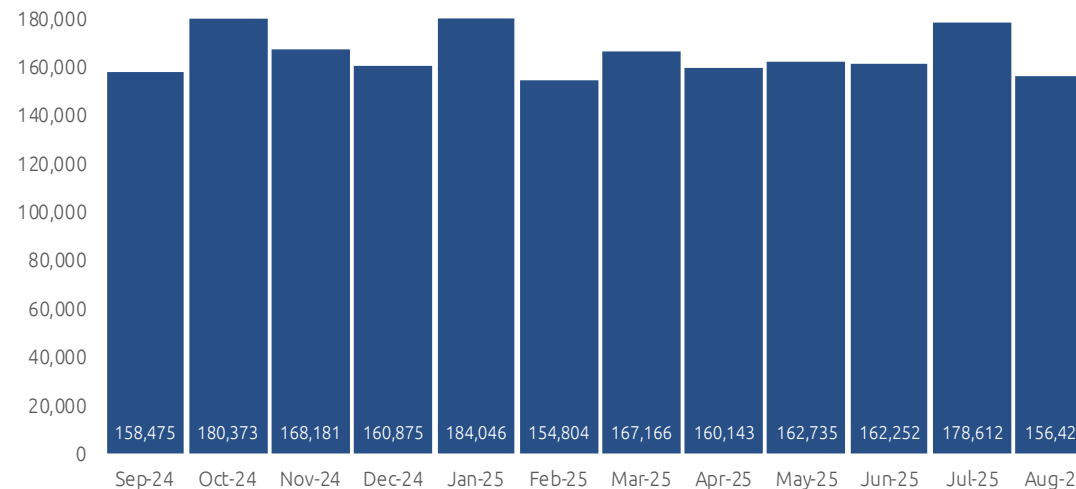
5%

In August, the diagnostic testing rejection rate remained the same, with 5.04% of 156,429 total sample requests being rejected. The Infection Division's Specimen Acceptance Policy provides comprehensive guidance on the criteria for accepting or rejecting samples.

The predominant factors contributing to sample rejection continue to be broken, leaking, or contaminated specimens, as well as submissions in inappropriate containers. Notably, rejection rates exhibit variability across health boards, and a singular root cause has not been identified.

To address these challenges, Infection Quality Leads conduct monthly reviews to analyse rejection rate trends and collaborate with service users to promote best practices. Furthermore, the forthcoming implementation of LIMS2.0 is anticipated to facilitate the development of a customised test set, thereby enabling the collection of more streamlined and comprehensive data.

Total Microbiology Diagnostic Sample Requests



Over the past year, monthly Microbiology Diagnostic Sample requests have consistently exceeded 150,000, with August 2025 recording a decrease to 156,429 samples. This reduction in attendance during August is primarily attributable to the summer holiday period, when public engagement with both primary and secondary healthcare services typically declines.

Targeted initiatives are underway ensuring that investigations are clinically appropriate, and resources are allocated efficiently. These efforts are critical to maintaining service quality and responsiveness, particularly during periods of increased demand.

It is anticipated that periodic fluctuations in request volumes will persist, driven by seasonal trends and outbreaks involving respiratory viruses, gastrointestinal pathogens, and healthcare-associated infections (HAIs).

*Target to be developed

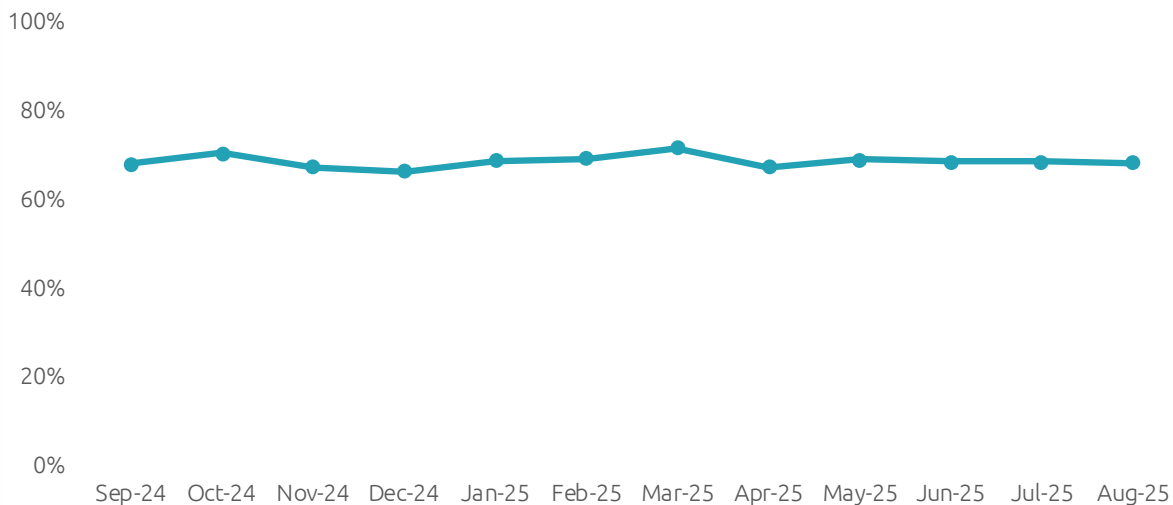


Health Protection and Screening Services



Infection Services

Blood Culture - Collected to Incubation SMI <4hrs

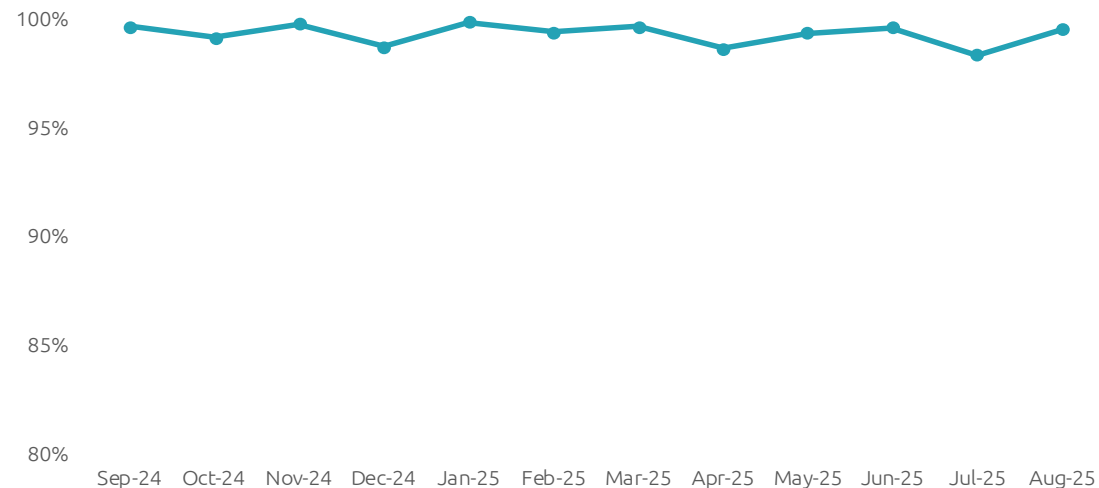


<4 hrs

68.1%

- The UK Standards for Microbiological Investigations require that blood culture samples be incubated within four hours of collection to support accurate and timely clinical diagnosis, which is essential for effective sepsis management. In August, compliance with this standard decreased slightly from 68.30%. Achieving this target relies on efficient processes within health boards to ensure prompt transportation of samples from all collection sites.
- These operational complexities are regularly reviewed in collaboration with relevant stakeholders. However, the absence of collection time data within the laboratory limits the ability to fully assess adherence to the recommended timeframe.

Blood Culture - Received (PHW Laboratory) to Incubation



***TBC**

98.6%

*PHW specific target to be developed

- Performance against the four-hour incubation target for blood culture samples is monitored by evaluating the timeliness of specimen receipt and subsequent incubation within laboratory analysers. In August, we saw a slight increase to 99.56% of samples met the recommended four-hour standard, demonstrating sustained operational efficiency and robust internal processes.
- While further improvements are constrained by existing high compliance, the principal operational challenge continues to be the prompt transportation of specimens from clinical wards to the laboratory.



Health Protection and Screening Services

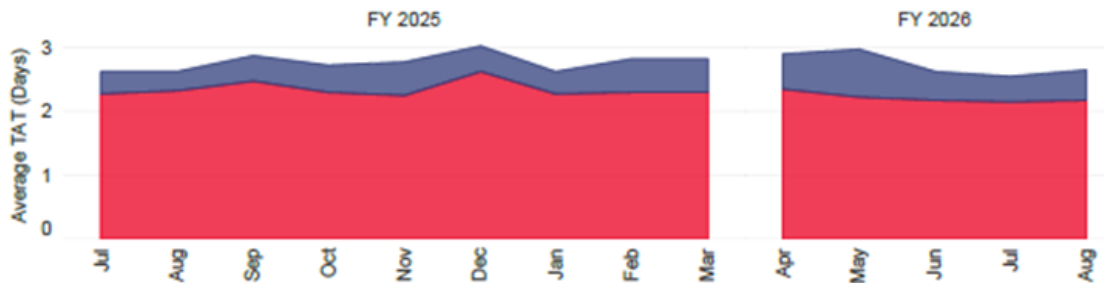


Health Protection

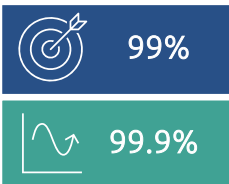
Test and Post – STI self-sampling

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 August 2025, 99.95% met the 7-day turnaround standard.
- 3 requests of 5,792 total requests (0.05%) did not meet the 7-day TAT standard.
- 5,792 total requests equated to 36,391 tests being undertaken.



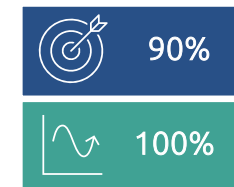
Actions to improve:

- Ongoing monthly monitoring
- LGV TAT – Secondary Testing

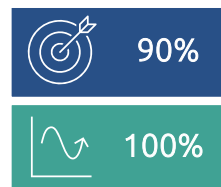
*N.B. Target changed from 100% to 99% due to rounding issues in multi-test results. Approved by the Directorate Management Team on 09/09/25.

AWARe Response Times by Priority

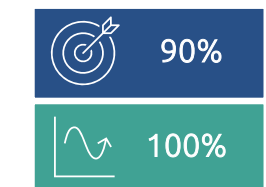
Urgent (<4 hours)



High (<24 hrs)

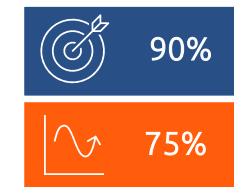


Medium (<48 hrs)



- 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 August 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 (%)



- The target fell below target for the first time following the change to an analysis of the actual time of report issue compared to planned times, from a qualitative exception report
- Under this new indicator we show 75% compliance (46/61)
- A number of reasons, including technical issues caused the delays and we are proactively addressing them

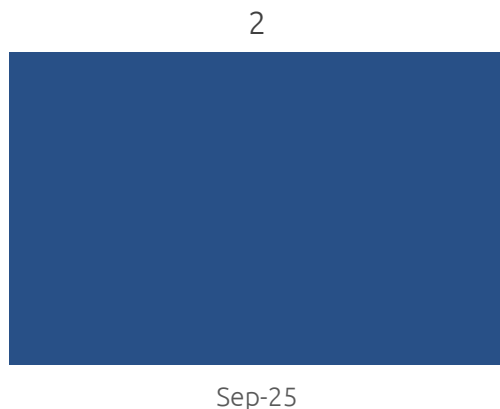


Health and Wellbeing



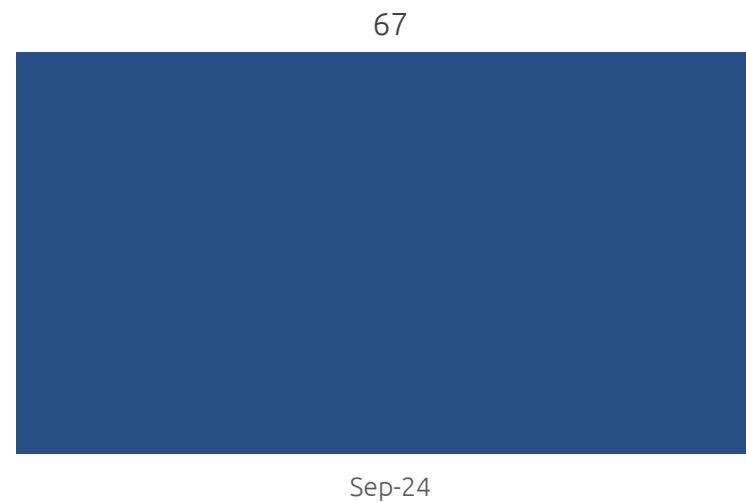
JUSTB / BYW BYWYD

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



■ Number of schools

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



■ Ambassadors trained

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

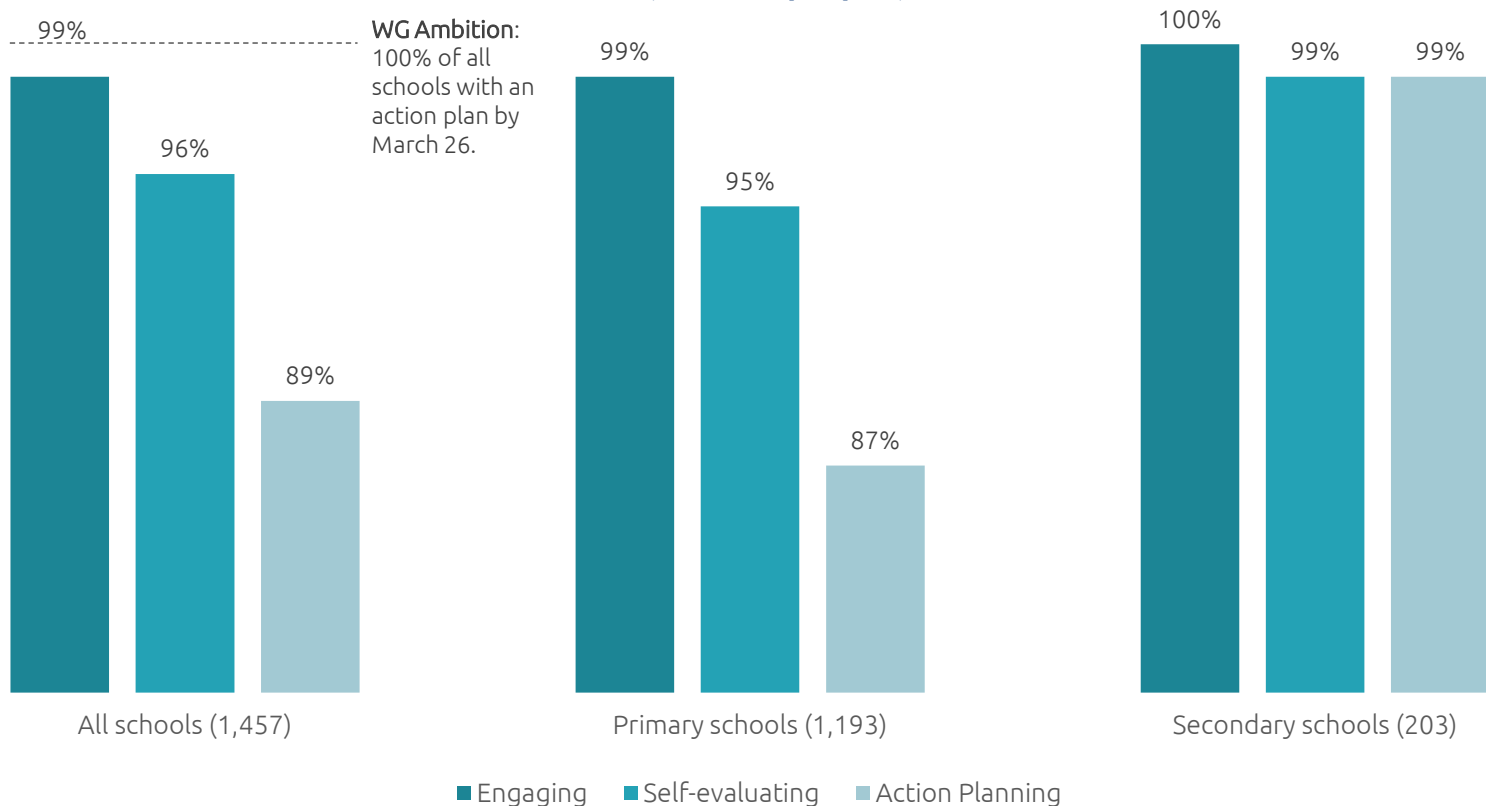


Health and Wellbeing



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: 01/10/25)



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

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

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

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

Welsh Government ambition: 100% of all schools will have an emotional and mental well-being action plan in place by March 2026. These data will be available from January 2026.



Health and Wellbeing



Help Me Quit (HMQ)

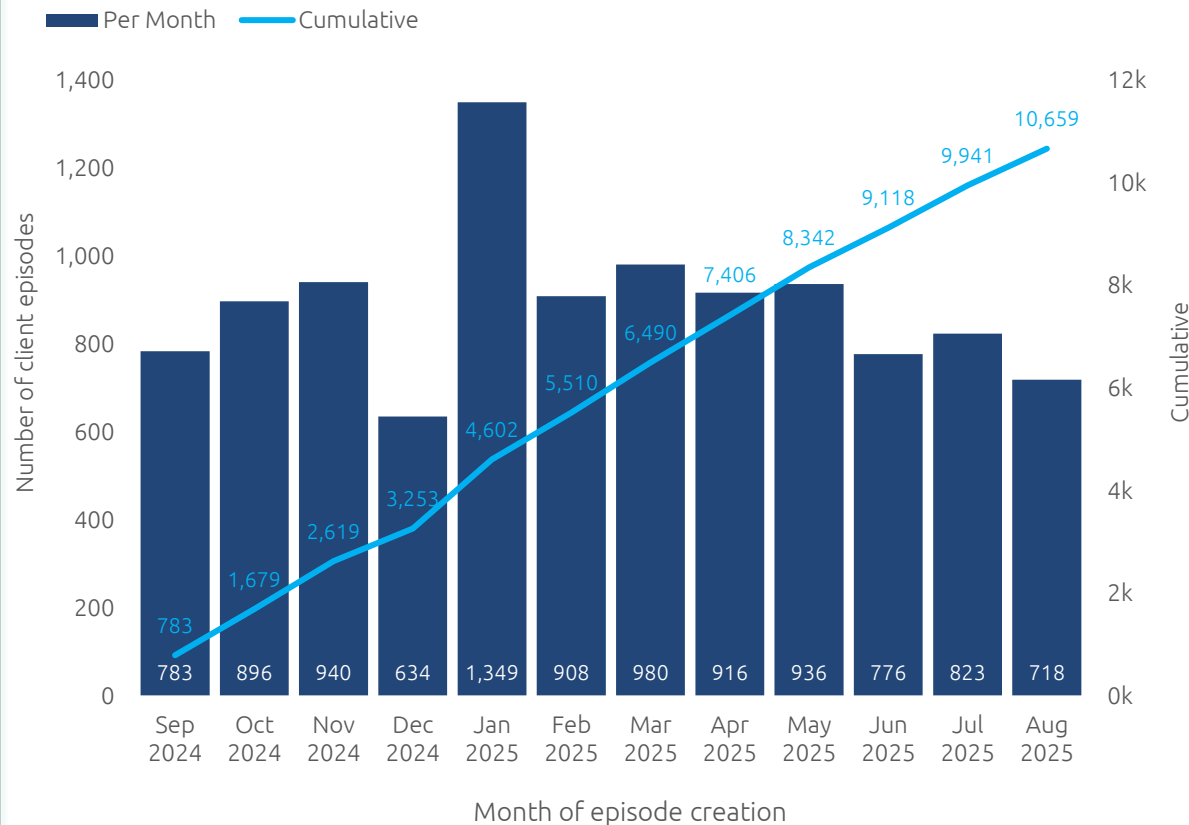
In August 2025, the Hub was responsible for contacting 948 new referrals compared with 952 in August 2024.

Timeliness of first contact: 96% received their first call attempt within two working days, exceeding the target of 90%. The Hub created 718 client episodes in August 2025.

National Telephone Support Service (NTSS): Of the NTSS client episodes with initial contact dates in August 2025, 68% met the target of having a schedules assessment date within 14 days of initial contact and 76% attended an assessment session, exceeding the 75% target.

In addition, the service has successfully recruited two Telephone Support Advisors and one call handler to support with the newly developed lung cancer screening pathway.

Number of client episodes created by the Hub



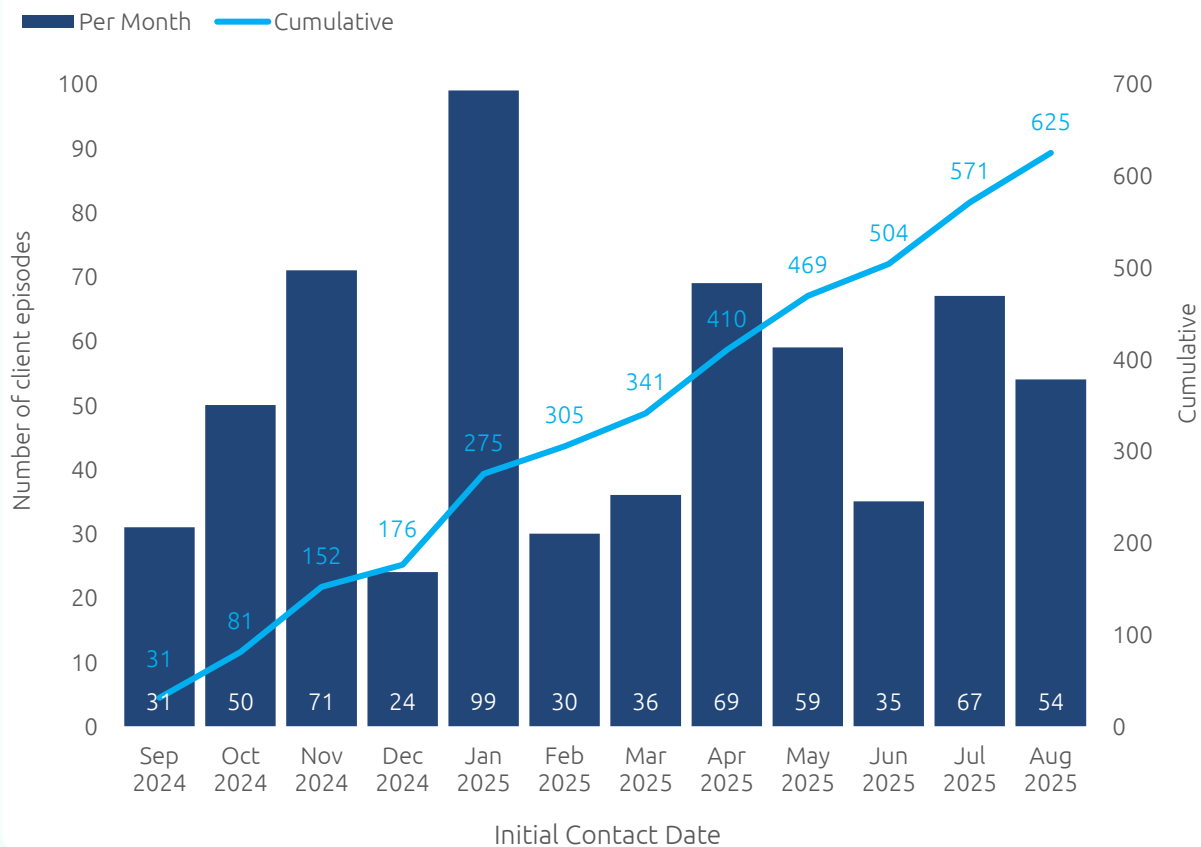


Health and Wellbeing

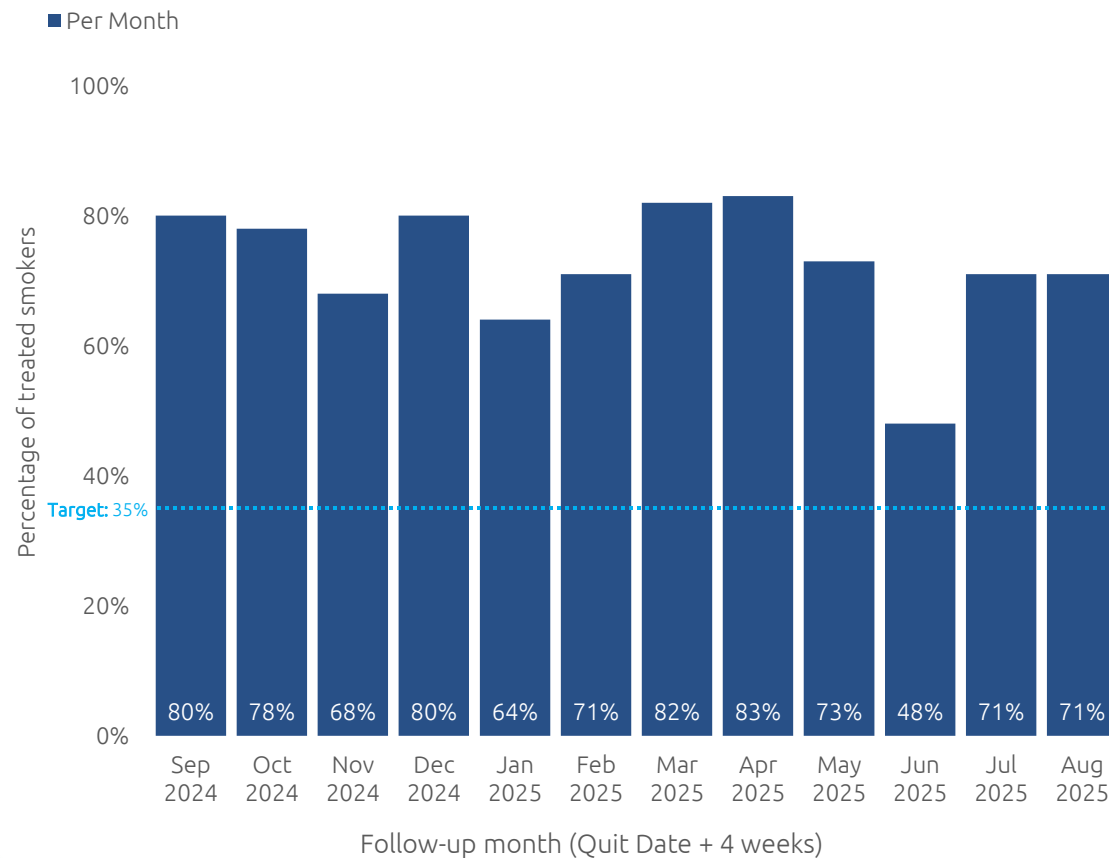


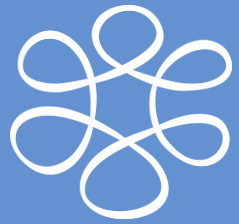
Help Me Quit

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	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
Strategic Plan – Percentage of milestones currently green or complete		87.9%	87.8%	86.9%	86.4%	87.9%	84.6%	96.1%	93.5%	91.8%	90.2%	89.3%	89.8%
Strategic Plan – Percentage of milestones currently red		5%	3.8%	3.8%	3.8%	2.6%	3%	0.9%	1.2%	2.1%	2.1%	0.8%	2.9%
Request for Change (RFC) – Number of milestone changes submitted for approval		13	9	8	5	4	7	4	3	8	5	5	7
Strategic Priority 1 – Wider determinants		77.8%	77.8%	77.8%	77.8%	77.8%	77.8%	100%	100%	100%	100%	100%	100%
Strategic Priority 2 – Promoting mental and social wellbeing		100%	100%	100%	100%	100%	100%	100%	100%	81.8%	81.8%	81.8%	81.8%
Strategic Priority 3 – Promoting healthy behaviours		66.7%	65.5%	57.1%	71.4%	74.1%	67.9%	94.1%	92.1%	89.5%	89.5%	86.8%	89.5%
Strategic Priority 4 – Sustainable health and care system		95.3%	95.3%	93%	93%	95.2%	92.9%	100%	93%	93%	88.4%	88.4%	86%
Strategic Priority 5 – Excellent public health services		81.4%	88.1%	85.7%	83.3%	83.3%	83.3%	91.1%	93%	93.1%	91.4%	91.4%	91.4%
Strategic Priority 6 – Climate change		100%	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Enabling delivery of our plan		0%	0%	0%	87.4%	89.1%	94.4%	97.2%	92.5%	91.3%	90%	88.8%	90%
Strategic Change Programmes – Percentage of milestones currently green/amber		77.8%	90%	87.5%	87.5%	75%	62.5%	75%	100%	100%	88%	88%	88%
Strategic Change Programmes – Percentage of milestones currently red		0%	0%	0%	12.5%	0%	0%	0%	0%	0%	0%	0%	0%



Strategic Plan Milestone Delivery



Strategic Priority Delivery Status



Request for Change

A total of 7 Requests for Change were submitted for approval in September 2025.



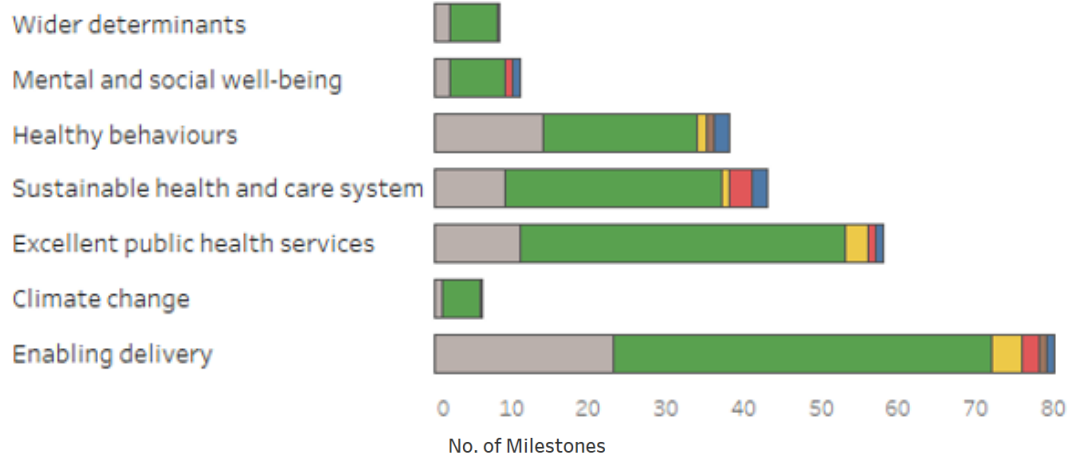
At Month 6, 62 milestones have been completed, and 157 milestones are reporting as Green. This indicates that 87% of the remaining plan is on track to be delivered within the agreed scope and timescales.

There are a total of 16 red and amber milestones reported in September 2025. Although above average for a regular month, this is in line with the total reported at an end of quarter. Common causes cited are capacity issues, problems recruiting and stakeholder dependencies.

A total of 7 RFCs have been submitted this month. One RFC has requested a temporary suspension while internal discussions take place and the other 6 RFCs are all requesting to extend the delivery date, including 3 Health & Wellbeing milestones requesting to move delivery into 2026/27 due to resource issues.

Full details of all RFC's can be found in the supporting cover paper (Annex A).

By Strategic Priority



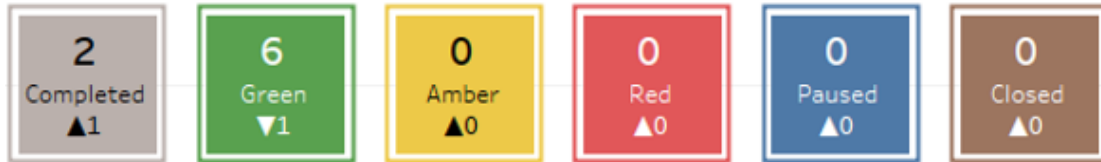


Strategic Plan Milestone Delivery

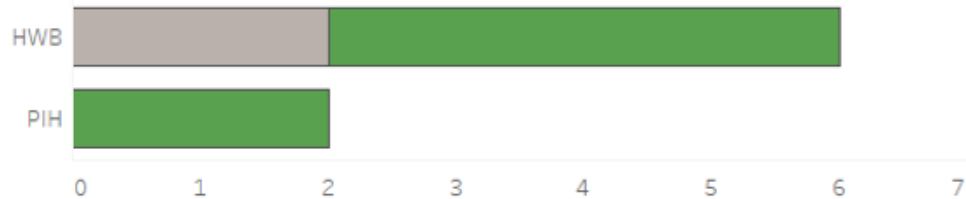


Strategic Priority 1 - Wider determinants

Current Delivery Status



By Directorate



In Year Changes to Plan

No requests for change received in month 6

Strategic Priority 2 - Promoting mental and social wellbeing

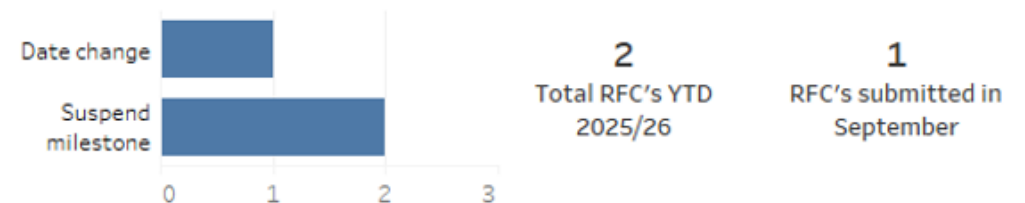
Current Delivery Status



By Directorate



In Year Changes to Plan



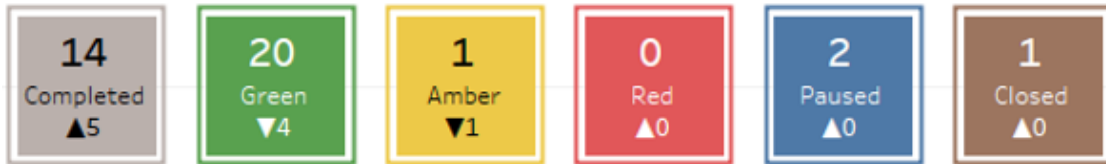


Strategic Plan Milestone Delivery



Strategic Priority 3 - Promoting healthy behaviours

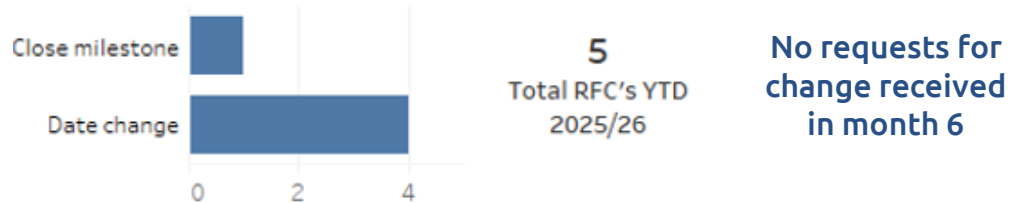
Current Delivery Status



By Directorate

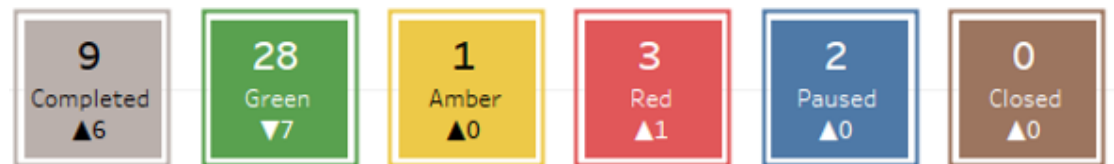


In Year Changes to Plan

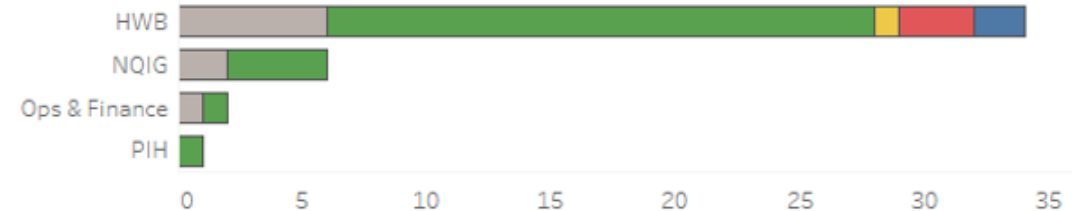


Strategic Priority 4 - Sustainable health and care system

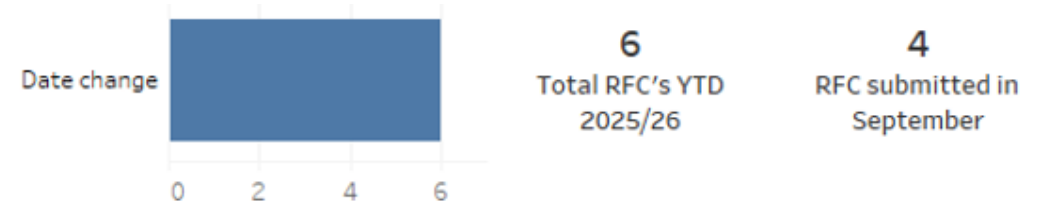
Current Delivery Status



By Directorate



In Year Changes to Plan



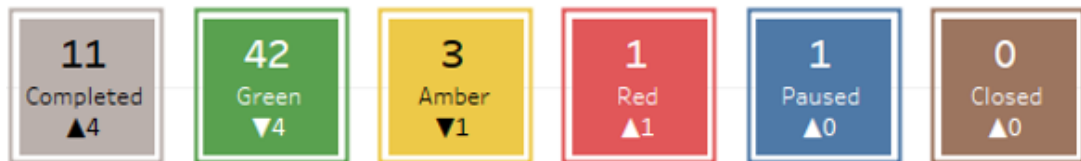


Strategic Plan Milestone Delivery



Strategic Priority 5 - Excellent public health services

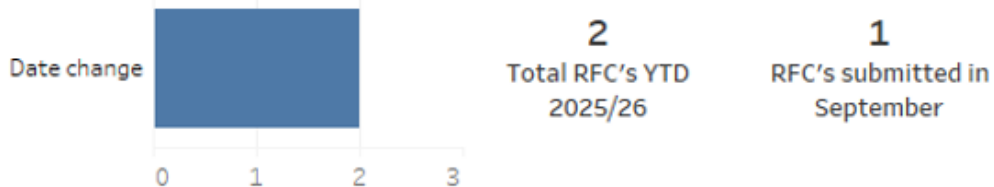
Current Delivery Status



By Directorate



In Year Changes to Plan



Strategic Priority 6 – Climate change

Current Delivery Status



By Directorate



In Year Changes to Plan

No requests for change received in month 6



Strategic Plan Milestone Delivery

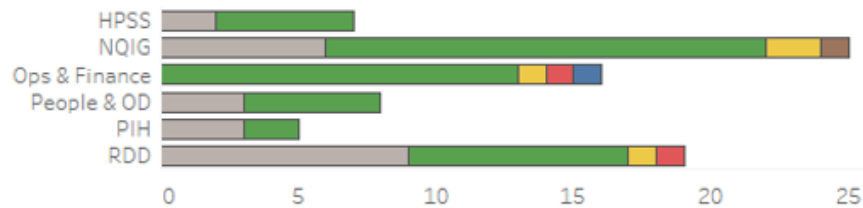


Enabling delivery of our plan

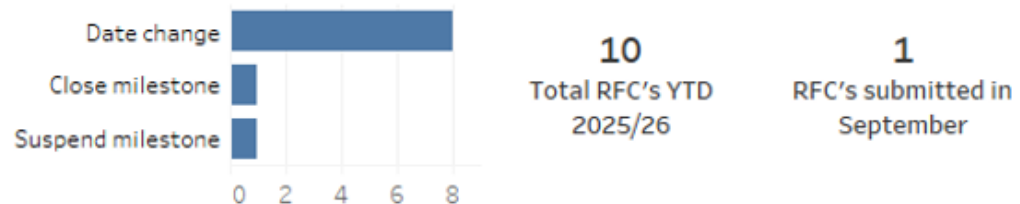
Current Delivery Status



By Directorate



Changes to Plan





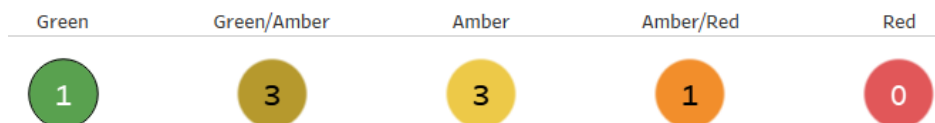
Strategic Change Programmes



Strategic Change Programmes Overview

Detail on all programmes, 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 September 2025, is provided below.



Key Information

This month, DCA status has changed for 6 of the 8 programmes on the portfolio, with confidence levels moving both up and down. This volatility is primarily due to:

- Continuing work to understand dependencies between the DARC and Digital Health Protection programmes in relation to cloud migration. Digital Health Protection has experienced a procurement delay, along with further work required for DARC in relation to approving a programme plan. A Digital Portfolio Lead has started in post which will enable portfolio-level planning.
- Digital prioritisation to reflect current capacity has meant that programmes such as Automation, AI and DESW Transformation are not able to fully proceed. Recruitment of additional digital capability (e.g. data engineers) is ongoing.
- Continuing risks with securing resources from Welsh Government affecting Lung Screening. Assurances have been received from Welsh Government in relation to capital funding and are being sought in relation to revenue funding.
- Strengthening of programme governance, with Executive Directors now playing SRO roles for Lung Screening and Digital Health Protection, in addition to Tackling Diabetes, and Programme Directors now in place for each of these programmes. The Programme Director for Tackling Diabetes has recently completed a programme diagnostic report and is strengthening the programme as a result.

Web Transformation and North Wales Estates continue to progress strongly, and their status is unchanged for this month.

Programme Detail

Programme Name	Jul	Aug	Sept
1 Diabetic Eye Screening Transformation	G/A	G/A	A
Digital Health Protection	G/A	G/A	A
National Targeted Lung Cancer Screening	A/R	A/R	G/A
Tackling Diabetes Together	A	A	G/A
2 Automation and AI	G/A	G/A	A
Data, Analytics, Registers, Cloud	A	A	A/R
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.





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*Gweithio gyda'n gilydd
i greu Cymru iachach*

**Working together
for a healthier Wales**