



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Performance and Insight Report

October 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	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
12m Rolling Sickness Absence FTE %	<3.25%		4.18%	4.23%	4.36%	4.38%	4.41%	4.46%	4.51%	4.51%	4.58%	4.61%	4.58%	4.57%
Statutory and Mandatory Training	85%		92%	92.5%	92.8%	92.9%	92.9%	93.2%	93.3%	93.2%	93.2%	93.0%	93%	93%
Appraisal Compliance	85%		85.2%	85.6%	82.3%	84.7%	84.8%	84.4%	86.9%	86.7%	87%	86.2%	86%	84%
Diversity ESR Data	N/A		75%	76%	76%	76%	76%	76%	76%	77%	77%	77%	77%	78%
Agency Spend, % of Total Pay Bill	≤1.7%		1.5%	1.5%	1.6%	1.7%	1.7%	1.2%	1.3%	1.4%	1.4%	1.4%	1.3%	1.2%
Financial Governance														
Revenue Position YTD	Breakeven		£-199K	£-164K	£-167K	£-172K	£-195K	£-7K	£-19K	£-10K	£-10K	£-33K	£-0.016k	£-0.002k
Revenue Position Forecast	Breakeven		£0k	£0k	£-200K	£-200K	£-195K	£0k	£0k	£0k	£0k	£0k	£0k	£0k
Capital Year-End Position	Breakeven		£1.362K	£1.423K	£1.700K	£2.058K	£3.578K	£0K	£14K	£23K	£62K	£225K	£0.282k	£0.656k
Public Sector Payment Policy (PSPP)	95%		98.31%	98.37%	98.21%	98.12%	98.09%	98.21%	96.98%	97%	97.36%	97.56%	97.41%	97.38%
Information Governance														
Freedom of Information Request Response*	Within 20-Days		3	1	2	1	2	0	1	4	2	1	1	
Subject Access Request Response*	1 Month Avg		0	0	0	0	0	1	0	0	0	0	0	
Personal Data Breaches Reported	N/A		6	1	2	1	2	3	0	2	7	1	2	
Personal Data Breaches Reported - Escalated	N/A		0	0	1	1	0	0	0	1	0	0	0	
Mandatory Information Governance Training	85%		89%	89%	90%	90%	91%	92%	91%	91%	91%	91%	91%	91%
Clinical Governance														
Moderate or above harm incidents - monthly	N/A		9	5	6	4	4	6	6	6	0	0	2	1
Moderate or above harm incidents - YTD*	N/A		52	60	62	66	70	6	12	18	18	18	25	26
Number of externally reported incidents (NRI's, EWI, RIDDOR, IRMER) - In Month	N/A		0	2	0	2	1	0	2	1	0	2	3	1
Number of externally reported incidents (NRI's, EWI, RIDDOR, IRMER) - Rolling 12m	N/A		12	11	11	13	12	11	11	12	10	13	15	13
Incident Closure Compliance**	85% PHW		74.9%	65.3%	68.2%	65.3%	78.4%	80.8%	73.8%	59.7%	65%	79%		
Formal Complaints - Acknowledged within 5 working days**	75% WG 95% PHW		100% (4)	100% (1)	100% (4)	100% (6)	100% (3)	67% (2)	100% (5)	100% (2)	100% (4)	90% (3)	100% (4)	100% (3)
Formal Complaints - Responded to within 30 working days**	75% WG 95% PHW		67% (4)	100% (1)	75% (4)	100% (6)	75% (3)	50% (2)	33% (5)	100% (2)	80% (4)	75% (3)	100% (4)	67% (3)
Informal Complaints - In Month	N/A		4	4	12	4	3	9	9	5	6	8	7	11
Informal Complaints - Rolling 12m	N/A		103	103	101	88	80	76	77	75	75	81	85	91

*This data is YTD from 1 April 2025.

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

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

Key: RAG Status

🔍 Click on the Focus Area Icon for additional assurance

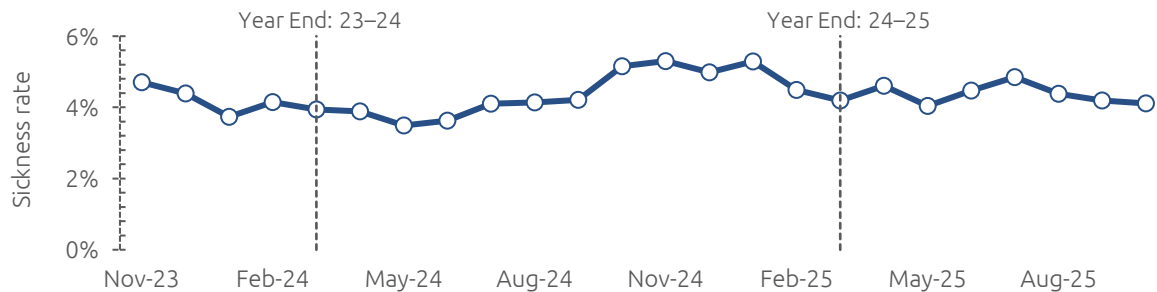
🔴 >10% outside target 🟡 Within 10% of target 🟢 Achieving target 🟠 Not applicable / TBC



People Governance



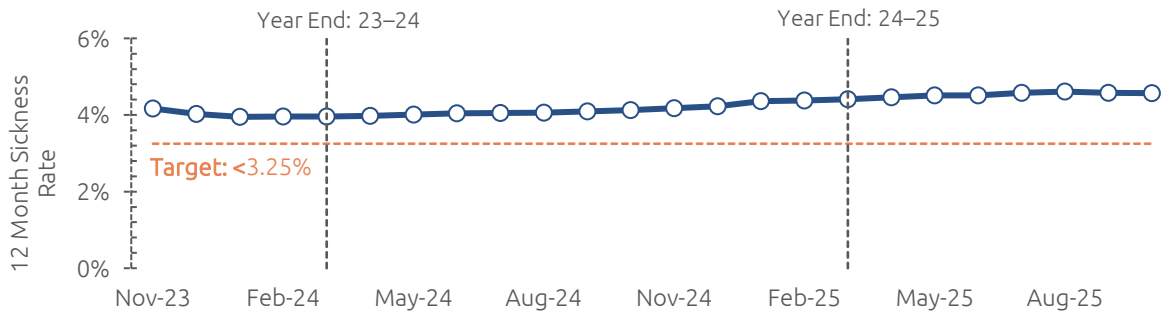
Sickness Absence



4.1%

Decreased by **0.09%** in October 2025. Sickness Absence decreased over the summer period, and the latest figure is comparable to October 2024. Seasonal changes may affect future figures

12 Month Rolling Absence



3.25%

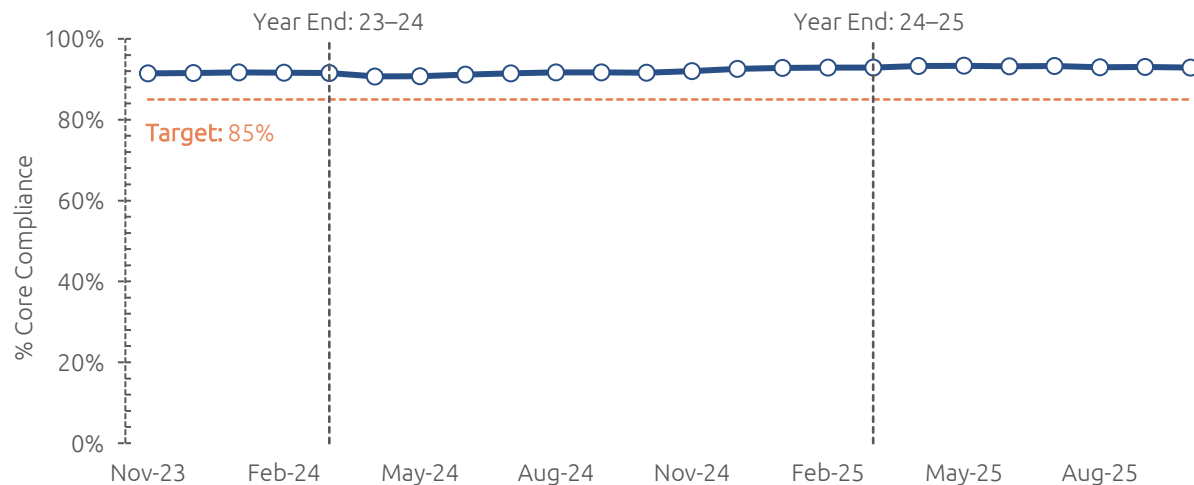
4.6%

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



85%

93%

Remains **above** target in October 2025.

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

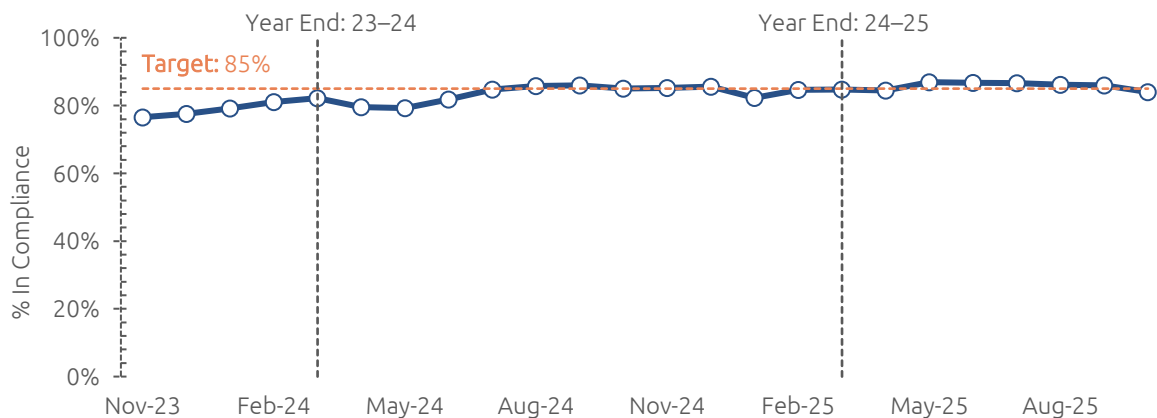
The module reporting lowest completion is *Anti Racism* (81.8%), which was introduced as a mandatory training e-learning module with compliance being taken into account from July 2025.



People Governance



Appraisal and Development Reviews



Additional assurance is provided in the focus area on pages 9



Compliance is now **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.*

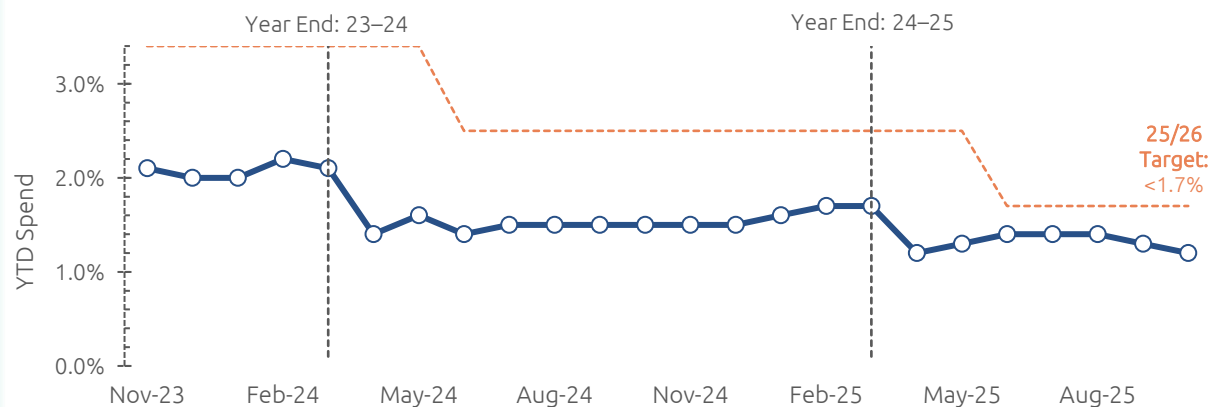
Equality and Diversity



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





In Focus: Sickness Absence



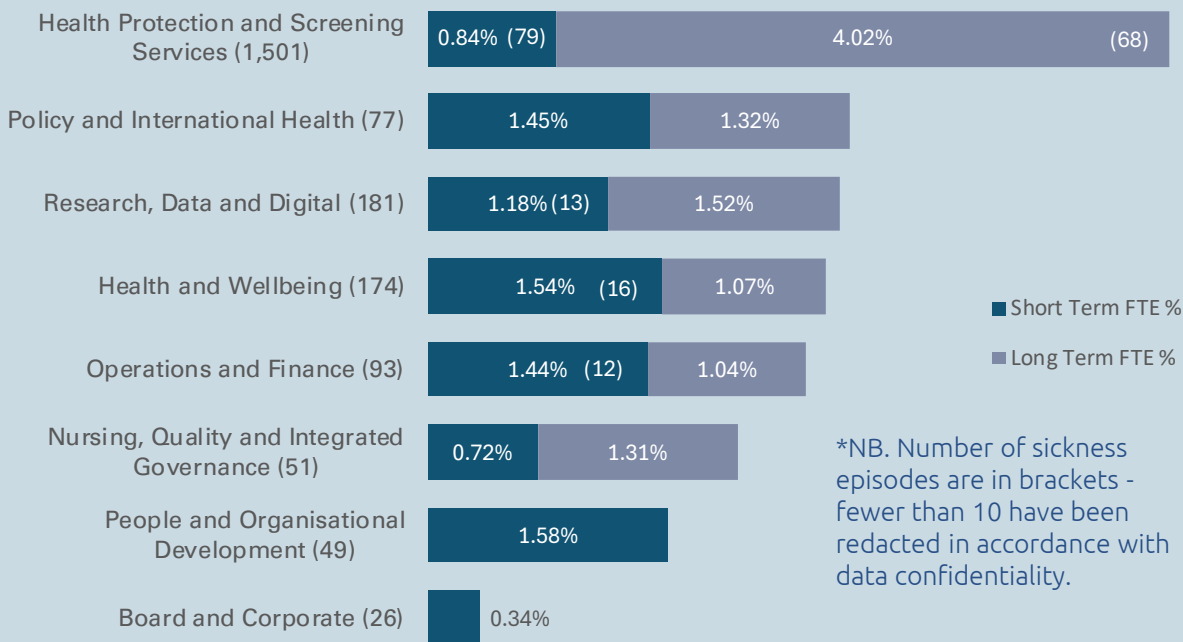
Sickness Absence by Directorate



A decrease in sickness absence has been reported in October, falling from 4.2% in September to 4.1% in October.

The breakdown by Directorate for October 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 October 2025, **25%** of FTE days lost are due to short-term sickness absence, and **75%** of FTE days lost are due to long-term sickness absence.

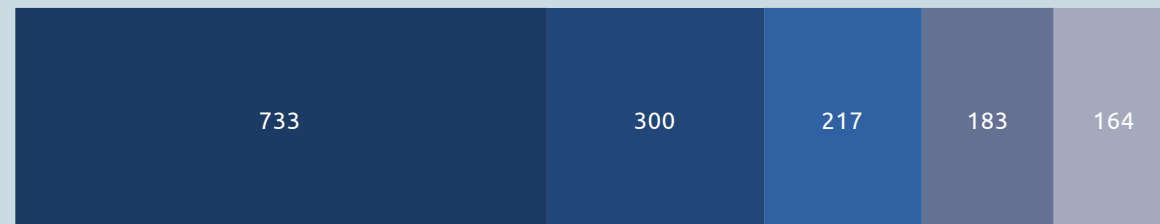


*NB. Number of sickness episodes are in brackets - fewer than 10 have been redacted in accordance with data confidentiality.

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 an increase of FTE days lost with the absence reason of 'Cold, Cough, Flu' as we move into Flu season.



- S10 Anxiety/stress/depression/other psychiatric illnesses
- S13 Cold, Cough, Flu - Influenza
- S98 Other known causes - not elsewhere classified
- S12 Other musculoskeletal problems
- S15 Chest & respiratory problems



In Focus: Sickness Absence



Data Quality

- ❖ Monthly sickness absence decreased from 4.2% in September to 4.1% in October.
- ❖ Absences related to Cold/Cough/Flu has seen an increase which is typical for this time of year

Assurance

- ❖ The Internal Audit into wellbeing and mental health-related absence has now been concluded. A report is expected later this month.

Advice and Support

- ❖ The People & OD Advisory team continue to case manage each long terms absence and ensure that regular meetings are taking place and that all support services are being signposted to.
- ❖ The team also continue to provide absence management advice through Action Point and HR Clinics

Learning and Development

- ❖ We continue to see 'Unknown causes/Not Specified' and 'Other known causes – not elsewhere classified', being recorded as a reason for absence. The People & OD Advisory team will undertake further proactive work to understand the reason for this.



In Focus: Appraisal and Development Reviews

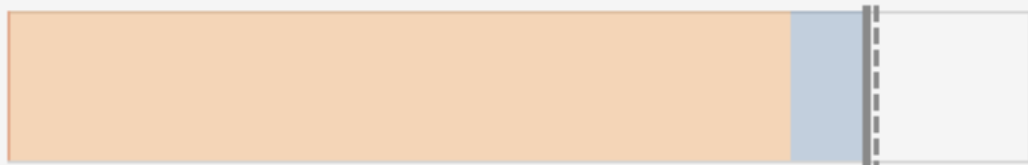


Compliance Performance

Appraisal compliance has decreased 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 Health Protection and Screening Services and Board & Corporate, who have the highest percentage of appraisals that are due soon.

84.0%
of reviews completed within 12 months
vs a target of 85%



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



Compliance by Directorate

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

There is also a significant range in compliance across our Directorates ranging from 98.1% in Nursing, Quality & Integrated Governance to 80.5% 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	Compliance %	Count	Out of Date
Nursing, Quality & Integrated Governance (NQIG)	98.1%	51	0
Policy and International Health	97.5%	78	0
People & Organisational Development	93.6%	43	1
Research, Data and Digital	92.5%	154	7
Board and Corporate	92.3%	21	3
Health & Wellbeing	91.4%	142	6
Operations and Finance	83.0%	71	7
Health Protection and Screening Services	80.5%	1,019	128



Financial Governance



Revenue Position

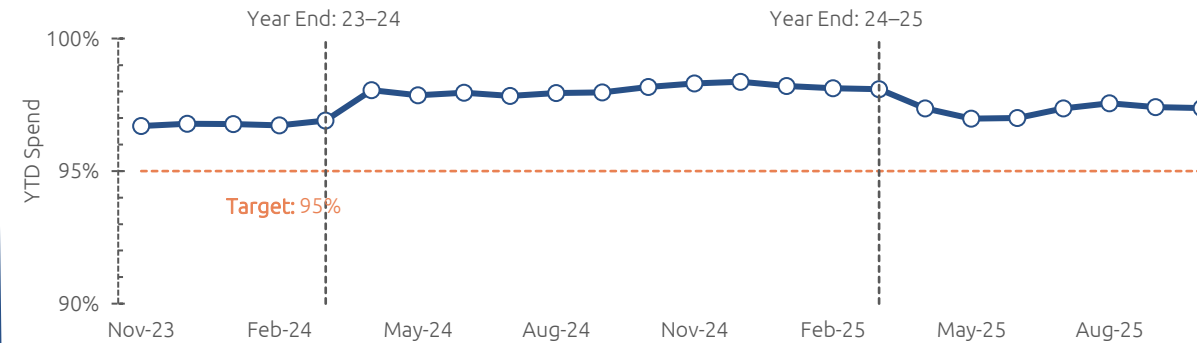
Break-even
 -£0.002k YTD
 £0k Forecast



Public Sector Payment Policy (PSPP)

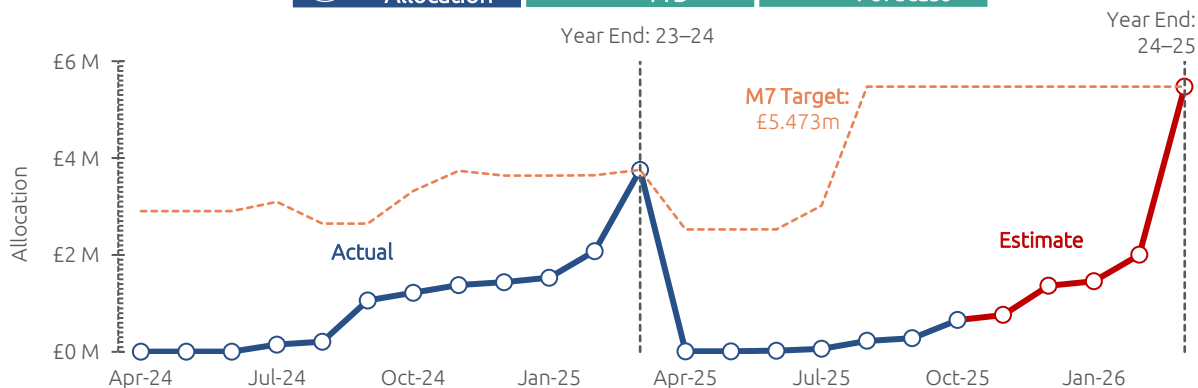
95%
 97.38% YTD
 >95% Forecast

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



Capital Position

£5.373m Allocation
 £0.656k YTD
 £5.373m Forecast



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.



Click to access further detail in the latest Finance Board Report



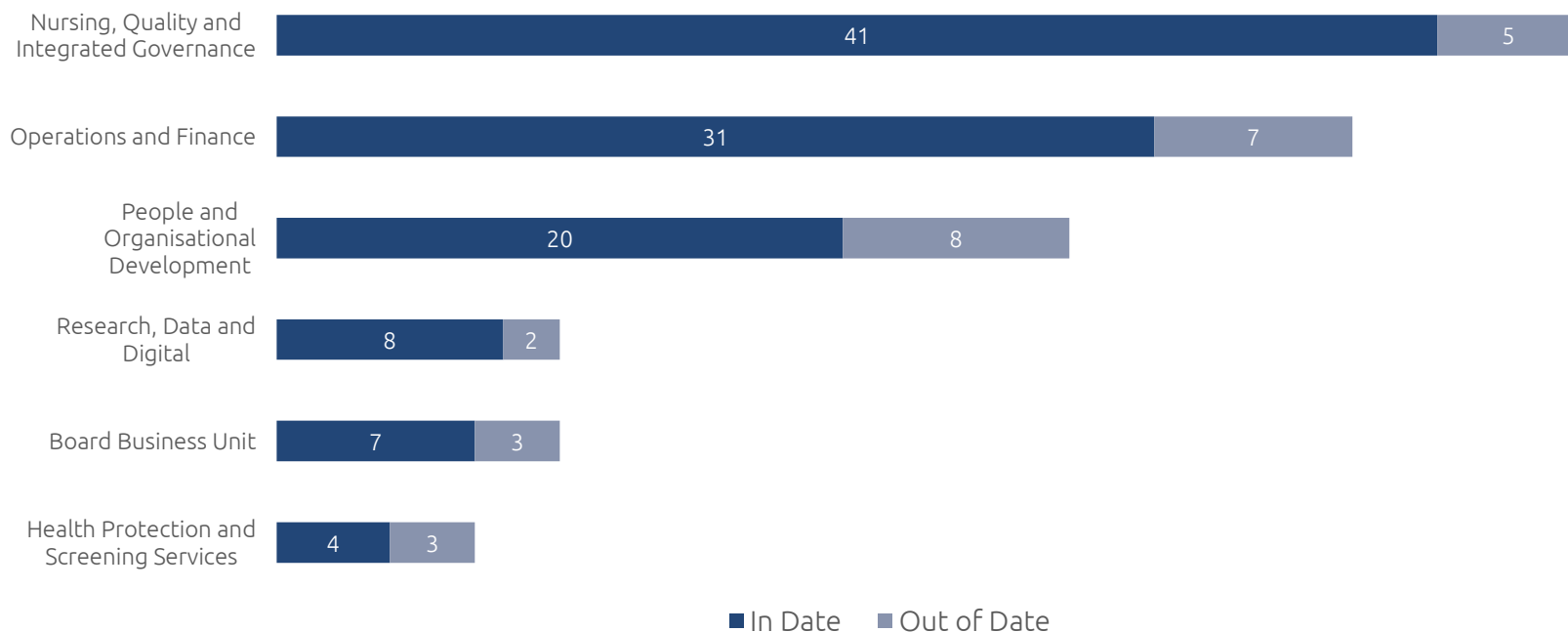
Corporate and Information Governance



Corporate Governance

Corporate Policies Compliance

11 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 October 2025:

- 1 All Wales people related policy was adopted.

Overview:

- The Directorates with the most policies out of compliance are People and OD (8) and Operations and Finance (7).
- 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.

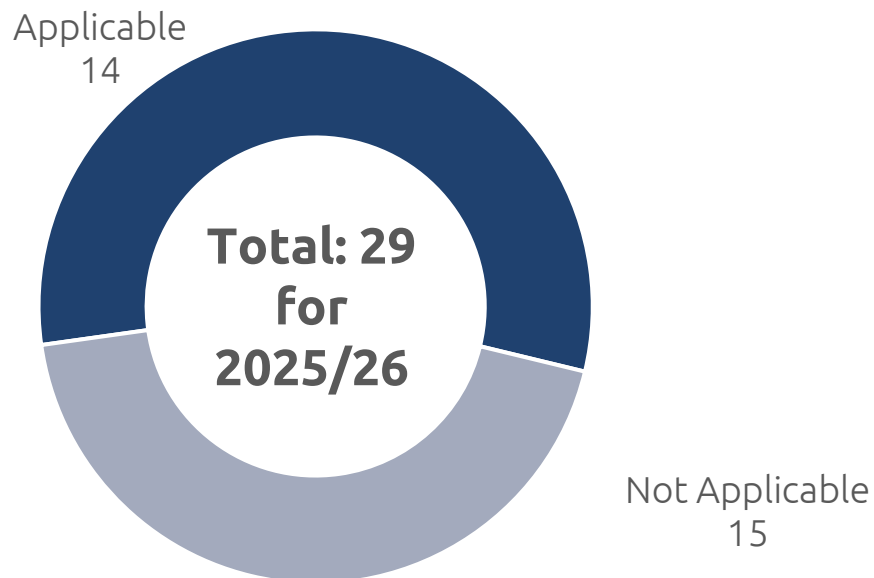


Corporate and Information Governance



Corporate Governance

Wales Health Circular (WHC) Compliance 2025/2026



Of those applicable:



For the Period 01 - 31 October 2025:

3 WHC's in progress (038, 039 and 046)

5 New WHC's were received:

- WHC 2025 046 – The introduction of a routine NHS varicella (chickenpox) vaccination programme for young children in Wales from 1 January 2026
- WHC 2025 045 – Revisions to the Standing Orders for the NHS Wales Joint Commissioning Committee
- WHC 2025 043 - New clinical pathway for treating and managing obesity
- WHC 2025 039 - AMR & HCAI IMPROVEMENT GOALS FOR 2025-2027
- WHC 2025 042 - Update: NHS Wales national clinical audit and outcome review plan 2025 to 2026

1 WHC was enacted and closed this month:

- WHC 2025 022 – The national COVID-19 vaccination programme autumn 2025

6 WHC's were closed as not applicable:

- WHC 2025 031 – 3Ps Waiting Well single point of contact (SPOC) activity and outcomes data reporting
- WHC 2025 037 – Infected Blood Inquiry: Implementation of Recommendation 7e:Implementing SHOT reports
- WHC 2025 034 – Implementation of the Planned Care Referrals DSCN (DSCN 2024/11)
- WHC 2025 043 – New clinical pathway for treating and managing obesity
- WHC 2025 042 – Update: NHS Wales national clinical audit and outcome review plan 2025 to 2026
- WHC 2025 045 – Revisions to the Standing Orders for the NHS Wales Joint Commissioning Committee



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

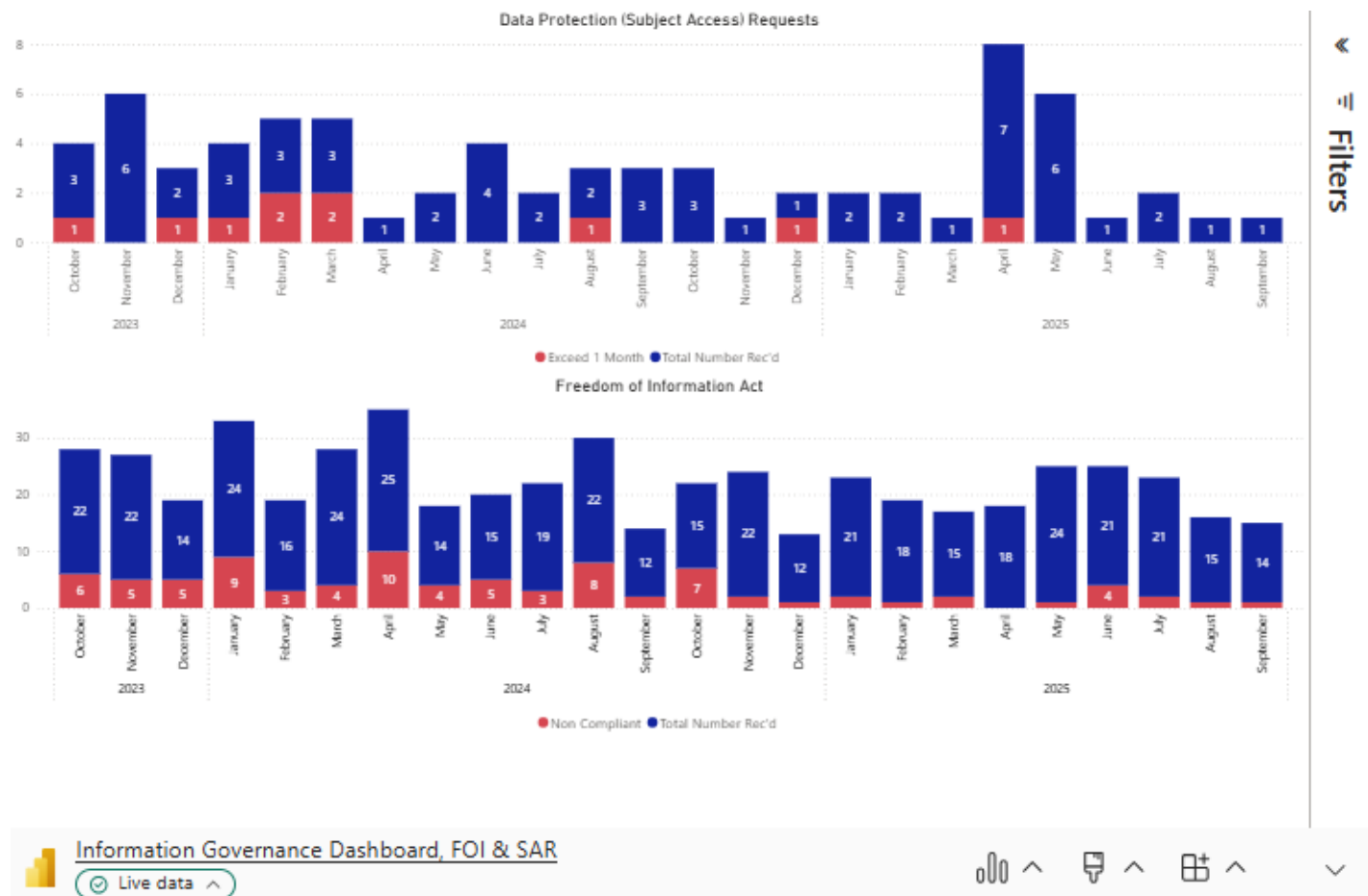
In September 2025, 1 Subject Access Request was received.
The response was compliant and sent within 1 calendar month.

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.

- 14 Received
- 20 days
- 1 Non-Compliant

From the 14 FOI requests received in September 2025, 1 was reported as out of compliance.
The 1 non-compliant request is being handled under the Freedom Of Information Act and remains outstanding as it involves consulting with third parties and includes a large volume of documents to review.



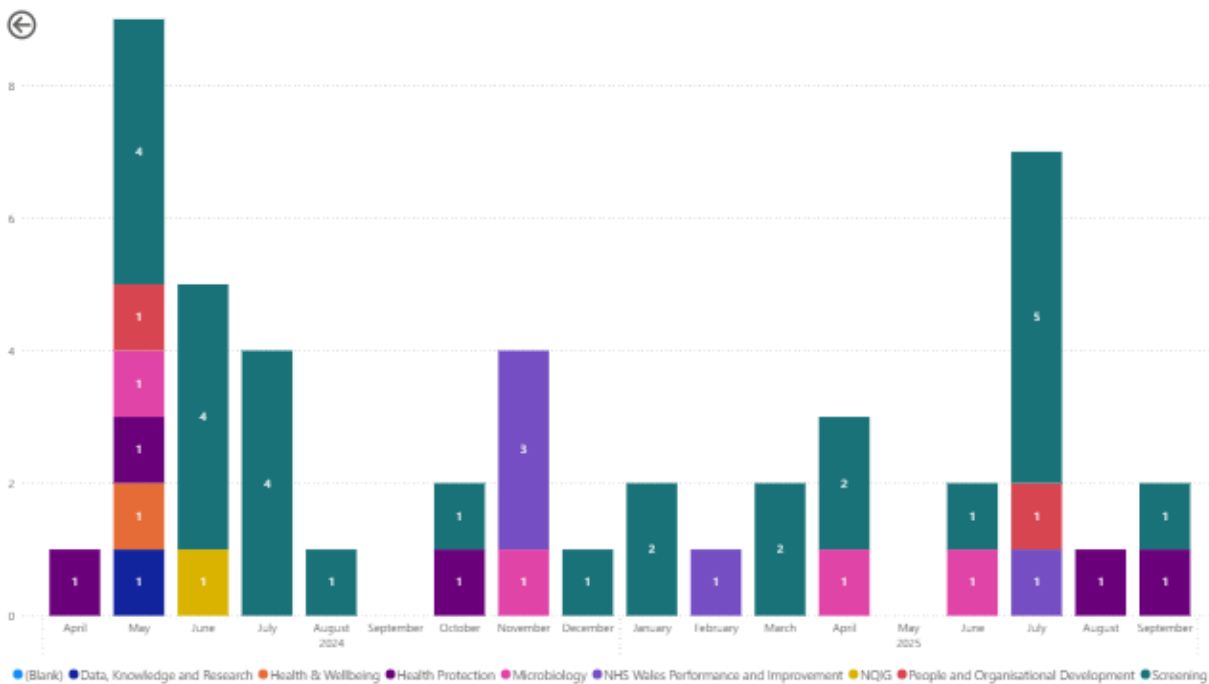


Corporate and Information Governance



Information Governance

Personal Data Breaches



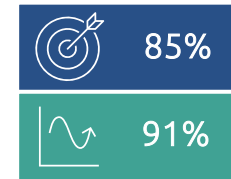
Reported	Escalated
2	0

There were two data breaches reported in September 2025, one was a misdirected email containing limited personal identifiers and sent within the NHS environment. Data subjects affected: 1

The second personal data breach related to personnel files being put into the incorrect learner's folder. Data subjects affected: 1

Neither of these required reporting to the Information Commissioner.

Mandatory Information Governance Training



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



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



Clinical Governance, Quality, Safety and Improvement



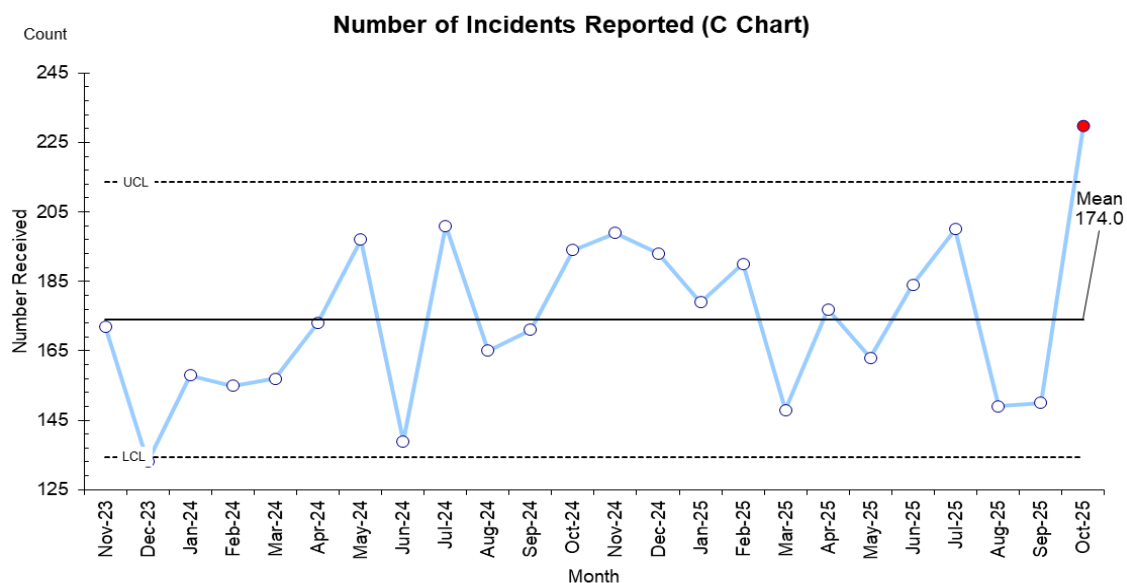
Externally Reportable Incidents - October update

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

Additional assurance is provided in the focus area on page 16

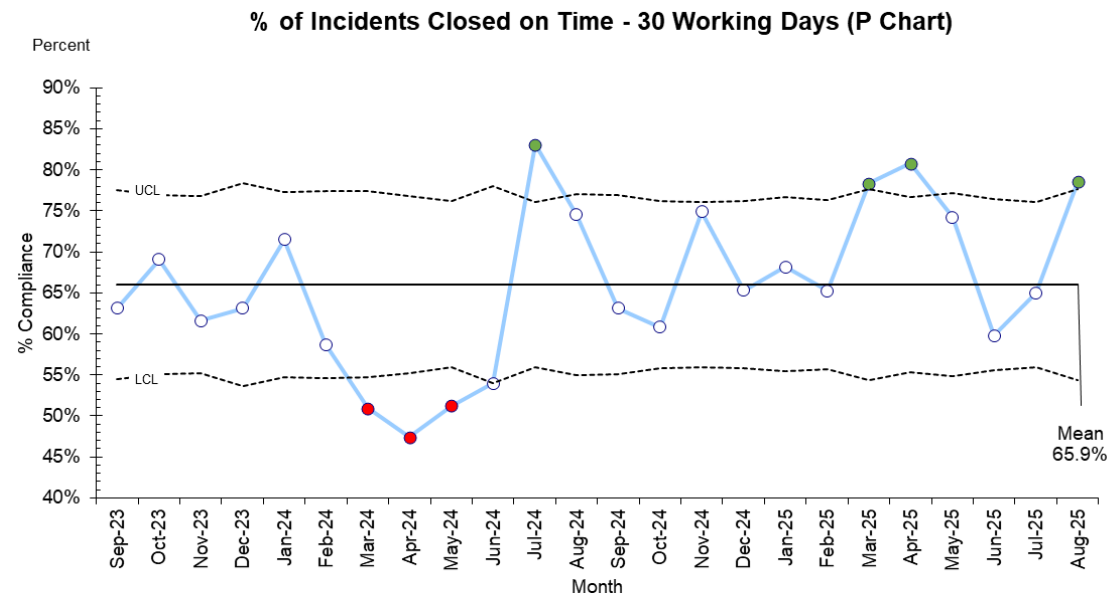


No. Incidents Reported Over Time



Special cause identified in Oct 2025 of 230 incidents, this is due to an increased reporting in Cervical Screening Wales, relating to out-of-date vials used by sample takers.

Percentage of Incidents Closed within 30 Working Days



Improvement in closure rates identified in Jul 24, Mar 25, Apr 25 and Aug 25 – which are highlighted as data points. Nil other identified.



In Focus: Externally Reportable Incidents



1 RIDDOR incident was reported in October 2025 by Breast Test Wales:

The incident relates to a service user sustaining an injury on the lift platform while outside of the mobile breast screening unit.

2 incidents were closed as Moderate or above harm in October 2025:

One incident relates to the above RIDDOR reportable injury.

The other incident closed as Moderate harm is a Breast Test Wales Duty of Candour case relating to an Interval Cancer Review that was closed during the month.

Increased Incident reporting in Cervical Screening Wales:

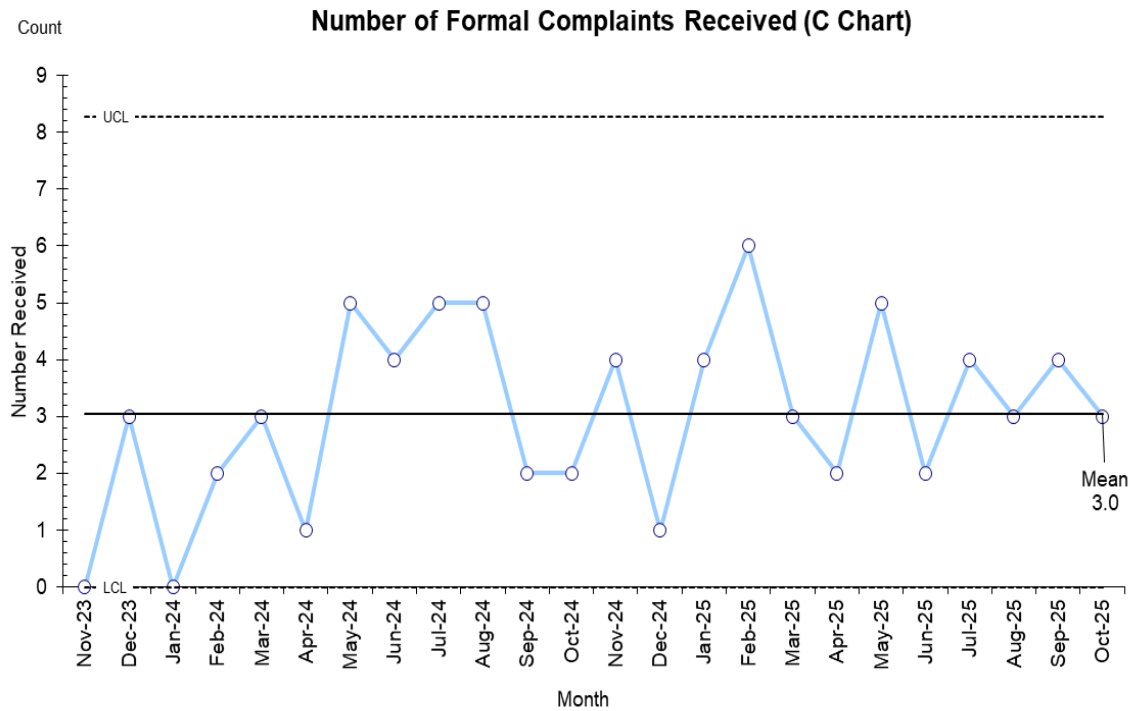
- During October 2025, Cervical Screening Wales reported 116 incidents, an increase of 71 compared to the 45 reported in September.
- This increase is due to a number of out-of-date vials being used by sample takers and sent to the laboratories for testing. As the vials are out of date, these samples are rejected by the laboratory.
- A communications plan was developed by CSW to communicate with GP Practices to review and rotate their stock accordingly to avoid a re-occurrence of these incidents. The communications included emails, memos and posters circulated to practices.
- These incidents have also resulted in a change in sample taker training to include consideration for time in transit and laboratory testing.



Clinical Governance, Quality, Safety and Improvement

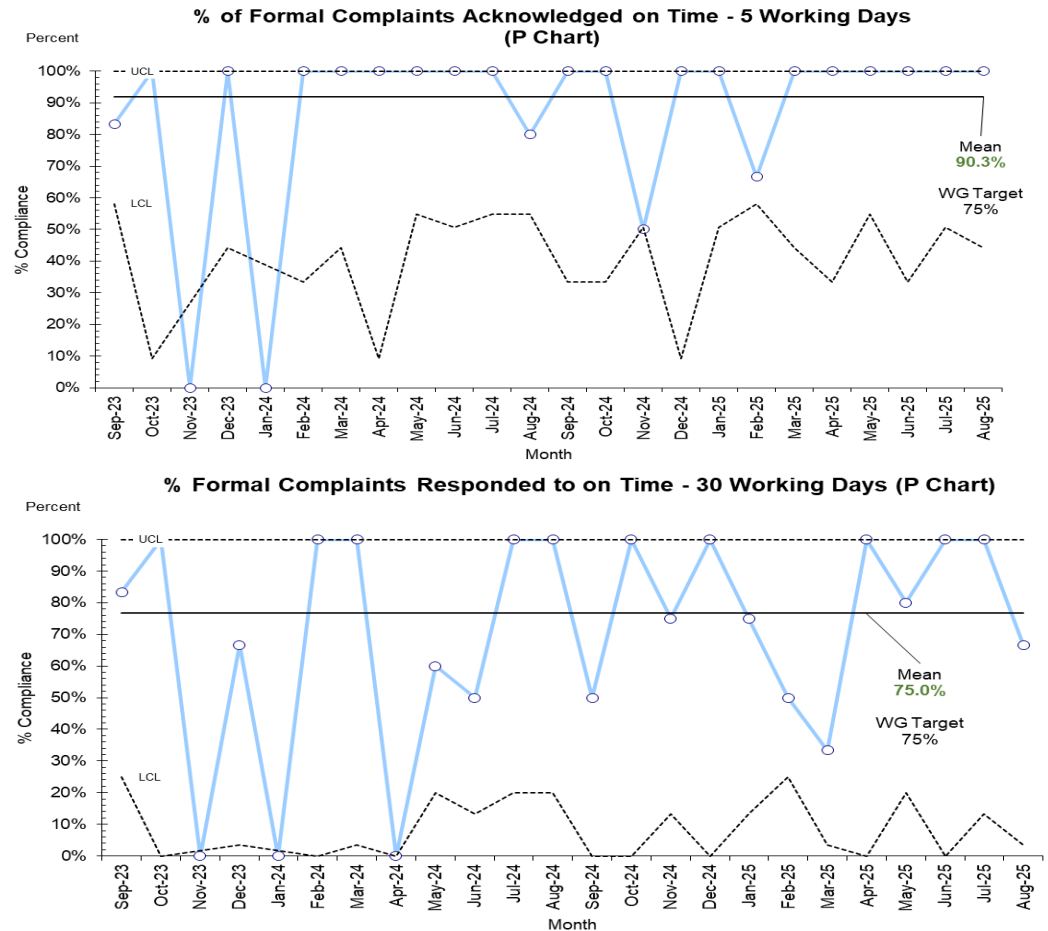


Number of Formal Complaints Received



Normal variation, no special cause identified.

Formal Complaints Compliance



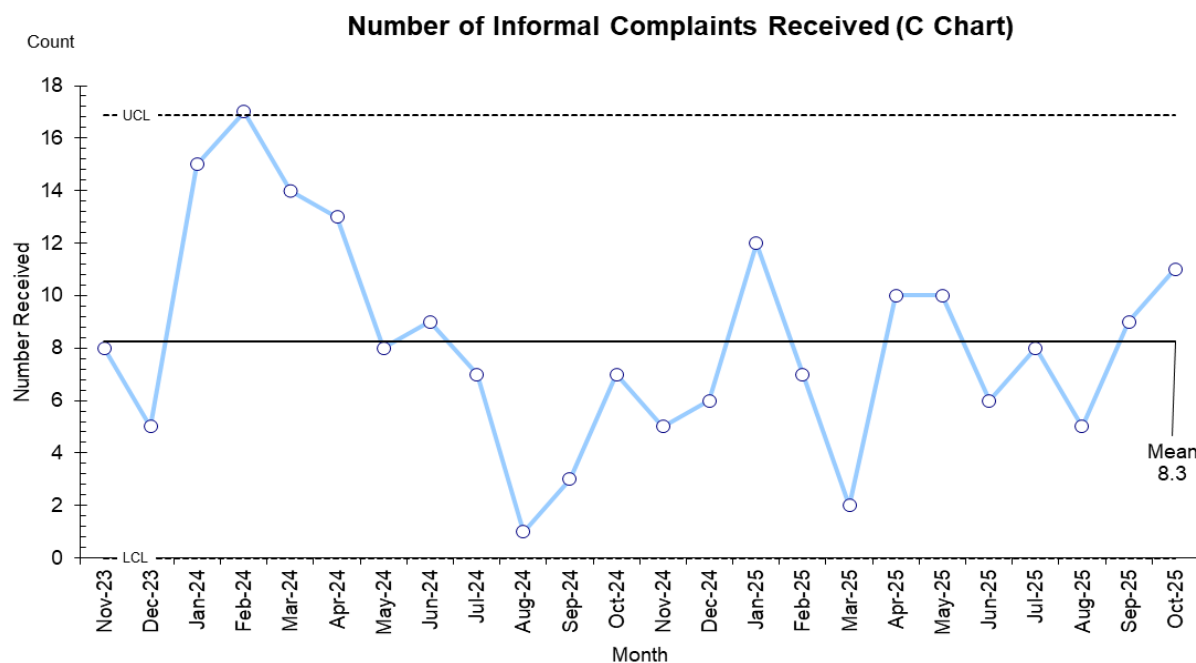
Normal variation, no special cause identified. Meeting Welsh Government target.



Clinical Governance, Quality, Safety and Improvement



Number of Informal Complaints Received



Themes and Service Areas – September 2025



3 Formal complaints and 11 Early Resolution complaints received in October.

Claims

October 2025

0

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

Redress

October 2025

0

No new Redress cases were received in October.

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	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
Bowel Screening Wales – Waiting time for index colonoscopy (Health Board Delivery)	90%		32.5%	19.7%	15.2%	20.5%	8.4%	6.9%	3.9%	4.9%	8.8%	14.1%	10.5%	
Cervical Screening Wales – Waiting time for colposcopy appointment (8 weeks) (Health Board Delivery)	90%		99.7%	99.6%	97.9%	98.9%	98.9%	98.2%	98.4%	98.8%	98.4%	98.8%	95.3%	
Breast Test Wales – Assessment invitations (3 weeks)	90%		28.3%	37.8%	26.3%	11.1%	23.1%	8.8%	16.7%	19.6%	24.1%	24.6%	31.6%	17.4%
Diabetic Eye Screening Wales – Coverage (12 Months)	80%		40.9%	40.7%	40.6%	40.7%	40.3%	40.2%	40%	39.3%	38.9%	38.4%	39.6%	39.6%
Abdominal Aortic Aneurysm – Timely referral to elective vascular network (MTD)	100%		100%	100%	75%	100%	50%	100%	75%	100%	66.7%	100%	100%	100%
Infection Services														
Total Microbiology Rejection Rates	<5%		5.4%	5.2%	5.4%	5.2%	4.9%	5.2%	5.2%	5.1%	5%	5%	5%	
Total Microbiology Diagnostic Sample Requests	*TBC		168,181	160,875	184,046	154,804	167,166	160,143	162,735	162,252	178,612	156,429	168,719	
Blood Culture - Collected to Incubation SMI <4hrs	<4hrs		67.6%	66.3%	68.7%	69.2%	71.4%	67.3%	68.8%	68.5%	68.3%	68.1%	68.3%	
Blood Culture - Received (PHW Laboratory) to Incubation	*TBC		99.8%	98.8%	99.9%	99.5%	99.7%	98.7%	99.4%	99.7%	98.4%	99.6%	99.6%	
Health Protection														
Test and Post (STI self-sampling) – Test Turnaround Times	99%		100%	99.9%	99.9%	100.0%	99.9%	99.9%	99.9%	99.7%	99.9%	100%	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%		98%	92%	92%	97%	100%	100%	100%	100%	100%	75%	87%	
Health & Wellbeing														
JUSTB – Number of Schools with 2-day training completed by month**	35 Schools		4	3	5	2	7	1	6	4	N/A	N/A	2	4
JUSTB – Number of Schools with 2-day training completed YTD**			12	15	20	22	29	30	36	40	N/A	N/A	2	6
Whole School Approach – Percentage of schools with an Action in Place (All schools)	80%		65%	66%	74%	78%	83%	83%	85%	87%	88%	88%	89%	90%
Whole School Approach – Percentage of schools with an Action in Place (Secondary schools)	100%		89%	89%	96%	97%	98%	98%	98%	99%	99%	99%	99%	99%
Help Me Quit - Benchmark for timely first contact (NTSS)	90%		95%	96%	94%	90%	86%	96%	92%	94%	89%	96%	93%	
Help Me Quit – 4-week self-reporting quit rate (NTSS)	35%		68%	80%	64%	71%	82%	83%	73%	48%	72%	75%	72%	
Research Data & Digital														
Number of Major Breaches	0 Major Breaches		Quarter 3 (24/25)			Quarter 4 (24/25)			Quarter 1 (25/26)			Quarter 2 (25/26)		
Percentage of publications without breaches	100%		0 Breaches			0 Breaches			0 Breaches			0 Breaches		
Percentage of user follow up to RD&D products	100%		76%			76%			76%			76%		
Percentage of user follow up to RD&D products	100%		20%			20%			33%			33%		
Policy and International Health														
Indicators and targets to be developed where applicable														

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

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

Key: RAG Status

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



Health Protection and Screening Services



Screening Services

Latest activity

- Lung Cancer Screening – Submission of business justification case to Business Executive Team with planned submission onward to Welsh Government.
- Presentation on screening at NHS Chairs meeting on 28 October – focused on issues with Health Board part of pathway and well received.
- Excellent presentation on self sampling at Welsh Public Health Conference on 22 October.
- Service review of BTW programme underway 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 October 2025.

Breast Screening assessments waits remain outside of standard within 3 weeks for screening. A reduction in assessments within 3 weeks in West region in September due to staff sickness and reduction in surgical capacity. The timeliness has since improved. There remains a critical shortage of surgical capacity in North Wales, impacting assessment capacity in the North.



Key steps being taken:

- West region supporting reading for the North
- Radiology lead assessment clinics in Wrexham undertaken as required
- Engaging with BCU HB senior leads to work together to address waits to improve resilience of surgical capacity and bring pathway in line with other regions



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



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



As of 7th November 25, the average waiting time for a screening colonoscopy improved currently at 7 weeks and 6 days. The waiting time ranged from 4 to 15 weeks across the 13 screening centres. Average Specialist Screening Practitioner waiting time is 1 week and which is within standard.



To deliver improvements in colonoscopy waiting times, themes that were identified following collaborative discussions with Health Boards are to be discussed and taken forward.

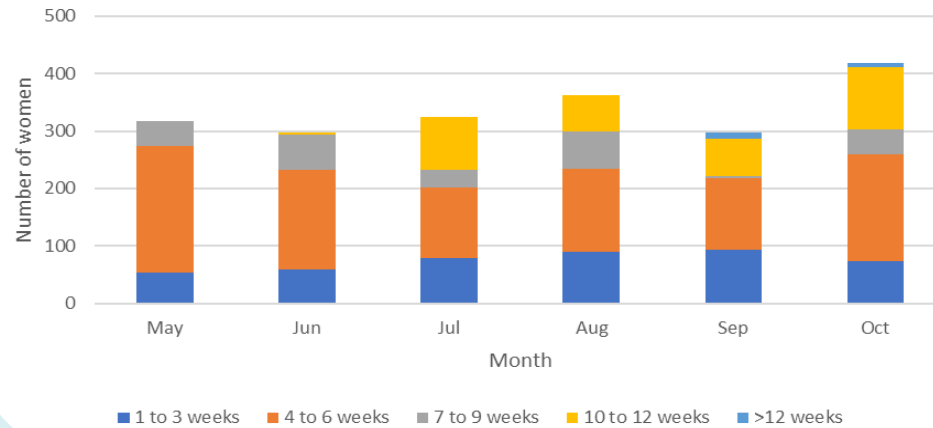




In Focus: Breast Test Wales Assessment Waits



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



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

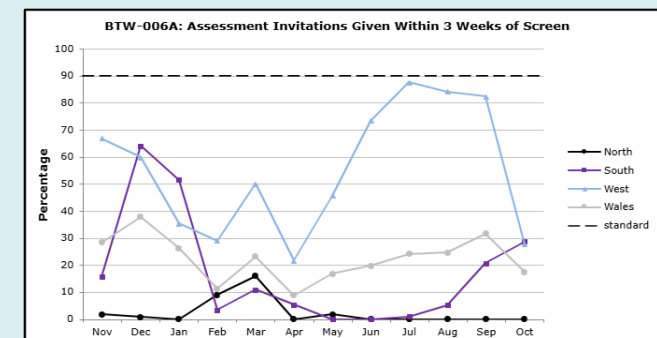
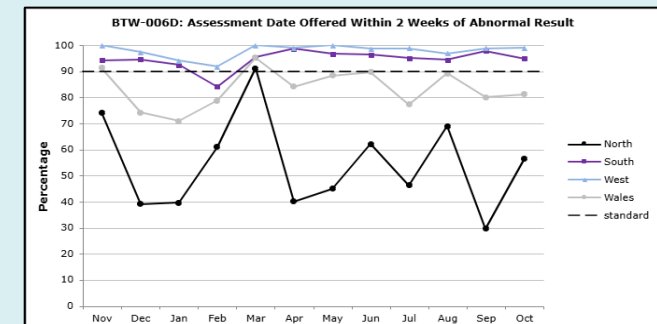
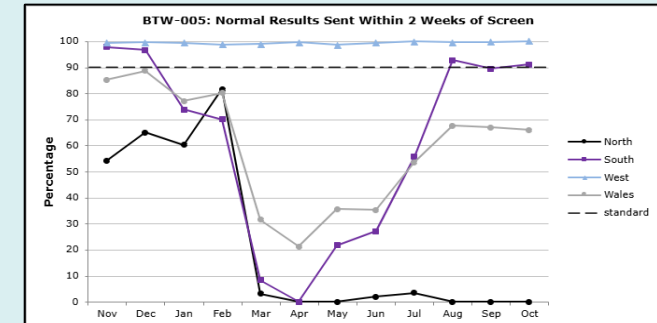
There are two other standards that are key to understand this pathway: -- 'Timeliness of reading mammograms which is measured in normal results sent within 2 weeks of screen' and 'Assessment date offered within 2 weeks of abnormal results'.

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

North region does not meet timeliness standards and has the longest waits for assessment with the longest waits over 12 weeks. West region has reduced timeliness for latest month due to unplanned staff leave and constraint in Surgical capacity, this has since recovered.

Shortages in the medical workforce at the breast screening north centre which has limited capacity for image reading, result reporting, and clinic assessments. West and South region are supporting North with reading.

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 and CEO for their resolution. The backlog from this impact is reducing but 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 is improving but 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 not yet resolved.

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.
- 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 is being undertaken to identify other areas of improvement in line with delivering excellent services.

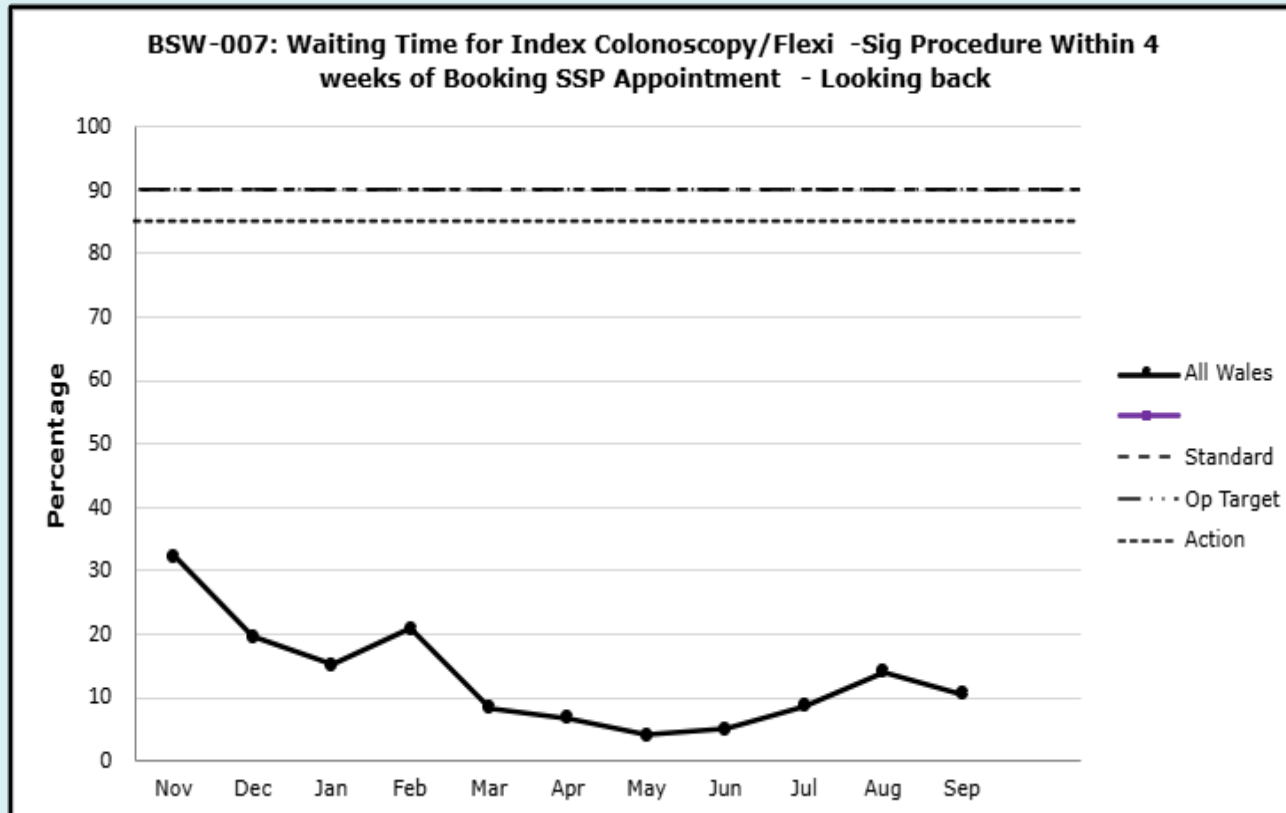


In Focus: Bowel Screening Wales Colonoscopy Waits



Waiting times as of Friday 7 November

Trend data and latest waits – September 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 4 days	9 weeks 1 days	9 weeks 5 days
2	0 weeks 4 days	14 weeks 4 days	15 weeks 1 days
3	0 weeks 6 days	14 weeks 5 days	15 weeks 4 days
4	0 weeks 4 days	4 weeks 6 days	5 weeks 3 days
5	0 weeks 4 days	5 weeks 3 days	6 weeks 0 days
6	0 weeks 3 days	7 weeks 2 days	7 weeks 5 days
7	2 weeks 4 days	2 weeks 2 days	4 weeks 6 days
8	1 weeks 5 days	7 weeks 4 days	9 weeks 2 days
9	1 weeks 5 days	8 weeks 0 days	9 weeks 5 days
10	0 weeks 4 days	3 weeks 3 days	4 weeks 0 days
11	1 weeks 4 days	4 weeks 3 days	6 weeks 0 days
12	0 weeks 6 days	3 weeks 5 days	4 weeks 4 days
13	0 weeks 4 days	3 weeks 5 days	4 weeks 2 days
14	0 weeks 3 days	6 weeks 3 days	6 weeks 6 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 7 November 2025, the average waiting time for a total wait has improved to 7 weeks and 6 days. The waiting time ranged from 4 weeks to 15 weeks and 24 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. An action plan is being developed to take forward issues identified in these meetings.
- The screening programme is expanding the pool of accredited Screening Colonoscopists and has increased SSP 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 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%.



Uptake of eye screening above standard at 81.9% demonstrating that participants are taking up their screening appointments. This is also reflected in positive service user experience elicited through the SMS (text message) pilot.

The number of inadequate images captured in Diabetic Eye Screening has continued to be much reduced since introducing the new cameras. The inadequate rate was 6.3% in October 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 using telephone calls to non-responders is demonstrating positive outcomes with increased appointment uptake for a population group with higher positivity rate.

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

Impact:

- Delayed offer of appointment on one year recall pathway. New referrals and two-year recall pathway not delayed.
- Increase in population cohort from 175,314 participants in 2018/19 to 200,843 eligible active participants - growth rate of over 14%. Prioritisation of new referrals reduces capacity for recall participants
- Inadequate clinic appointments in suitable locations resulting in geographical inequities in access
- Staff sickness leading to short notice clinic cancellations, resulting in ongoing demand due to need to re-book participants
- Clinic utilisation below target resulting in poor staff utilisation and inefficiencies in service delivery
- Failsafe of participants awaiting Hospital Eye Service review back into DESW recall cohort
- Modifying usage of eye drops could result in an increased appointment capacity

Current Actions:

- Piloting three different clinic models to explore feasibility of improving capacity by increasing efficiency.
- 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.
- Provision of extended hours clinic on evenings and weekends in place to provide service outside of working hours.
- 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.
- Online booking module at testing stage, once live this will 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 now expected to be in February 2026 which would be step change to improve efficiency and potentially reduce inequity.

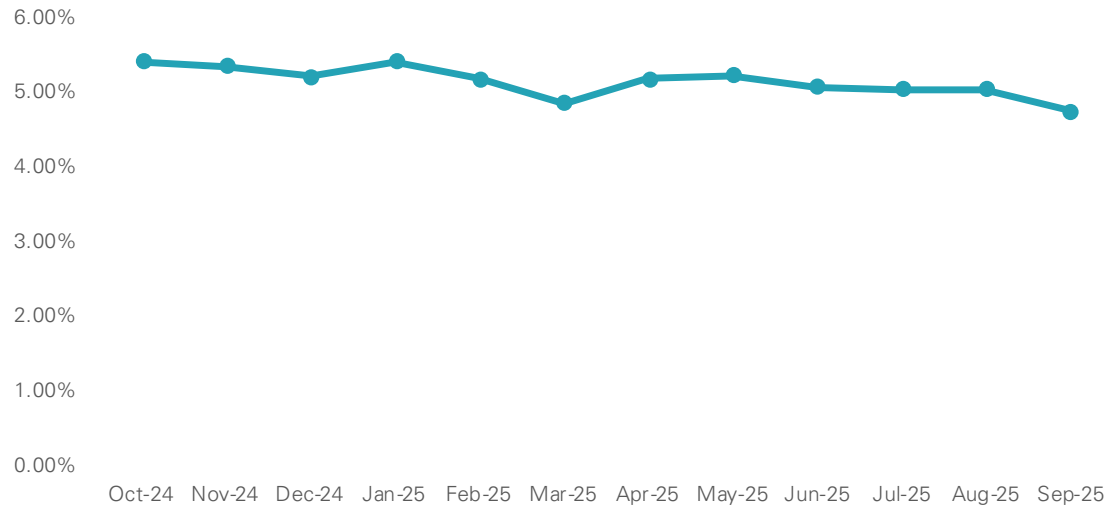


Health Protection and Screening Services



Infection Services

Total Microbiology Rejection Rates



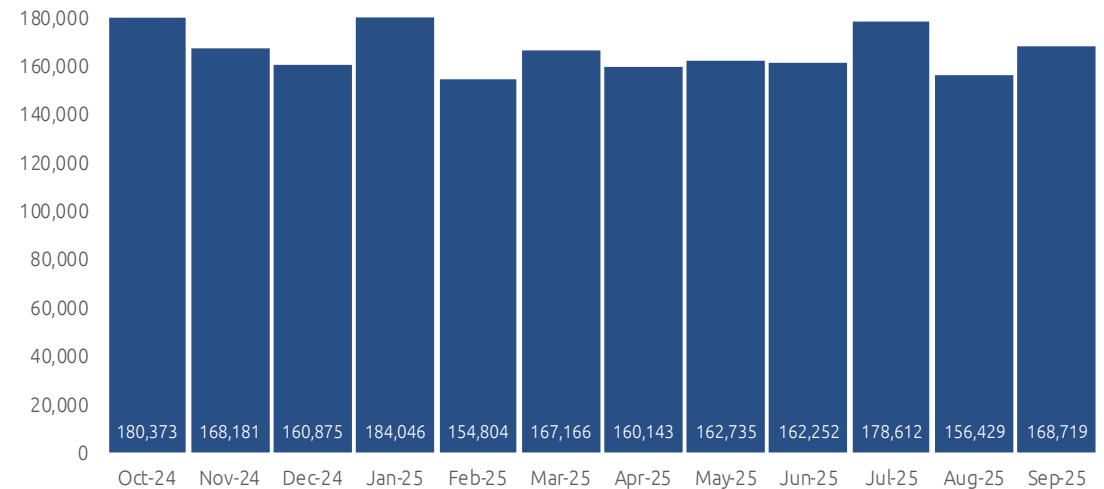
<5%

4.8%

In September, the diagnostic testing rejection rate reduced to 4.75% of 168,719 total sample requests. There is comprehensive guidance on the criteria for accepting or rejecting samples in the divisions Specimen Acceptance Policy. The predominant factors contributing to sample rejection still remain as broken, leaking, or contaminated specimens, as well as submissions in inappropriate containers. There are differences in rejection rates across health boards, and a singular root cause has not been identified.

Infection Quality Leads produce monthly reviews to analyse the rejection rate trends and collaborate with service users to identify trends and 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 September 2025 recording an increase to 168,719 samples. This increase since August is expected and a pattern seen year on year.

Work with Health board colleagues allow targeted initiatives to ensure 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

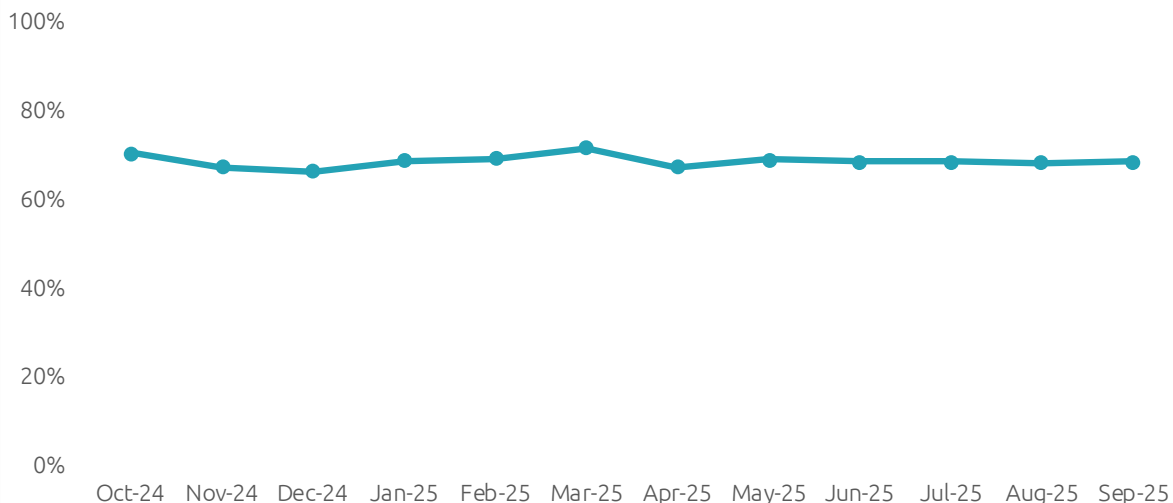


Health Protection and Screening Services



Infection Services

Blood Culture - Collected to Incubation SMI <4hrs

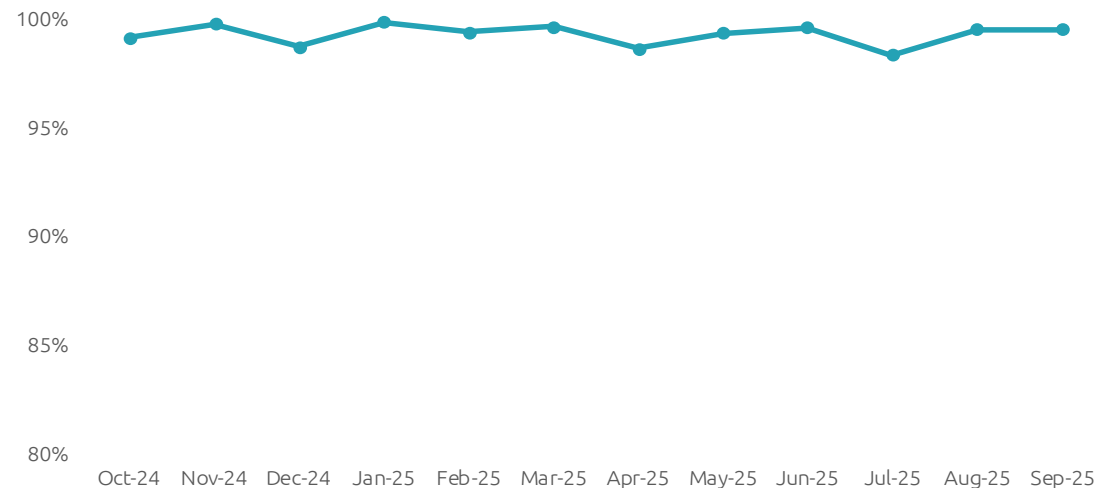


<4 hrs

68.3%

- The UK Standards for Microbiological Investigations require that blood culture samples are incubated within four hours of collection, in September 68.31% of samples achieved this time frame. The 4-hour window supports the accurate and timely clinical diagnosis of sepsis management. Achieving this target relies on the efficient processes within health boards to ensure prompt transportation of samples from all collection sites and can be a challenge to influence.
- These operational complexities are regularly reviewed in collaboration with relevant stakeholders including education events and re-training to reinforce the importance. 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**

99.6%

*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 September, the value remained consistent in August with 99.56% of samples meeting the recommended four-hour standard, demonstrating sustained operational efficiency and robust internal processes.
- Our laboratory rotas and staff structure support our ability to achieve this target, and further improvements may be 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

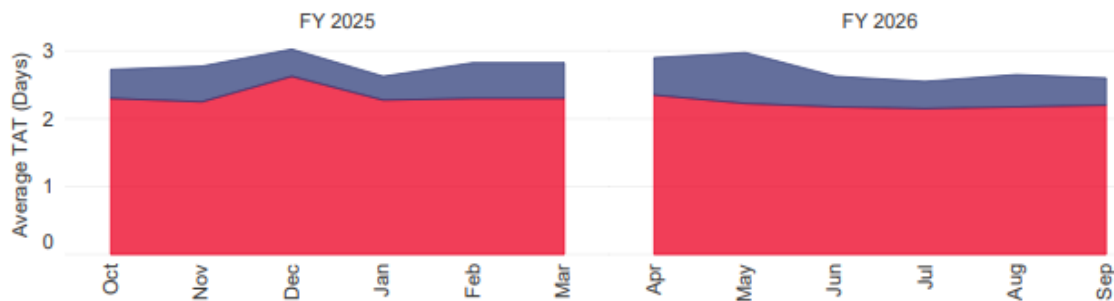


Health Protection

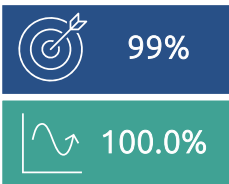
Test and Post – STI self-sampling

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 September 2025, 99.97% met the 7-day turnaround standard.
- 2 requests of 5,723 total requests (0.03%) did not meet the 7-day TAT standard.
- 5,723 total requests equated to 35,616 tests being undertaken.



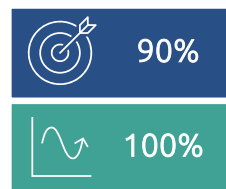
Actions to improve:

- Ongoing monthly monitoring
- LGV TAT – Secondary Testing

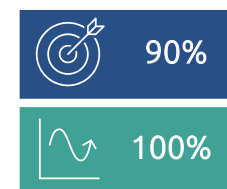
*N.B. Target changed from 100% to 99% due to rounding issues in multi-test results. Approved by the Directorate Management Team on 09/09/25.

AWARe Response Times by Priority

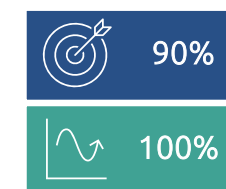
Urgent (<4 hours)



High (<24 hrs)

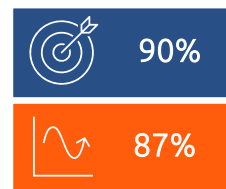


Medium (<48 hrs)



- 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 September 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 (%)



- Fell below target following the change to an analysis of the actual time of report issue compared to planned times, from a qualitative exception report
- October achieved 87% compliance which is a big improvement compared to 75% from last month
- Technical issues are still the main cause of delay, which are proactively addressing



Research, Data and Digital



Statistical and Analytical Publications - Quarterly

Quality and compliance with the Code of Practice for Statistics

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

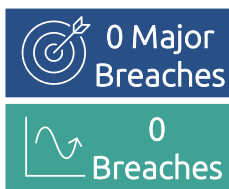
Major breaches are:

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



Organisational Research & Evaluation - Quarterly

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

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



Policy and International Health



Health Travel Update

Strategic Priority: Tackling the public health effects of climate change

Overview

- The Healthy Travel Charter (HTC) aims to reduce reliance on car travel by enabling organisations to sign up to a list of commitments to support staff and visitors to switch to healthier travel options. This will increase physical activity; reduce air pollution and carbon emissions; improve health.

Our Impact

Development of a national framework:

- Regional HTCs introduced in all Welsh regions, over 60 organisations signed.
- Stakeholders praise charters as a driver for increasing healthy travel, due to leadership endorsement and associated networks and status. Requested expansion of existing charter commitments to increase impact.
- Developed a national HTC framework in collaboration with Welsh Government (WG) and Transport for Wales.
- Publicly available register of signatory organisations will support collaboration between organisations to increase healthy travel uptake and its benefits across Wales.

PHW as an exemplar organisation:

Health & Sustainability Hub initiatives to reduce PHW car-based staff travel:

- Launched Business Travel Policy (1000+ views) - WG commended as good progress towards transport decarbonisation.

- Sustrans cycle training and bike loan scheme (38 participants total) - staff shared positive impacts on wellbeing, confidence and motivation. WG recommended sharing bike loan scheme experience across NHS Wales as good progress.
- Shared healthy travel staff stories (740 views total) - staff shared positive impacts on health, wellbeing and productivity.
- With Centre for Climate and Social Transformations (CAST), delivered focus groups with 43 HPSS staff members to reduce business travel and car use – 42 interventions identified with greatest impact on carbon footprint reduction.
- Learning exchange on business travel policy with Natural Resources Wales, Future Generations Office, Vale of Glamorgan Council and Newport Council will be used to develop impactful policies that reduce carbon emissions.

Ongoing work

- Launch of national HTC framework in December 2025.
- National steering group supporting national healthy travel projects.

Next steps to build impact

- Evaluation of the regional HTCs' and national framework's impact.
- Early evaluation of PHW's Business Travel Policy to measure impact.
- Action plan using the CAST report findings to reduce and shift business travel within HPSS.

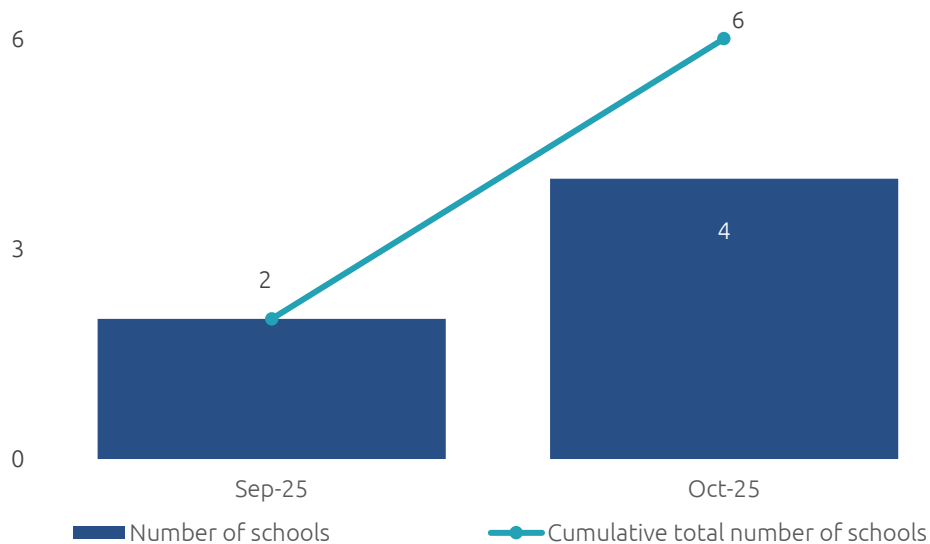


Health and Wellbeing

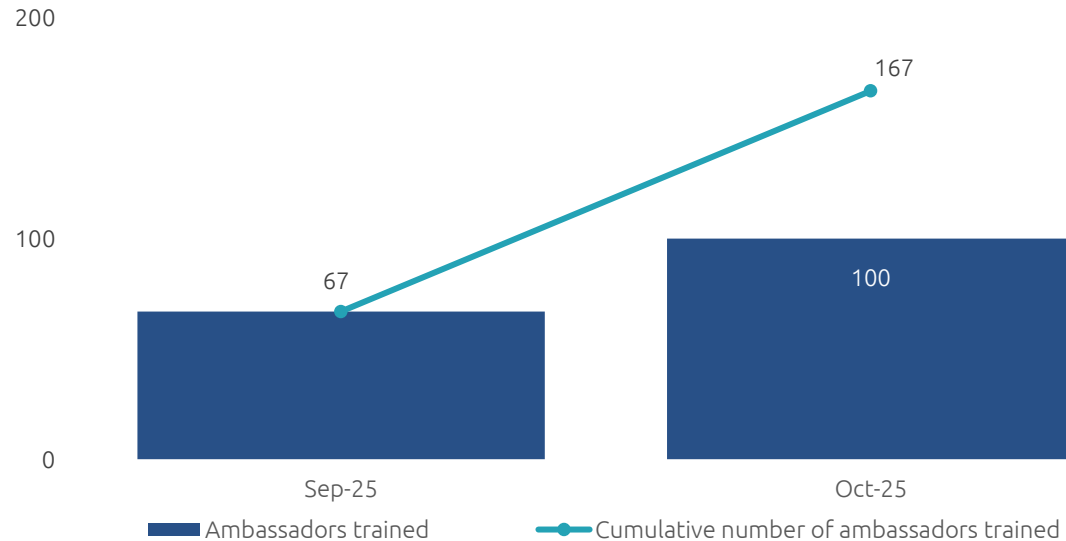


JUSTB / BYW BYWYD

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



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



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

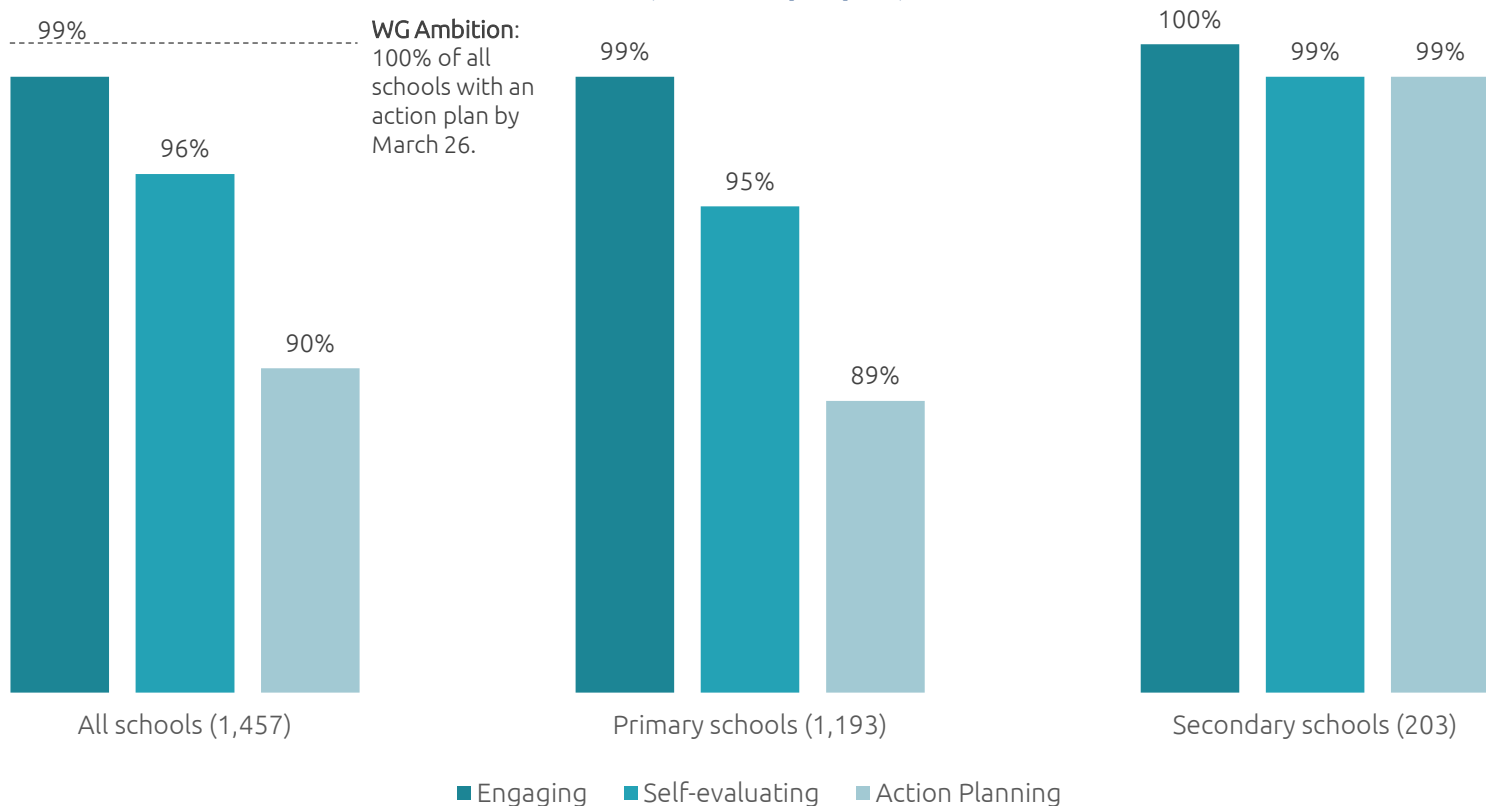


Health and Wellbeing



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: 03/11/25)



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 September 2025, the Hub was responsible for contacting 1,158 new referrals representing a 1.5% increase compared to September 2024. The Help Me Quit team handled 910 inbound calls, up from 779 in the same month last year.

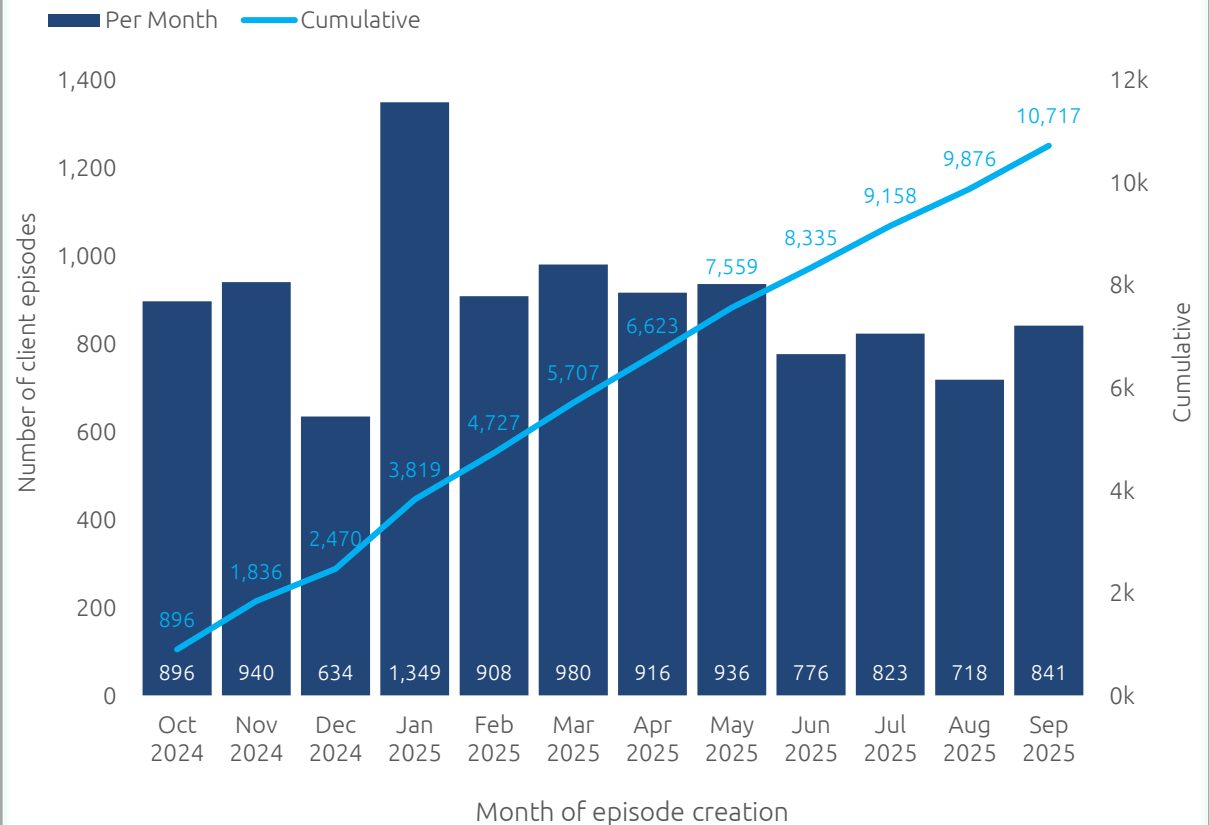
Timeliness of first contact: 93% received their first call attempt within two working days, exceeding the target of 90%. The Hub created 841 new client episodes in September 2025 compared to 783 in September 2024.

National Telephone Support Service (NTSS): The proportion of NTSS client episodes meeting the target of scheduling an assessment within 14 days of initial contact has increased from 68% in August 2025 to 81% in September 2025.

In addition, the service is supporting Aneurin Bevan University Health Board (ABUHB) to transfer from telephone appointments to face to face clinics. During the transition the NTSS will take on ABUHB telephone clients.

Forward Look: Recruitment plans are progressing for the appointment of newly created posts within the Hub to support the lung cancer screening pathway.

Number of client episodes created by the Hub



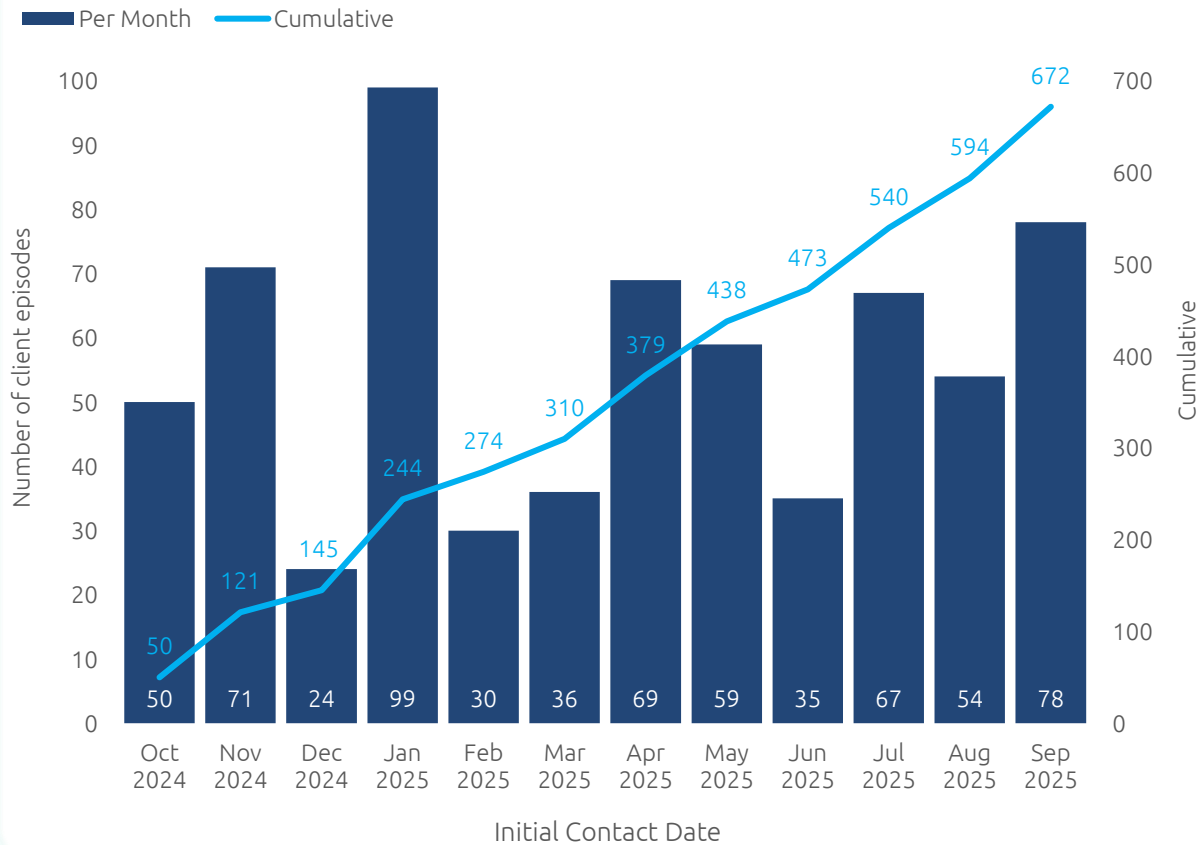


Health and Wellbeing

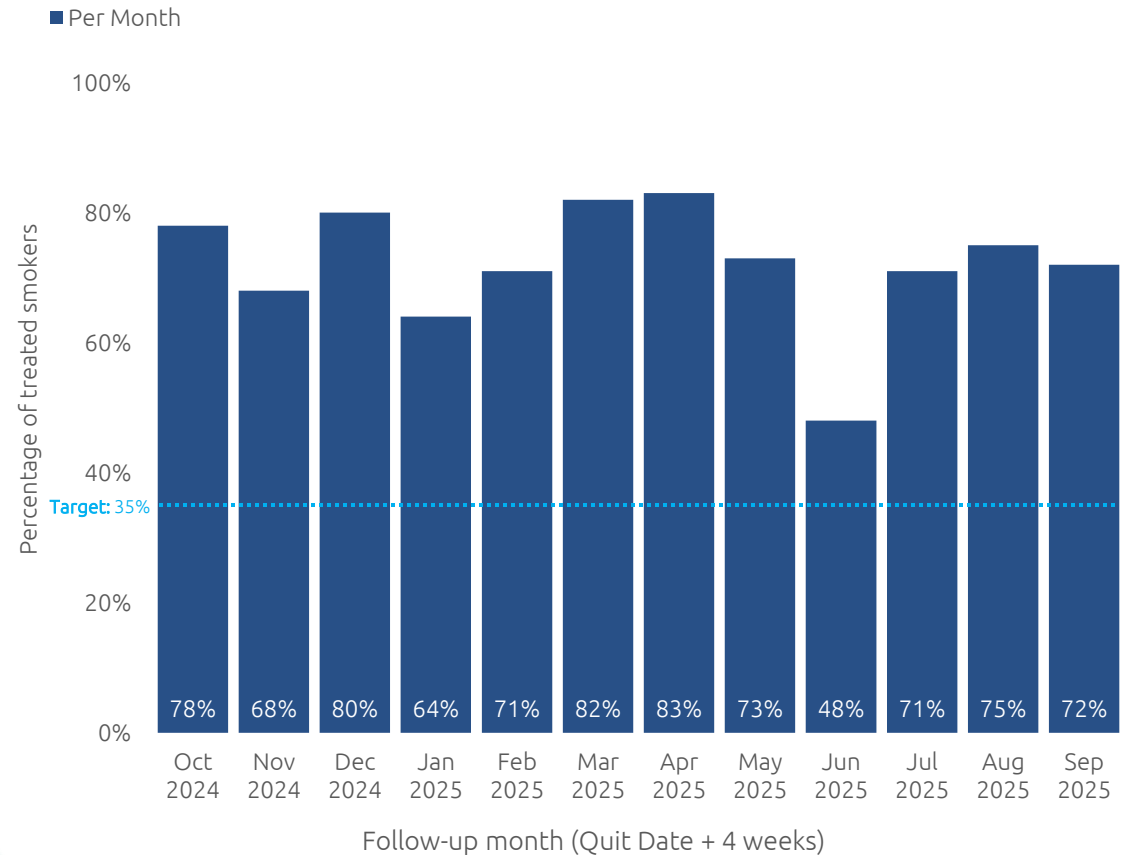


Help Me Quit

Number of clients who attend an assessment session (NTSS)



4-week self-reporting quit rate (NTSS)



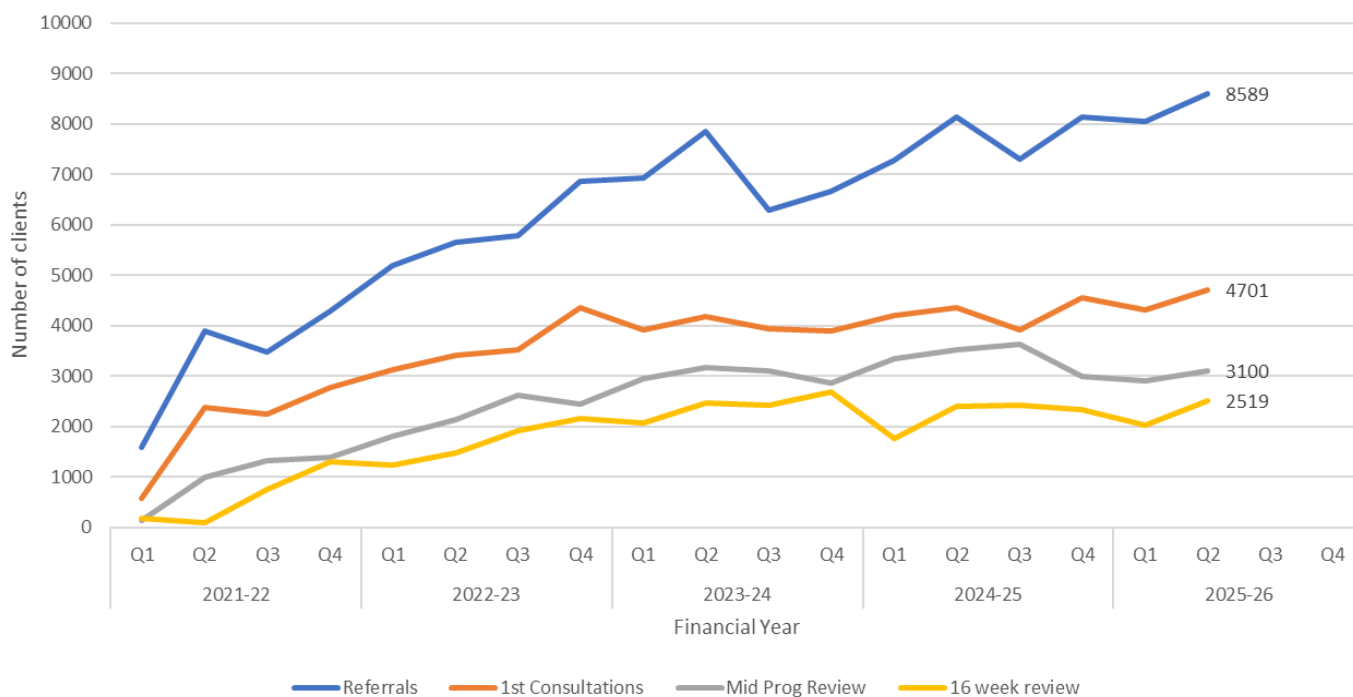


Health and Wellbeing

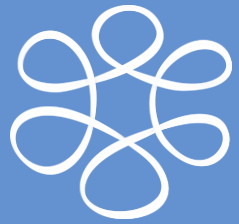


National Exercise Referral Programme

All Wales NERS reporting Apr 2021-Sep 2025



- The National Exercise Referral Programme (NERS) is delivered by Local Authority Leisure Services and Leisure Trusts across Wales in each of the 22 areas.
- The data shows the total no. referrals to the NERS Programme over time (per quarter) and over a specific time period, no. 1st consultations held, no. mid programme reviews held and no. 16 week reviews/completers programme.
- Please note that each of the measures reflects a different population group and should not be compared with each other.
- A new dashboard for accessing and displaying NERS data is in development - additional outcome data will become more routinely available upon completion – expected in early 2026.
- Activity in terms of completed 1st consultations has remained consistent since Q4 2022-23, due to maximum capacity being reached based on staff levels - which has decreased by 10.6WTE from 2012 to 2025 due to real-time cuts.
- Referrals continue to increase, with the most recent quarter (Q2) being the highest in NERS history.



Section 3
Strategy Delivery



Key Performance Indicator Summary



Strategic Plan	12 Month Look Back	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
Strategic Plan – Percentage of milestones currently green or complete		87.8%	86.9%	86.4%	87.9%	84.6%	96.1%	93.5%	91.8%	90.2%	89.3%	89.8%	88.5%
Strategic Plan – Percentage of milestones currently red		3.8%	3.8%	3.8%	2.6%	3%	0.9%	1.2%	2.1%	2.1%	0.8%	2.9%	1.6%
Request for Change (RFC) – Number of milestone changes submitted for approval		9	8	5	4	7	4	3	8	5	5	7	5
Strategic Priority 1 – Wider determinants		77.8%	77.8%	77.8%	77.8%	77.8%	100%	100%	100%	100%	100%	100%	100%
Strategic Priority 2 – Promoting mental and social wellbeing		100%	100%	100%	100%	100%	100%	100%	81.8%	81.8%	81.8%	81.8%	81.8%
Strategic Priority 3 – Promoting healthy behaviours		65.5%	57.1%	71.4%	74.1%	67.9%	94.1%	92.1%	89.5%	89.5%	86.8%	89.5%	86.8%
Strategic Priority 4 – Sustainable health and care system		95.3%	93%	93%	95.2%	92.9%	100%	93%	93%	88.4%	88.4%	86%	91%
Strategic Priority 5 – Excellent public health services		88.1%	85.7%	83.3%	83.3%	83.3%	91.1%	93%	93.1%	91.4%	91.4%	91.4%	82.8%
Strategic Priority 6 – Climate change		80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Enabling delivery of our plan		0%	0%	87.4%	89.1%	94.4%	97.2%	92.5%	91.3%	90%	88.8%	90%	91.3%
Strategic Change Programmes – Percentage of milestones currently green/amber		90%	87.5%	87.5%	75%	62.5%	75%	100%	100%	88%	88%	88%	89%
Strategic Change Programmes – Percentage of milestones currently red		0%	0%	12.5%	0%	0%	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 October 2025.



At Month 7, 66 milestones have been completed. 150 milestones are reporting as Green, indicating that 85% of the remaining plan is on track to be delivered within the agreed scope and timescales (total excludes completed/closed milestones).

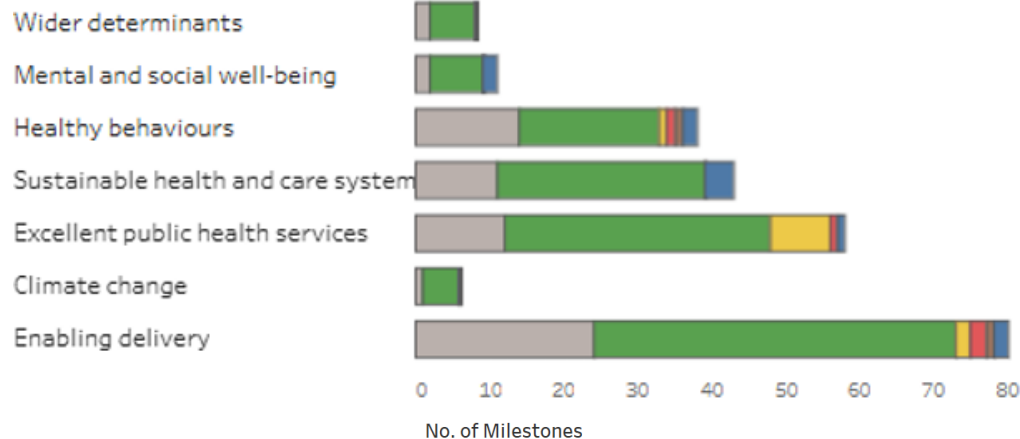
The number of milestones indicating an early warning is higher than average and includes areas such as adult vaping cessation service model, LIMS2 implementation, DESW transformation, electronic testing in cervical screening and replacing IT systems for newborn screening. Common themes for possible delays include both internal and external capacity around digital/IT, in-year re-prioritisation, working with external stakeholders and awaiting key decisions.

A total of 5 RFCs has been submitted this month. 4 have requested to extend the delivery date into 2026/27 due to competing capacity issues. The 1 remaining milestone in relation to succession planning and talent management is asking to be closed due to re-prioritisation and will be incorporated into the People Strategy implementation plan.

Full details of all RFC's can be found in annex A of the cover paper. A summary of the changes to the base line plan for 2024/25 is provided on page 48.



By Strategic Priority



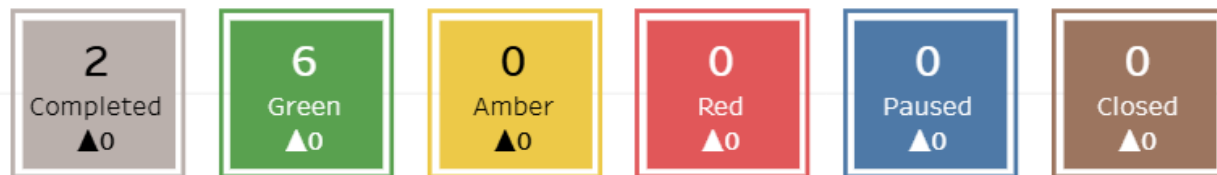


Strategic Plan Milestone Delivery

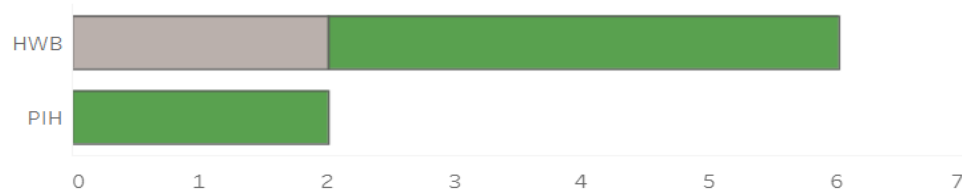


Strategic Priority 1 – Wider determinants

Current Delivery Status



By Directorate



Changes to Plan

No requests for change received in month 7

Strategic Priority Overview

- **Policies and health impact assessment:** Policy advocacy messages developed (three of five focussing on WDoH priority).
- **Poverty and worklessness:** Collaboration needs assessment on child poverty completed via Building A Healthier Wales; developing action plan. Cross organisational work programme prioritising work on worklessness in development.
- **Healthy places:** Healthy homes article published, focusing on fuel poverty and housing action.
- **Partnership implementation:** Shaping Places for Well-being in Wales programme has led to development of National Strengthening PSB Group. Programme adapting in line with early evaluation findings.
- **Developing capability:**
 - PHNC developments to improve member connections and supported members with achieving increased impact of their work through collaboration
 - Cross-PHW approach agreed to tackle health inequalities under the LTS.
- **Routemap:** Routemap finalised and being used as basis for cross organisational IMTP planning. Developing collaborative ways of working for routemap implementation including exemplifying organisational values and culture.

Challenges

- Rising requests for WHIASU support ahead of HIA regulations and for LDPs
- Impact of Marmot nation being explored
- Ambition of routemap remains a challenge within resource



Strategic Plan Milestone Delivery

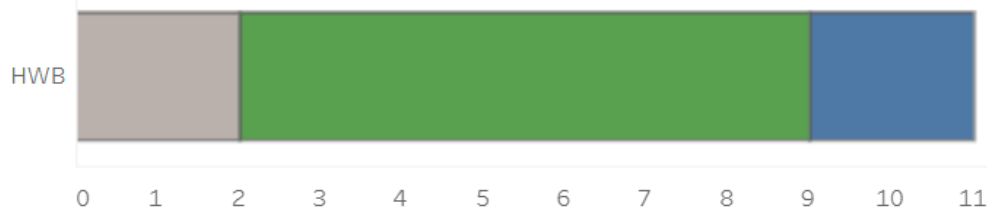


Strategic Priority 2 – Promoting mental and social wellbeing

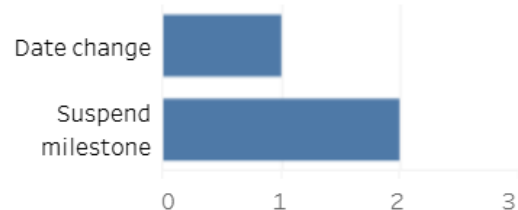
Current Delivery Status



By Directorate



Changes to Plan



2
Total RFC's YTD
2025/26

No requests for change
received in month 7

Strategic Priority Overview

- **Improving workplace wellbeing:** Stakeholder workshops completed to inform Healthy Working Wales peer mentoring programme due to open for expressions of interest in November prior to full launch in Q4
- **Engaging under-represented groups in wellbeing-promoting activities:** Commissions to co-develop Hapus content with priority groups awarded to 6 artists (joint commission with ACW)
- **Parent information:** Expert review of content completed for resources for families with children aged 2-7 completed
- **Curriculum toolkits:** Curriculum toolkit on sleep published [Supporting the Health and Well-being Area of Learning and Experience in Schools - Public Health Wales](#)
- **Children and young people's mental health and wellbeing:** CYP mental health needs assessment drafted and shared with stakeholders for review; Joint Statement on CYP MH&WB finalised and endorsed by Children's Commissioner in advance of publication in November
- **Mental health and wellbeing strategy:** Supported Welsh Government to deliver workshops with the Co-production Advisory Group on Vision Statement 2 of the Strategy
- **Routemap:** Mental and Social Wellbeing Routemap, being used to inform IMTP milestone review and refresh

Challenges

- Ambition of route map remains a challenge within resource
- Staff changes and leavers from mental wellbeing team presenting short-term capacity challenge and limiting ability to respond to wider system asks in support of the MH&WB Strategy

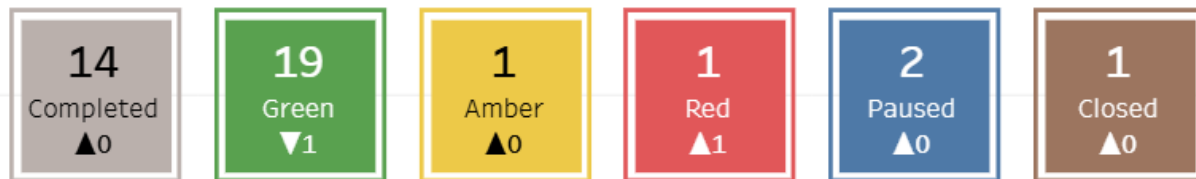


Strategic Plan Milestone Delivery

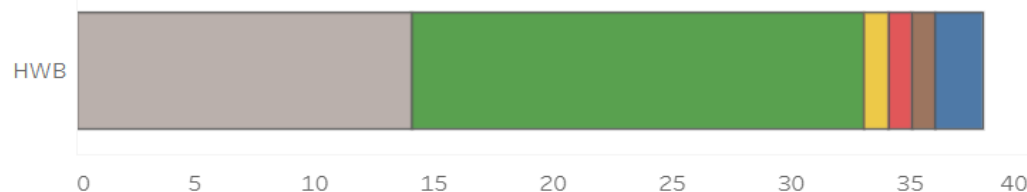


Strategic Priority 3 – Promoting healthy behaviours

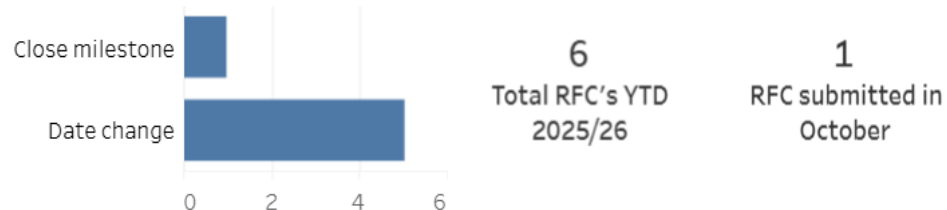
Current Delivery Status



By Directorate



Changes to Plan



Strategic Priority Overview

- Continued to strengthen existing work, campaigns and systems for smoking and vaping cessation in Wales, monitoring progress of new quit tool. Planned service developments (app and system upgrades) along with development of targeted tobacco and vaping prevention
- Ongoing development and implementation of the programme of work to support Gambling related harm
- Supporting implementation of school food regulations, commenced systems mapping for RISE, launched Breastfeeding Welcome Scheme Oct
- Updated governance to deliver the whole systems programme and supporting WG delivery groups for healthy weight in Wales to support system level changes for healthy weight in Wales. Ongoing work to underpin OOH food, retail, physical activity, child nutrition
- Reviewed weight management pathway approaches, delivered maternity pathway documents, led on work across Wales for pathway innovation approaches for weight management
- Delivery of proposals for Daily active whole school approach to Physical Activity and place-based approaches for active travel
- Ongoing of work for drugs and alcohol (with learning from needs assessment)
- Deliver the Healthy Working Wales programme for workplace health across Wales. Developed dashboard for NERS

2025 Route Map Development

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

Challenges:

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

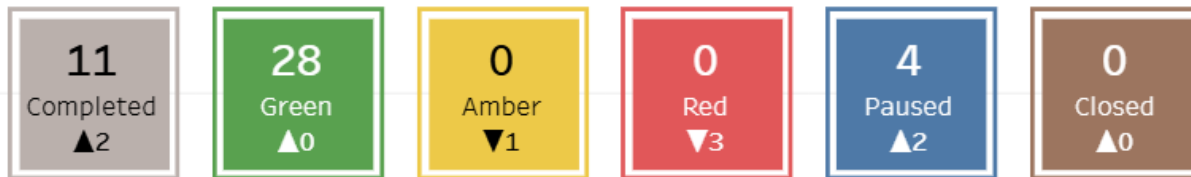


Strategic Plan Milestone Delivery

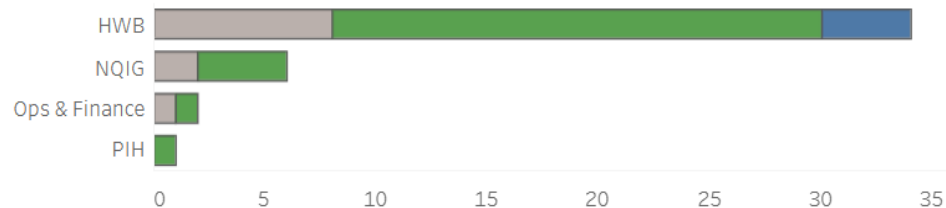


Strategic Priority 4 – Supporting a sustainable health and care system

Current Delivery Status



By Directorate



Changes to Plan



Strategic Priority Overview

- **National Safeguarding Week:** 10-14 November; *theme Safeguarding is everyone's responsibility*
- **A Public Health approach to Primary and Community Care by 2035** report informed the development of the Community by Design Transformation programme
- **Mouth Cancer Incidence in Wales 2025** report and infographic published - reveals that people living in the most deprived areas of Wales are more likely to be diagnosed with mouth cancer, and less likely to survive five years after diagnosis, when compared to those living in more affluent areas
- **Prevention Based Health & Care (PBHC):** Governance for PBHC programme to align with WG 'Preventing Ill Health Advisory Group'. PBHC workshop session at Public Health Wales conference in October. Kings Fund Population Health training for system leaders 24th Nov
- 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
- **National GMS QI Projects 2024-2025 Review Summary Report Sept 2025** presented to GMS Quality Committee and recommendations being considered via further PHW, BMA and WG dialogue
- **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

Challenges:

- Cross-organisational coordination and workforce capacity to deliver ambitions of the strategic priority and route map
- Ambition of route map remains a challenge within resource
- System capacity to engage in prevention & long-term thinking vs operational pressures

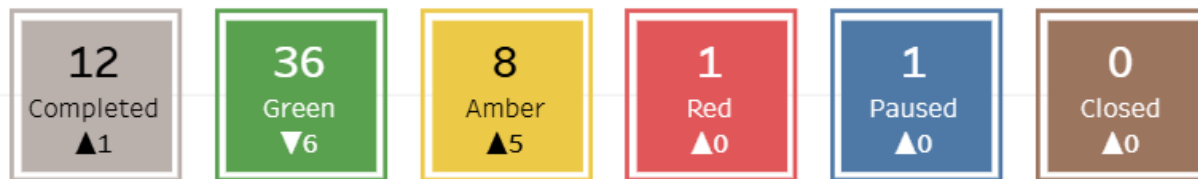


Strategic Plan Milestone Delivery

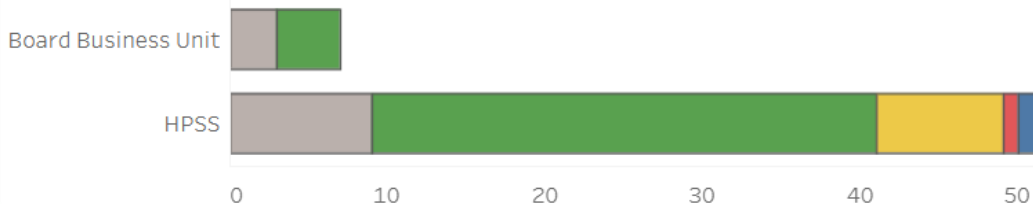


Strategic Priority 5 – Delivering excellent public health services

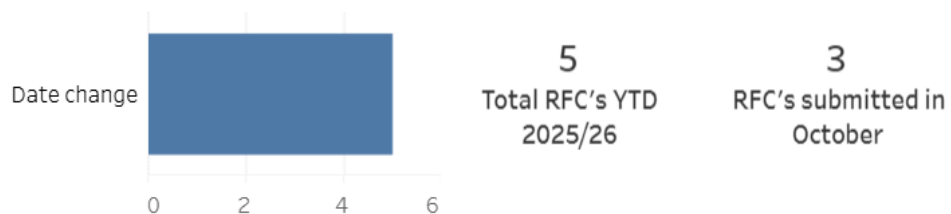
Current Delivery Status



By Directorate



Changes to Plan



Strategic Priority Overview

- Breast Test Wales (BTW) review has been launched and, as per agreed methodology, initial collation of documentation for the desktop review is almost complete. Stage 2 of workshops, evidence sessions and 'GAMBA' walks are currently being set up.
- In collaboration with colleagues in Research, Digital and Data, work is progressing to develop metrics for system-level outcomes, aligned with our strategic priority.
- A review of IMTP milestones is underway to identify key work aligned with the 2035 route map's enabling objectives, particularly around partnerships and co-production.
- The Screening Division is transitioning to digital information for returning participants, prioritising accessible formats like Easy Read, BSL, and animations. Supported by NQIG and Welsh Risk Pool, this approach promotes informed decision-making, sustainability, and cost savings by limiting hard copy mailings to first invitations only.
- A Dragons' Den-style session at the Welsh Public Health Conference 2025 showcased innovative, collaborative approaches to public health, highlighting prevention-focused strategies backed by data and economic models to reduce system burdens and improve outcomes.

Challenges

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

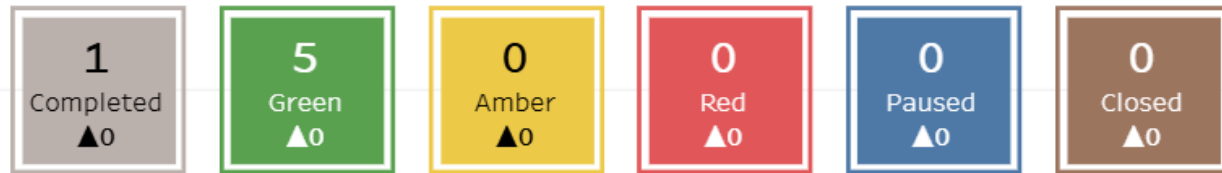


Strategic Plan Milestone Delivery



Strategic Priority 6 – Climate change

Current Delivery Status



By Directorate



Changes to Plan

No requests for change
received in month 7

Strategic Priority Overview

- Route map finalised and new governance structure discussed at Climate Change Programme Board that will enable oversight of delivery.
- Work to develop our organisational **climate adaptation risk assessment** is underway in preparation for submission to Welsh Government by 31st March.
- An evaluation report has identified our organisational **carbon footprint** has increased 17%. We are working to understand how we can spread and scale good practice and increase capacity towards our decarbonisation work throughout the organisation. We are mandated to achieve Net Carbon Zero by 2030.
- We are working with local and regional partners in relation to **climate risk assessments**, raising the profile of threats that are specific to Wales (coal tips, private water supply, vulnerable groups such as the Gypsy, Roma and Traveller community).
- Adverse Weather plan** in development and due for completion by end of Q3.
- Biodiversity Report approved by Executive Team for publication, as required by the Environment (Wales) Act 2016.

Challenges

- Organisational capacity to deliver against Net Carbon Zero targets

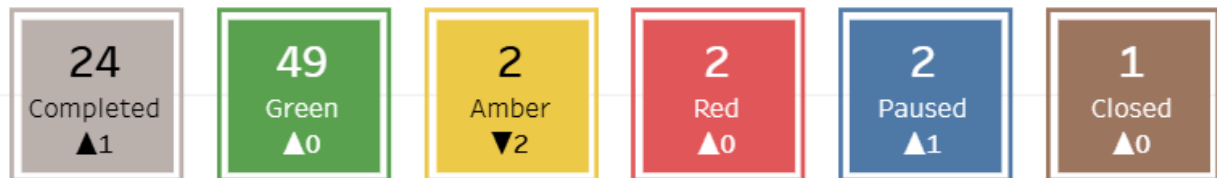


Strategic Plan Milestone Delivery

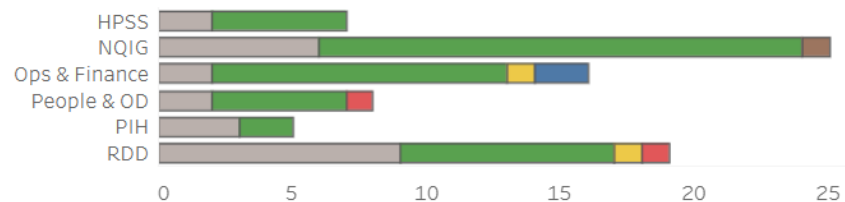


Enabling delivery of our plan

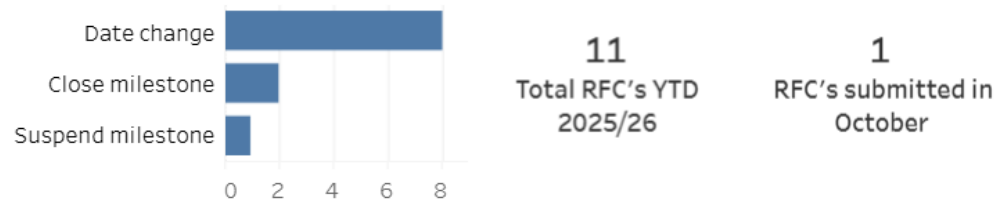
Current Delivery Status



By Directorate



Changes to Plan





In Focus: IMTP 2024/25 – Changes to Baseline Plan



Requests for Change

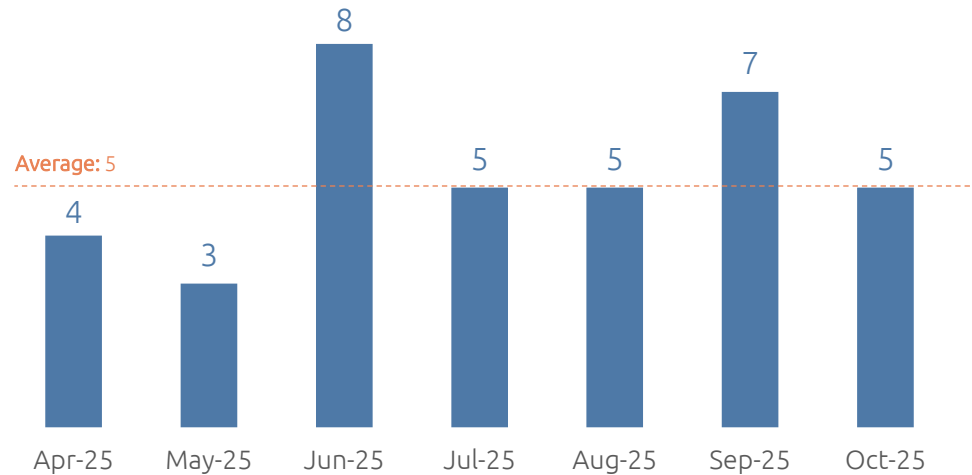


Figure 3. Requests for Change by Month

There has been a total of 37 RFC's so far this year (compared to 44 this time last year). This has impacted 12% of year 1 milestones (compared to 20% at the same time last year).

The majority of RFC's, approximately 80%, have been related to re-profiling, with the average extension approximately 6 months. The reasons for the changes are provided in figure 4 which includes stakeholder dependencies, scope changes and resourcing. This reflects the current dynamic operating environment we are delivering within.

In previous years, the number of RFCs per month has trended upwards as the year progresses, with peaks at each quarter end. This year is following a similar pattern to-date.

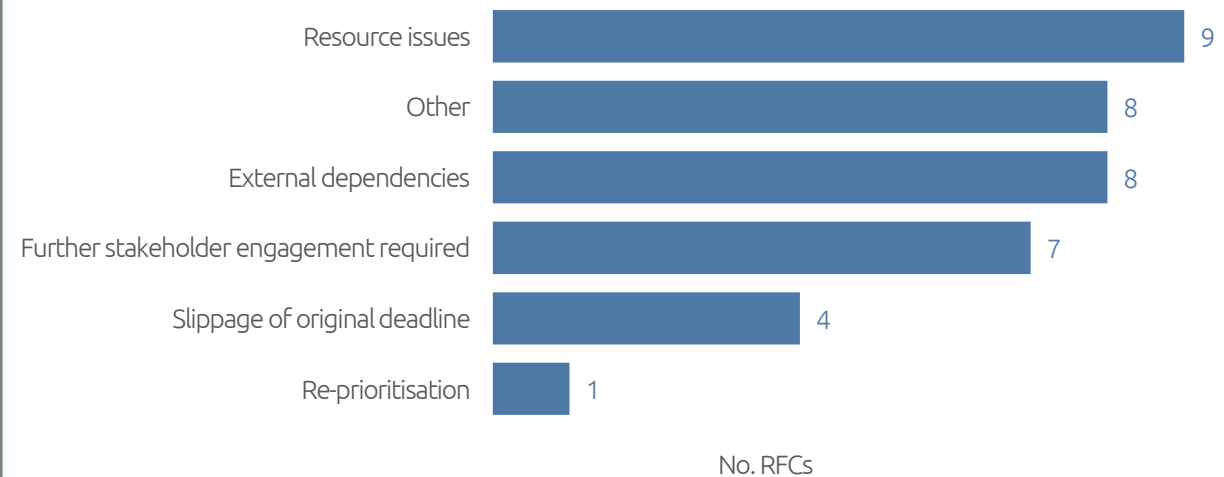


Figure 4. Reasons for Change

Figure 4 shows the reasons given for RFC's during the year. A range of reasons are provided, including internal/external resourcing challenges, external dependencies and in-year re-profiling, with resource issues being the most common.

27% (10) of RFC's were caused by decisions from external stakeholders and unexpected resource issues. An additional 16% (6) RFCs were reporting an amber status, indicating that early re-planning was initiated after it became evident that the original milestone scope, as defined in the baseline plan, was no longer achievable.

4 milestones marked under 'other' relate to amendments to duplication of milestones, which have been removed.

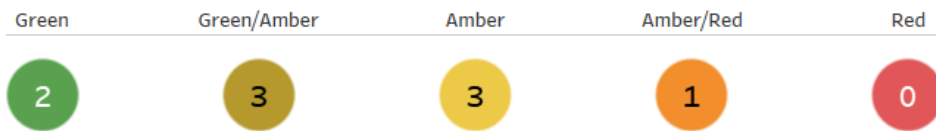


Strategic Change Programmes



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 October 2025, is provided below.



Key Information

Programme status across the portfolio is unchanged compared to the previous month. There are now nine initiatives on the portfolio, with **Gambling Harm Reduction** added following Change Board approval. Only two of these have Green status currently, with the remainder needing to manage a range of risks and issues, in order to return to Green.

Two of the Tier 1 programmes continue to mobilise for implementation. The **Lung Screening programme** (Green/ Amber) is on track to submit a Business Justification Case for capital resources to Welsh Government following BET review on 6th November and is aiming to complete programme set up by the end of November.

Digital Health Protection (Amber) is on track to onboard a supplier to commence the Beta phase by 10th November, following procurement delays. A Full Business Case has now been submitted to Welsh Government, which envisages programme completion for Jan 2028.

Further progress on **DESW Transformation** (Amber) is dependent on several factors including a review of the digital delivery approach, further work on a business case and procurement approach for mobile vehicles, a review of the programme route map by Transformation Board, and the return of the Programme Manager from secondment in early 2026.

In relation to Tier 2 programmes, a programme brief and delivery plan are being developed for the **DARC** programme (Amber/Red). This strengthening of the programme in line with the PPM Standards should enable a return to amber status during this month.

Web Transformation (Green/ Amber) remains on track to deliver by 31/03/26 with 85% content completion achieved. The Programme Board has acted to maintain current scope to ensure a focus on core delivery and budget control. Change management is also a continuing challenge which is now being managed at a portfolio level.

Programme Detail

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





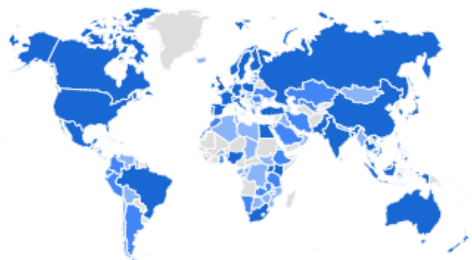
Adroddiad Statws Tegwch Iechyd Cymru/ Welsh Health Equity Status Report initiative (WHESRI)

Our mission is to share easily accessible evidence, data, tools and solutions for decision-makers in Wales and globally, to help achieve health equity and contribute towards a healthier, more equitable society. We strive to drive system change by promoting innovation and collaboration.



WHESRI Programme (July 23 – November 25 in numbers)

COUNTRY	ACTIVE USERS
United Kingdom	5.3K
China	914
Germany	848
United States	805
Singapore	395
Netherlands	161
India	118



6,600 active users* visited our platform from Jan 2024 – Sept 2025



8 new resources uploaded to our platform in 2025
strategies | peer reviews | reports | guidance | government policy

Co-Hosted a High-level (Ministerial) Policy Dialogue webinar with WHO and Welsh Government on Gender, Equity and the Well-being Economy

- Delivered to a closed audience of 33 International partners to discuss the Well-being Economy and Health in Practice through a Gender Equity lens. The event included Finland, Iceland, Scotland, and Wales - recognised as leading well-being economies embracing health and equity as central values, goals and outcomes.

7 Spotlight Feature blogs published

- To highlight innovative work and initiatives that aim to close health gaps. Topics included: *Child Poverty | Inverse Care Law | LGBTQIA+ Health | Gender Equity | Social Value | A Marmot City approach | Health Equity frameworks*

3 MailChimp campaigns from Sept 2024 - Oct 2025 reaching over 605 stakeholders per campaign.

National webinar on Inverse Care Law delivered to 58 people exploring the Inverse Care Law programme in Wales.

Solutions Platform refresh completed including a new search filter page, events page and policy stages page, in addition to an updated title page with new imagery and the transition from a data interactive tool to a live data portal.

So what? Our impact so far

- Our High-level Policy Dialogue webinar on Gender, Equity and the Well-being Economy was opened by the Minister for Mental Health and Well-being
- Our recent Spotlight Feature on Child Poverty received over 260 unique opens from our MailChimp recipients
- The Inverse Care Law webinar included case study contributions from Deep End Cymru, The North Wales Inverse Care Law Programme and the Primary Care Division, with 32% of attendees saying they would discuss contents of the webinar with colleagues to inform action
- Solutions Platform has had over 5,800 new users since it launched in June 2023
- The WHESRI team were acknowledged in EuroHealthNet's [Social Inequalities in Health in the EU Report](#) for their contribution to examples for case studies and further expert feedback

What are we working on? (25-26)

- Increasing knowledge & awareness of impact of gender inequity and Intersectionality on health.
- Leading development of national training resource in response to the Women's Health Plan
- Continuous evaluation of the Solutions Platform and WHESRI programme of work
- Health Equity Frameworks and Tools Summary Paper published to internal and external stakeholders
- Co-delivery of 2 high-level webinars with WHO and WG that will focus on Community Wealth Building and Legislative Levers
- Migration of the Solutions Platform to the PHW web-estate
- Delivery of Spotlight Features, blogs



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	48.4	2024/25	▬	46.1	50.0	More time required to establish trend	Updated
	Average mental wellbeing score – adolescents	23.5	2023	↑	22.1	24.1	↑	
	Feel a sense of community	57.8%	2024/25	↓	47.5%	63.9%	↓	Updated
Healthy behaviours	Smoking prevalence – adults	10.0%	2024/25	↓	21.8% ***	7.5% ***	More time required to establish trend	Updated
	Smoking prevalence – adolescents**	2.6%	2023	↓	4.0%	2.1%	↓	
	Healthy weight – adults	36.1%	2024/25	▬	33.7% ***	39.5% ***	More time required to establish trend	Updated
	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	59.2%	2024/25	↑	47.7% ***	61.4% ***	More time required to establish trend	Updated
	Meeting physical activity guidelines – adolescents**	18.3%	2023	↑	15.3%	20.4%	↑	
	Alcohol consumption above guidelines – adults	15.4%	2024/25	More time required to establish trend	14.6% ***	21.3% ***	More time required to establish trend	Updated
	Alcohol consumption – adolescents**	35.6%	2023	↓	32.4%	37.6%	↓	

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



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	5,129.9 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	4,603.9 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*

Note: *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
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%	↑
	Early-stage cancer diagnosis – all cancers	46.0%	2022	↑	42.9%	49.0%	▬
	Early-stage cancer diagnosis – female breast cancer	71.9%	2022	▬	73.7%	73.1%	▬
	Early-stage cancer diagnosis – colorectal cancer	41.3%	2022	↓	39.9%	44.0%	▬
	Early-stage cancer diagnosis – cervical cancer	57.1%	2022	↑	59.0%	66.7%	▬

New indicators



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
	All-cause heat-associated deaths	557	2024	More time required to establish trend	105	97	More time required to establish trend
	Difference in average daily deaths during heat episodes compared to non-heat period days	+9	2024	More time required to establish trend	Not available	Not available	Not available
	Deaths from all causes occurring in summer months	10,310	2024	↑*	Not available	Not available	Not available

New indicators

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



Outcomes Measurement



Deep dive – Heat-related mortality and morbidity

- We have recently published reports on heat-related deaths and illness, exploring how mortality and morbidity vary in the summer months and during heatwaves. Heat-related mortality indicators have been added to the IMTP measurement system outcome indicator set.

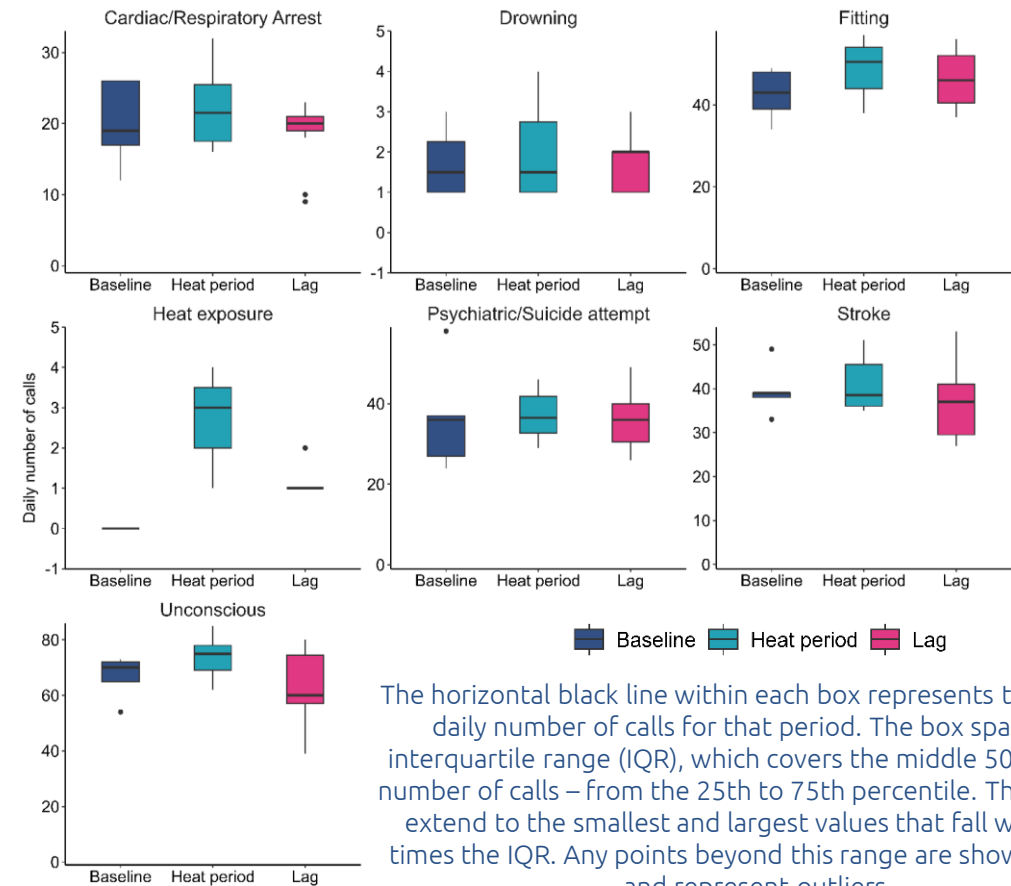
Mortality:

- During the heat period which occurred in 2024 and lasted 6 days, there were 557 all-cause deaths recorded, averaging 93 per day, which is significantly higher than the 84 deaths per day observed on non-heat period days that year. [Heat Mortality Annual Report 2024](#).
- [In England in 2024](#) there were 4 heat periods totalling 14 days during which there were 1,311 heat-associated deaths. We cannot yet compare observed heat-associated deaths in Wales to a predicted number of deaths based on previous years, but in England in 2024 there were 282 more heat-associated deaths than predicted.
- Heat-associated mortality rates are much higher for older adults, particularly those aged 85+, and in urban areas (48 deaths per 100,000 compared to 14 per 100,000 in rural areas).
- Most heat-related deaths occurred in hospitals, followed by deaths at home.
- There were no statistically significant differences in mortality between deprivation quintiles.

Morbidity:

- During the heat period (28th July – 2nd August), a statistically significant increase in 999 calls categorised as “Unconscious” was observed, compared to the 14-day period after (the lag period, 3rd – 6th August). [Heat Morbidity Annual Report 2024](#).
- Other call categories also saw increases during the heat period, but they were not statistically significant – “Drowning”, “Fitting”.
- There was little evidence that attendance at A&E for possible heat-related conditions increased during the heat period relative to baseline (the 5 days before the heat period, 23rd – 27th July).
- However, attendance for psychological/psychiatric presentations were higher during the heat period relative to baseline, with an incidence rate ratio of 1.40, and during the lag period relative to baseline with a rate ratio of 1.20.

Daily number of 999 calls for possible heat-related incidents during the baseline, heat period, and lag periods, 2024



The horizontal black line within each box represents the median daily number of calls for that period. The box spans the interquartile range (IQR), which covers the middle 50% of daily number of calls – from the 25th to 75th percentile. The whiskers extend to the smallest and largest values that fall within 1.5 times the IQR. Any points beyond this range are shown as dots and represent outliers.



Outcomes Measurement



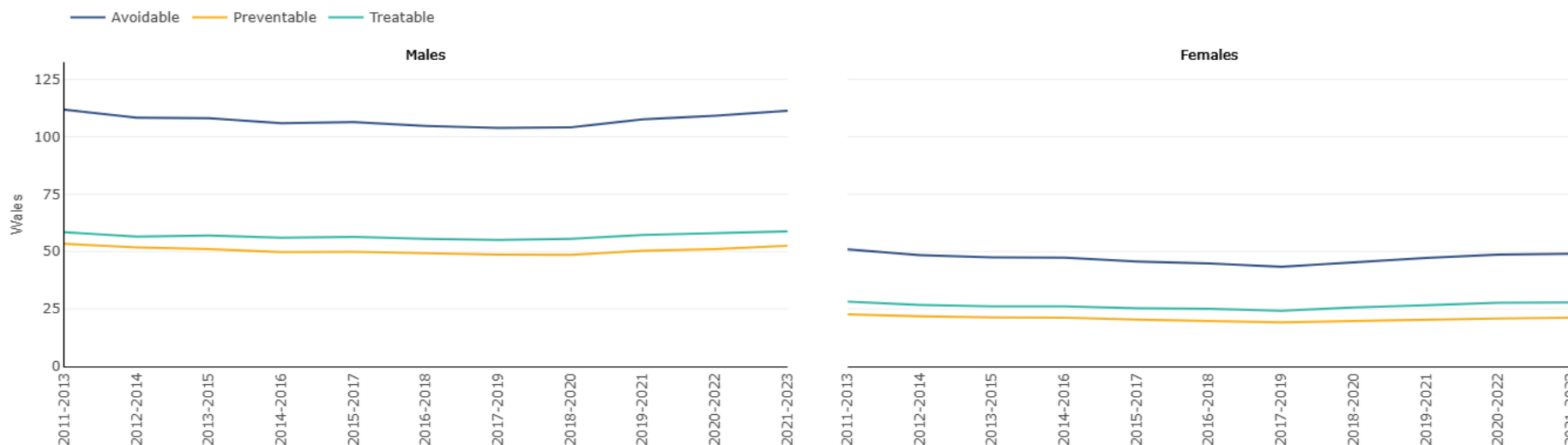
Deep dive – Heat related mortality and morbidity

- We have now added a cause of death breakdown to the avoidable mortality rate indicator in the [Public Health Outcomes Framework dashboard](#). Avoidable mortality refers to deaths occurring in people aged under 75 which are considered preventable or treatable.
- In females, cancer is the most common cause of avoidable mortality, leading to around 1,200 deaths per year. However, whilst the rate of avoidable mortality from cancer has been falling in recent years, the rate of avoidable mortality from circulatory disease has risen.
- In males, circulatory disease is the most common cause of avoidable mortality, leading to around 1,600 deaths per year, and the rate has risen in recent years.
- It is possible that the Covid pandemic has affected circulatory disease trends in a number of ways and could be a key driver of these increasing mortality rates in under 75s. However, it is not clear how much other factors might also be contributing, for example NHS waiting times and ongoing population health issues such as high blood pressure, obesity and diabetes.
- The rate of avoidable mortality from alcohol- and drug-related mortality has also risen since 2011-13, by 33% in women and 38% in men. These deaths are considered preventable.
- A recent PHW [report](#) shows there are stark inequalities in these deaths within Wales. The report highlights the importance of access to services, whilst also calling for investment in prevention.

Age-standardised rate of avoidable mortality from circulatory disease by sex, 2011-2013 to 2021-2023

Deep dive – Early-stage cancer detection

- We have added indicators of the proportion of cancers diagnosed at different stages to the Cancer Reporting Tool. This aligns to Strategic Priority 5 of our IMTP. More information about these data are available in the Inequalities section of this report





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