



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Performance and Insight Report

November 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	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25
12m Rolling Sickness Absence FTE %	<3.25%		4.23%	4.36%	4.38%	4.41%	4.46%	4.51%	4.51%	4.58%	4.61%	4.58%	4.57%	4.52%
Statutory and Mandatory Training	85%		92.5%	92.8%	92.9%	92.9%	93.2%	93.3%	93.2%	93.2%	93.0%	93%	93%	93%
Appraisal Compliance	85%		85.5%	82.3%	84.7%	84.7%	84.2%	86.6%	86.6%	87%	86.5%	87%	85%	85.3%
Diversity ESR Data	N/A		76%	76%	76%	76%	76%	76%	77%	77%	77%	77%	78%	77%
Agency Spend, % of Total Pay Bill	≤1.7%		1.5%	1.6%	1.7%	1.7%	1.2%	1.3%	1.4%	1.4%	1.4%	1.3%	1.2%	1.1%
Financial Governance														
Revenue Position YTD	Breakeven		-£164K	-£167K	-£172K	-£195K	-£7K	-£19K	-£10K	-£10K	-£33K	-£0.016k	-£0.002k	-£0.040k
Revenue Position Forecast	Breakeven		£0k	-£200K	-£200K	-£195K	£0k	£0k	£0k	£0k	£0k	£0k	£0k	£0k
Capital Year-End Position	Breakeven		£1.423K	£1.700K	£2.058K	£3.578K	£0K	£14K	£23K	£62K	£225K	£0.282k	£0.656k	£0.738k
Public Sector Payment Policy (PSPP)	95%		98.37%	98.21%	98.12%	98.09%	98.21%	96.98%	97%	97.36%	97.56%	97.41%	97.38%	97.34%
Information Governance														
Freedom of Information Request Response*	Within 20-Days		1	2	1	2	0	1	4	2	1	1	1	
Subject Access Request Response*	1 Month Avg		0	0	0	0	1	0	0	0	0	0	0	
Personal Data Breaches Reported	N/A		1	2	1	2	3	0	2	7	1	2	1	
Personal Data Breaches Reported - Escalated	N/A		0	1	1	0	0	0	1	0	0	0	1	
Mandatory Information Governance Training	85%		89%	90%	90%	91%	92%	91%	91%	91%	91%	91%	91%	90%
Clinical Governance														
Moderate or above harm incidents - monthly	N/A		5	6	4	4	6	6	6	0	0	2	1	2
Moderate or above harm incidents - YTD*	N/A		60	62	66	70	6	12	18	18	18	25	26	28
Number of externally reported incidents (NR's, EWI, RIDDOR, IRMER) - In Month	N/A		2	0	2	1	0	2	1	0	2	3	1	0
Number of externally reported incidents (NR's, EWI, RIDDOR, IRMER) - Rolling 12m	N/A		11	11	13	12	11	11	12	10	13	15	13	13
Incident Closure Compliance**	85% PHW		65.3%	68.2%	65.3%	78.4%	80.8%	73.8%	59.7%	65%	79%	79%		
Formal Complaints - Acknowledged within 5 working days**	75% WG 95% PHW		100% (1)	100% (4)	100% (6)	100% (3)	67% (2)	100% (5)	100% (2)	100% (4)	90% (3)	100% (4)	100% (3)	75% (4)
Formal Complaints - Responded to within 30 working days**	75% WG 95% PHW		100% (1)	75% (4)	100% (6)	75% (3)	50% (2)	33% (5)	100% (2)	80% (4)	75% (3)	100% (4)	67% (3)	50% (4)
Informal Complaints - In Month	N/A		4	12	4	3	9	9	5	6	8	7	11	14
Informal Complaints - Rolling 12m	N/A		103	101	88	80	76	77	75	75	81	85	91	103

*This data is YTD from 1 April 2025.

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

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

Key: RAG Status

🎯 Click on the Focus Area Icon for additional assurance

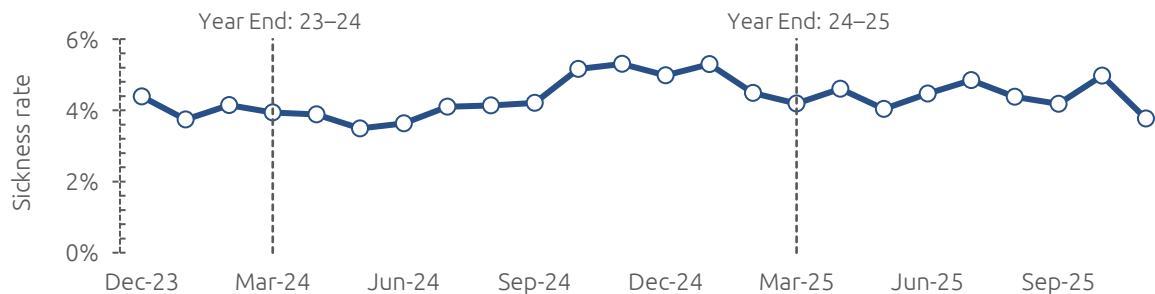
🔴 >10% outside target 🟡 Within 10% of target 🟢 Achieving target 🟠 Not applicable / TBC



People Governance



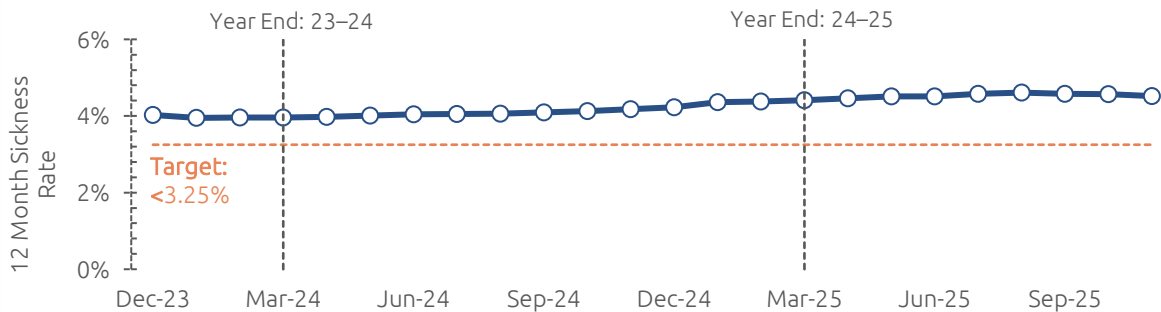
Sickness Absence



3.8%

Decreased by **1.20%** in November 2025. Sickness Absence decreased during the winter period with the latest figure comparable to November 2024. Seasonal changes may affect future figures.

12 Month Rolling Absence



3.25%

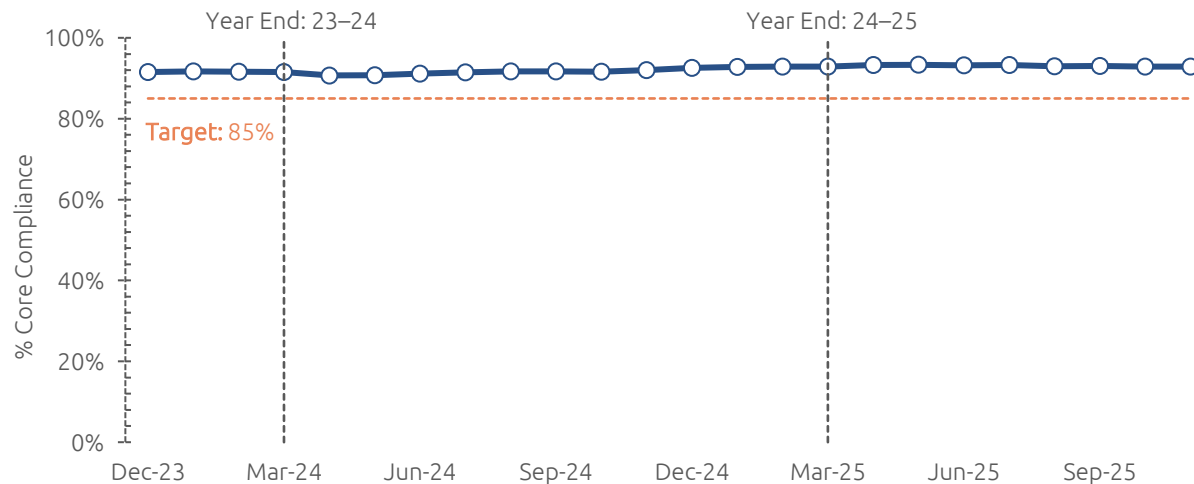
4.5%

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 November 2025.

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

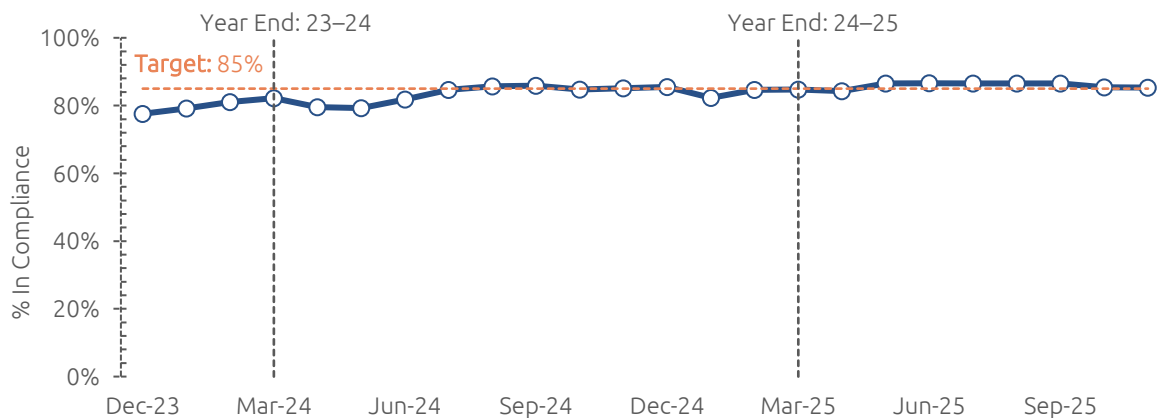
The module reporting lowest completion is *Anti Racism* (84.1%), which was introduced as a mandatory training e-learning module with compliance being taken into account from July 2025.



People Governance



Appraisal and Development Reviews



Target: 85% | Current: 85.3%

Additional assurance is provided in the focus area on pages 9



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

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

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

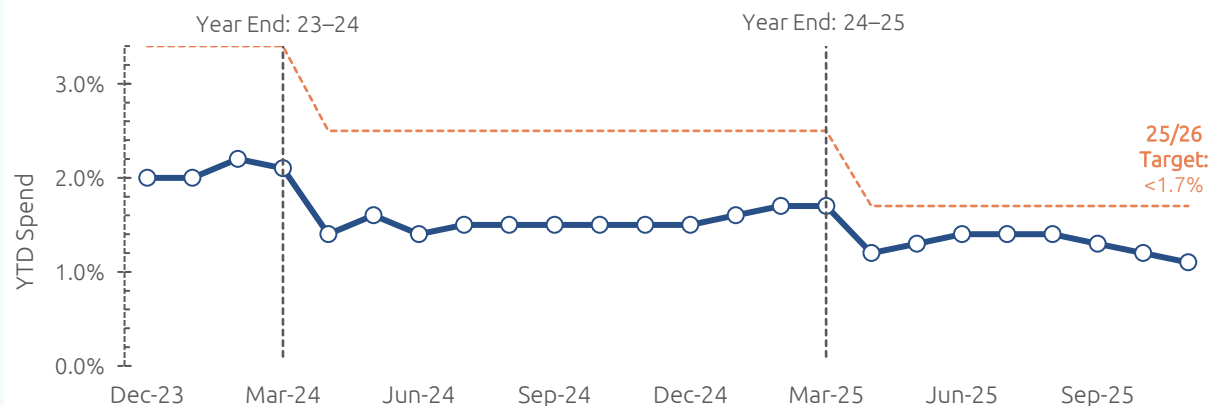
Equality and Diversity

78%

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

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



Target: ≤1.7% | Current: 1.1% YTD | Forecast: 0.8%

Forecast to be reduced below 2024/25 levels.

Year-to-date agency spend is currently 1.1% of the total pay bill, with a forecast reduction to 0.8%, below the 2024/25 level and within the <1.7% target for 2025/26.

Agency spend remains a key focus area in line with the Cabinet Secretary's enabling actions. During November, PHW spent £60k on agency staff, £22k of which was categorised as Admin and Clerical.

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

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



In Focus: Sickness Absence



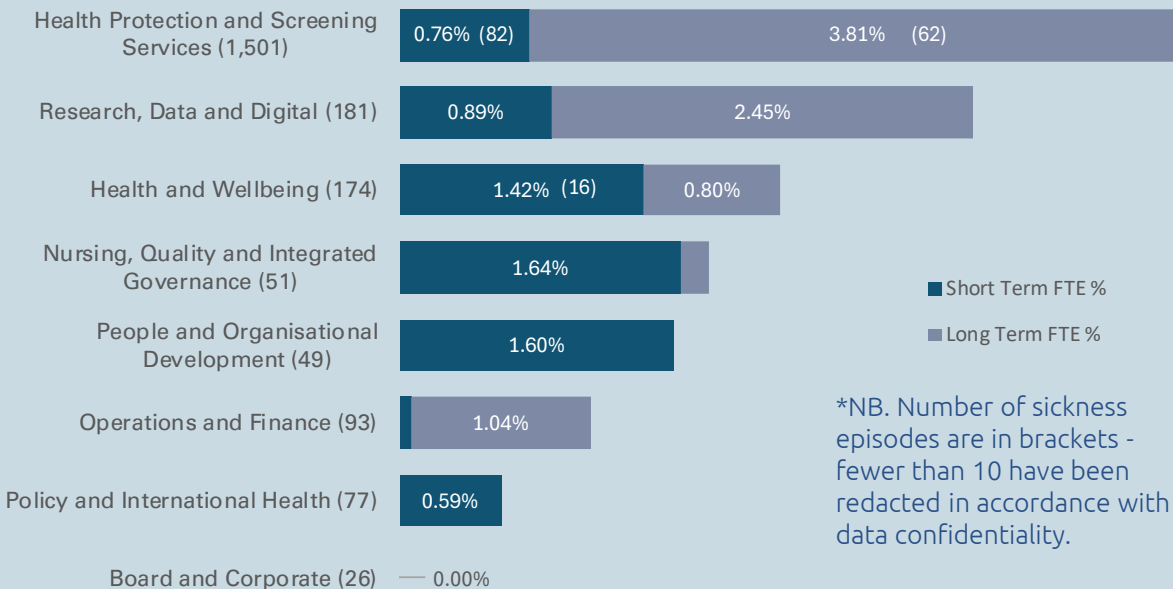
Sickness Absence by Directorate



A decrease in sickness absence has been reported in November, falling from 5% in October to 3.8% in November.

The breakdown by Directorate for November 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 November 2025, **22%** of FTE days lost are due to short-term sickness absence, and **78%** 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
- S17 Benign and malignant tumours, cancers



In Focus: Sickness Absence



Data Quality

- ❖ Monthly sickness absence decreased from 4.97% in October to 3.77% in November 2025.
- ❖ The absence reason category related to Cold/Cough/Flu has increased, which is typical for this time of year.
- ❖ Sickness absence has decreased across most Directorates. Health Protection and Screening Services reported the highest number of sickness episodes, while Board and Corporate had the lowest.
- ❖ Short-term absences (less than 28 days) accounted for 22% of FTE days lost, whereas long-term absences (28 days or more) made up 78% of FTE days lost.

Assurance

- ❖ The Internal Audit into wellbeing and mental health-related absence has now been concluded. The findings will be presented at the December Audit and Corporate Governance Committee meeting, and the resulting management actions will inform updates to Business Executive Team and People and OD Committee in January 2026.

Advice and Support

- ❖ The People and OD team continue to case manage each long-term 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 People Support (ActionPoint) and HR Clinics.
- ❖ We continue to see 'Unknown causes/Not Specified' and 'Other known causes – not elsewhere classified', being recorded as a reason for absence. The People and OD team will undertake further proactive work to understand the reasons for this.
- ❖ Regular training continues for Managers on the application of the Managing Attendance at Work Policy. This is supported by detailed resources on the staff intranet.



In Focus: Appraisal and Development Reviews

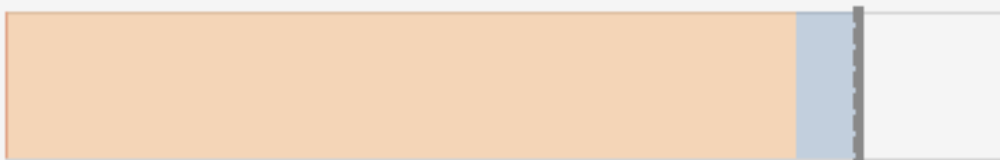


Compliance Performance

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

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

85.3%
of reviews completed within 12 months
vs a target of 85%



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



Compliance by Directorate

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

There is also a significant range in compliance across our Directorates ranging from 100% in Nursing, Quality & Integrated Governance to 81.8% in Health Protection and Screening Services.

REVIEW STATUS % BY DIRECTORATE

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

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

Nursing, Quality & Integrated Governance (NQIG)	100.0%	52
Policy and International Health	98.8%	81
People & Organisational Development	97.9%	46
Research, Data and Digital	92.5%	157
Board and Corporate	88.0%	22
Health & Wellbeing	90.4%	147
Operations and Finance	88.7%	81
Health Protection and Screening Services	81.8%	1,049

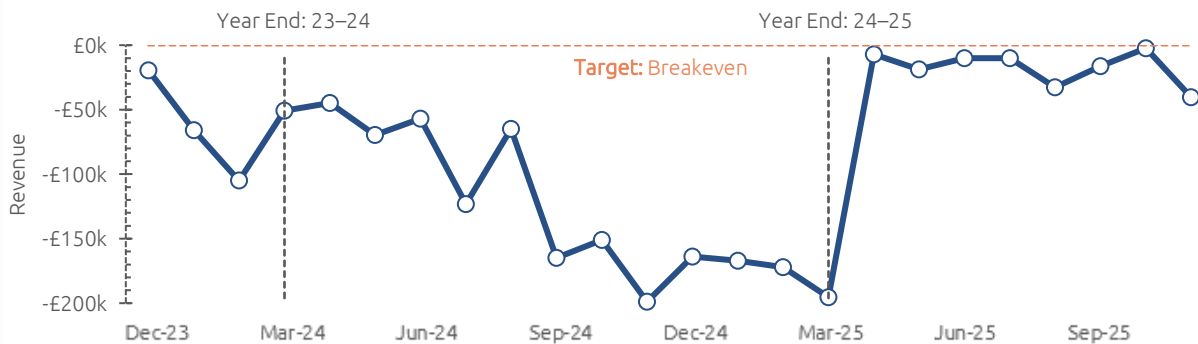


Financial Governance



Revenue Position

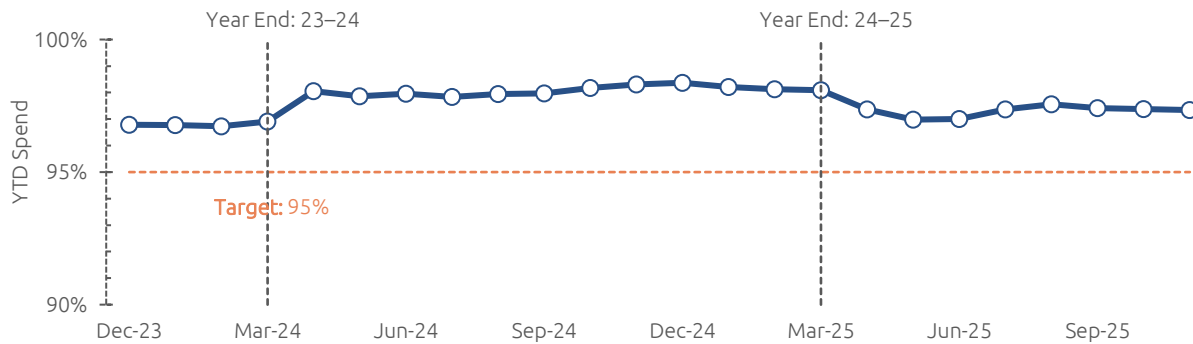
Break-even
 -£0.040k YTD
 £0k Forecast



Public Sector Payment Policy (PSPP)

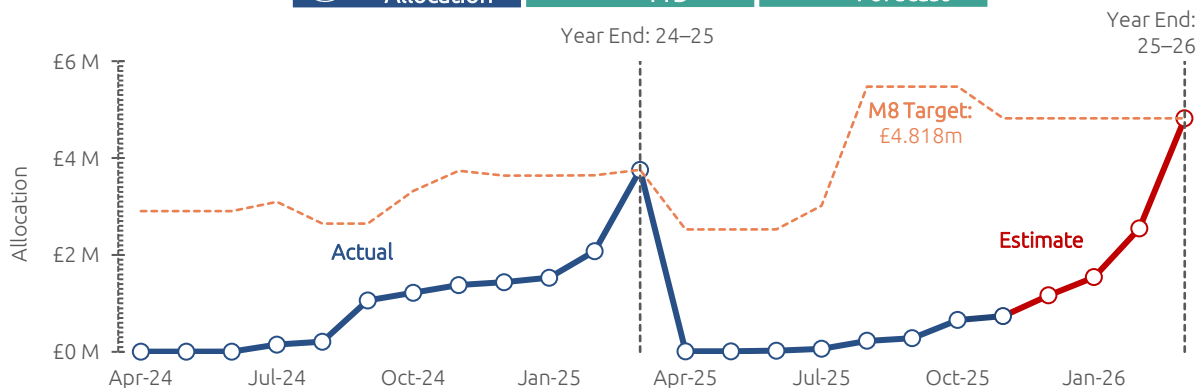
95%
 97.34% YTD
 >95% Forecast

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



Capital Position

£4.718m Allocation
 £0.738k YTD
 £4.718m Forecast



The Capital forecast is **breakeven**. PHW capital funding is made up of a discretionary allocation of £1.613m and a strategic allocation of £3.106m. Risks relating to capital include availability of strategic capital funding to support the capital plan included in the IMTP.



Click to access further detail in the latest Finance Board Report

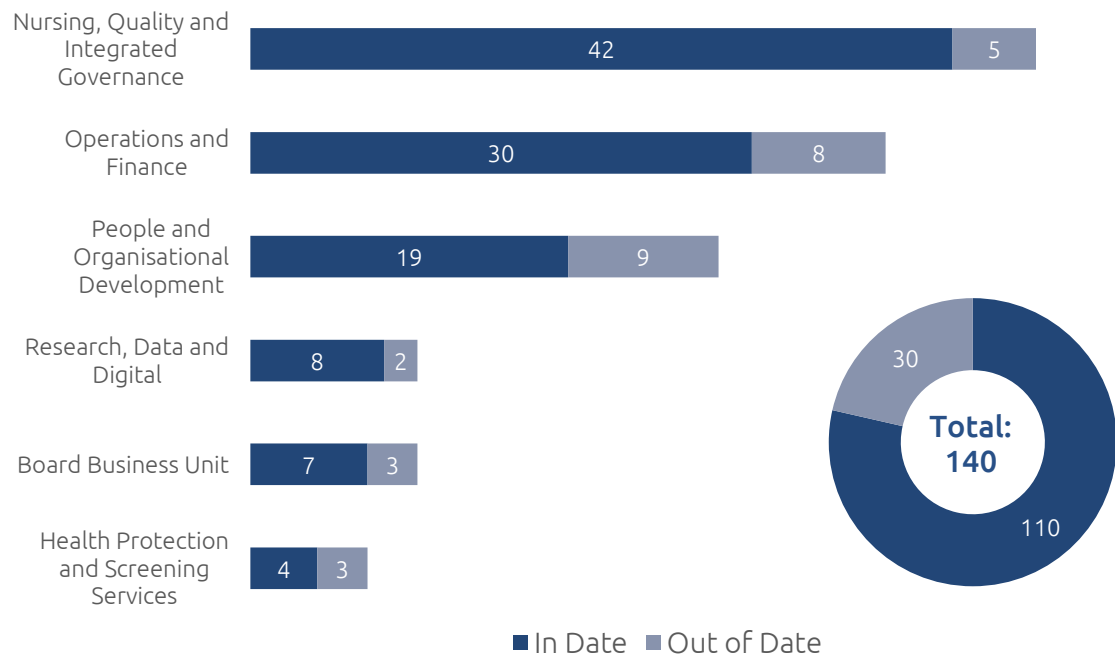


Corporate and Information Governance



Corporate Governance

Corporate Policies Compliance



In November 2025:

- 1 new Nursing, Quality and Integrated Governance policy was approved.

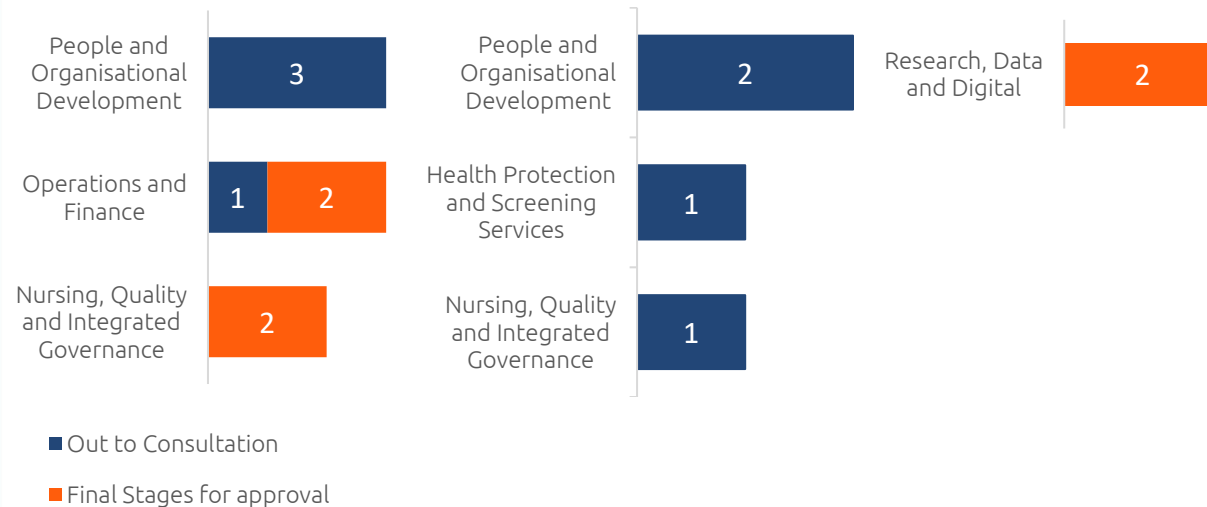
Review of Policies:

- Of the 30 Policies out of date, 8 policies / procedures are currently out to consultation/ going through the approval process (numbers that are either out to consultation, or awaiting a meeting for final approval)
- 4 in date policies are in the final review stages.
- 2 new policies are being developed.

Out of Date:

Existing (In Date):

New Policies:



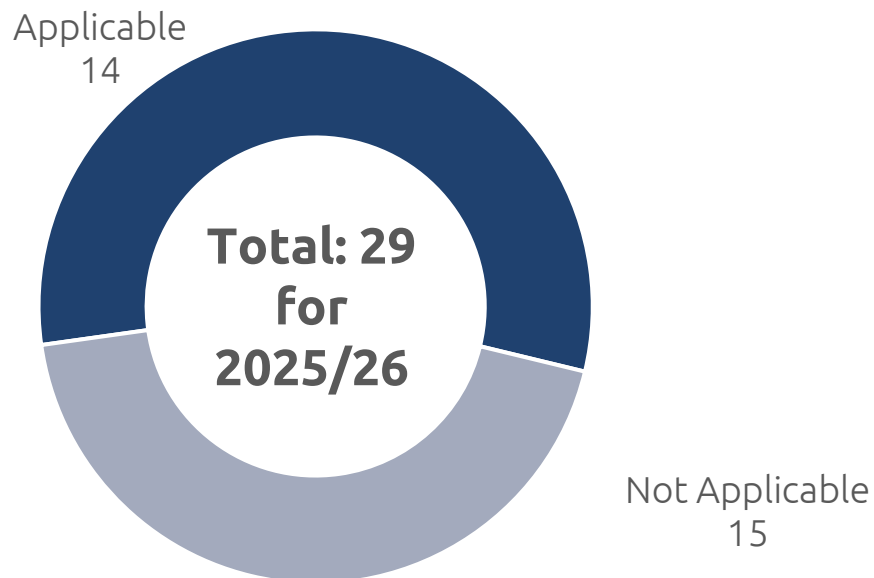


Corporate and Information Governance



Corporate Governance

Wales Health Circular (WHC) Compliance 2025/2026



Of those applicable:



For the Period 01 - 30 November 2025:

2 WHCs in progress:

- WHC 2025 (038) – All Wales NHS Accessible Communication and Information Standards
- WHC 2025 (046) – The introduction of a routine NHS varicella (chickenpox) vaccination programme for young children in Wales from 1 January 2026

0 WHC's were received.

1 WHC was enacted and closed:

- WHC 2025 (039) – AMR & HCAI Improvement Goals for 2025-2027



Corporate and Information Governance



Information Governance

Data Protection (Subject Access) Requests

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

- 6 Received
- 1 Month
- 0 Exceeded

In October 2025, 6 Subject Access Requests was received.

1 Subject Access Request was refused within the permitted period on the basis that searching for the personal data would be unreasonable and disproportionate.

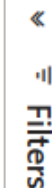
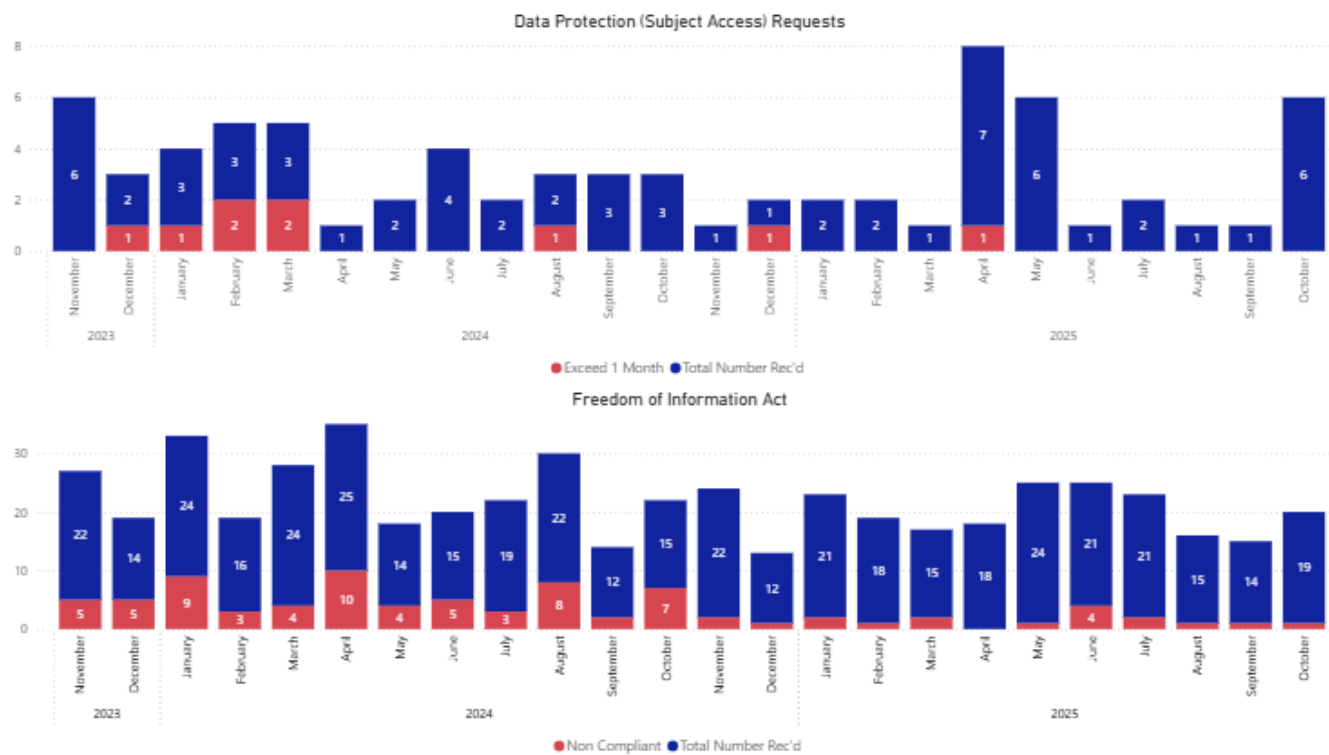
Freedom of Information Act

Non-compliant refers to the number of requests out of compliance with the legislation. Certain requests can be compliant and be over the 20-working day target.

- 19 Received
- 20 days
- 1 Non-Compliant

Of the 19 FOI requests received in October 2025, 1 request relating to a survey on digital spend has yet to be responded to and is therefore **non-compliant**.

This has been caused by a delay in obtaining the information internally.



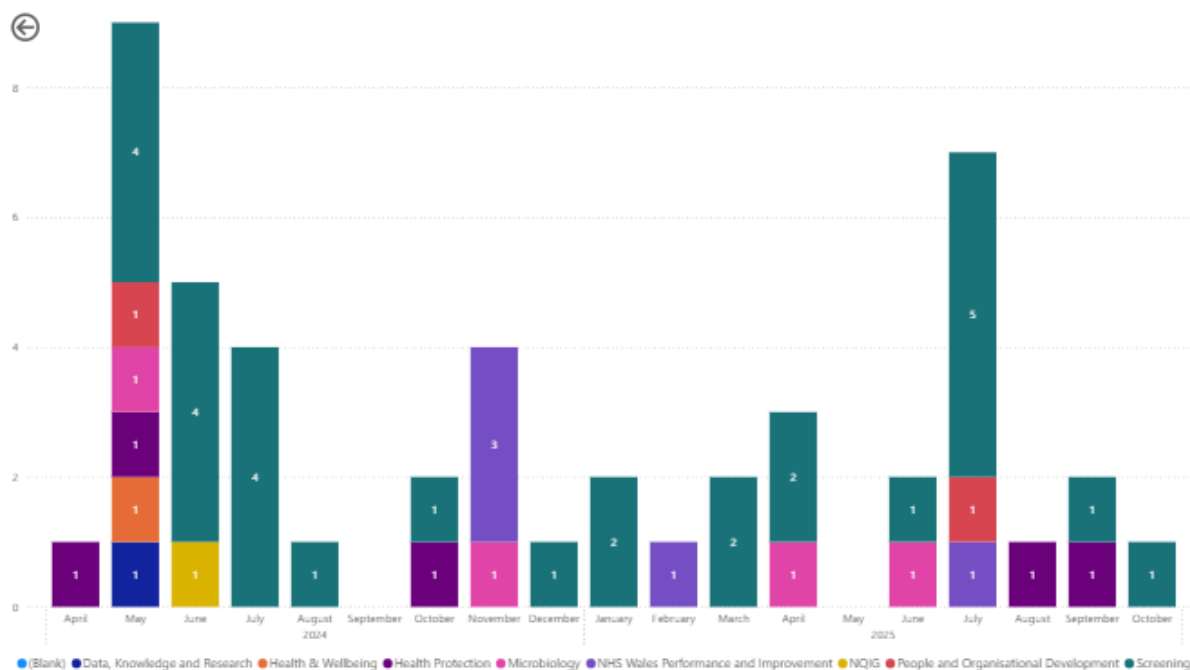


Corporate and Information Governance



Information Governance

Personal Data Breaches



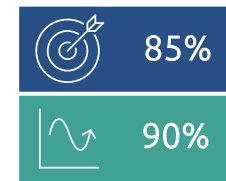
Filters

Reported	Escalated
1	1

There was 1 data breach in October 2025. The breach related to the mis-direction of a Cervical Screening Wales letter due to a Master Patient Index (MPI) error

1 data subject was affected, and the breach was reported to the Information Commissioner.

Mandatory Information Governance Training



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



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



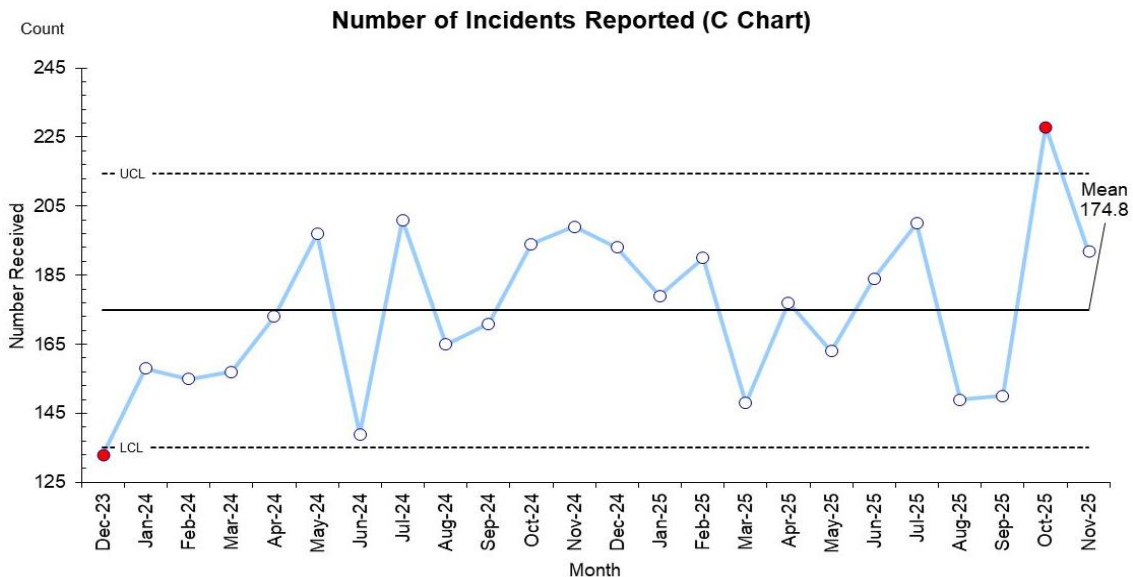
Clinical Governance, Quality, Safety and Improvement



Externally Reportable Incidents - November update

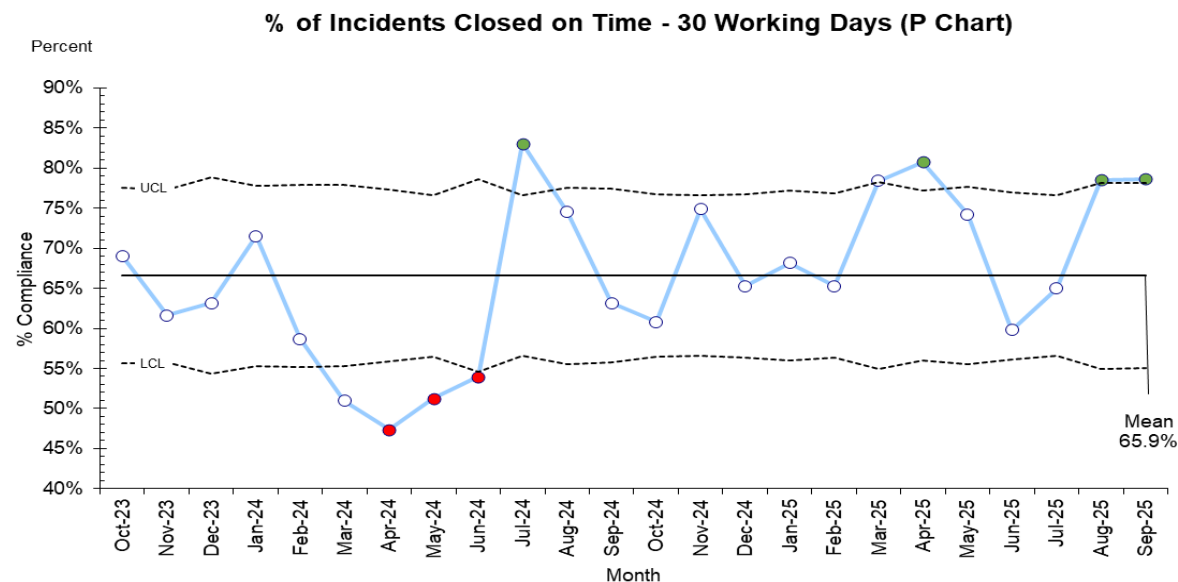
- 0 Nationally Reportable Incidents reported
- 0 Early Warning Incident reported
- 0 Duty of Candour Incident reported
- 0 Post Investigation Harms identified (Moderate harm or above)

No. Incidents Reported Over Time



Normal variation, no special cause identified

Percentage of Incidents Closed within 30 Working Days



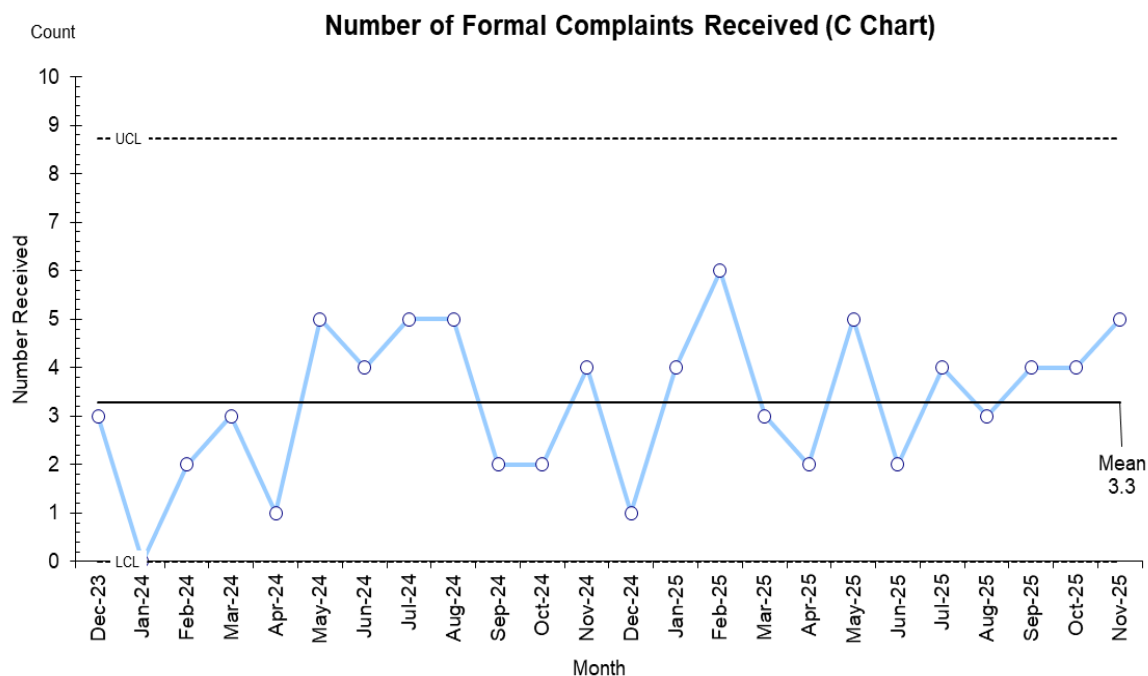
Improvement in closure rates identified in Aug 25 and Sept 25, which are highlighted as data points. Nil other identified.



Clinical Governance, Quality, Safety and Improvement



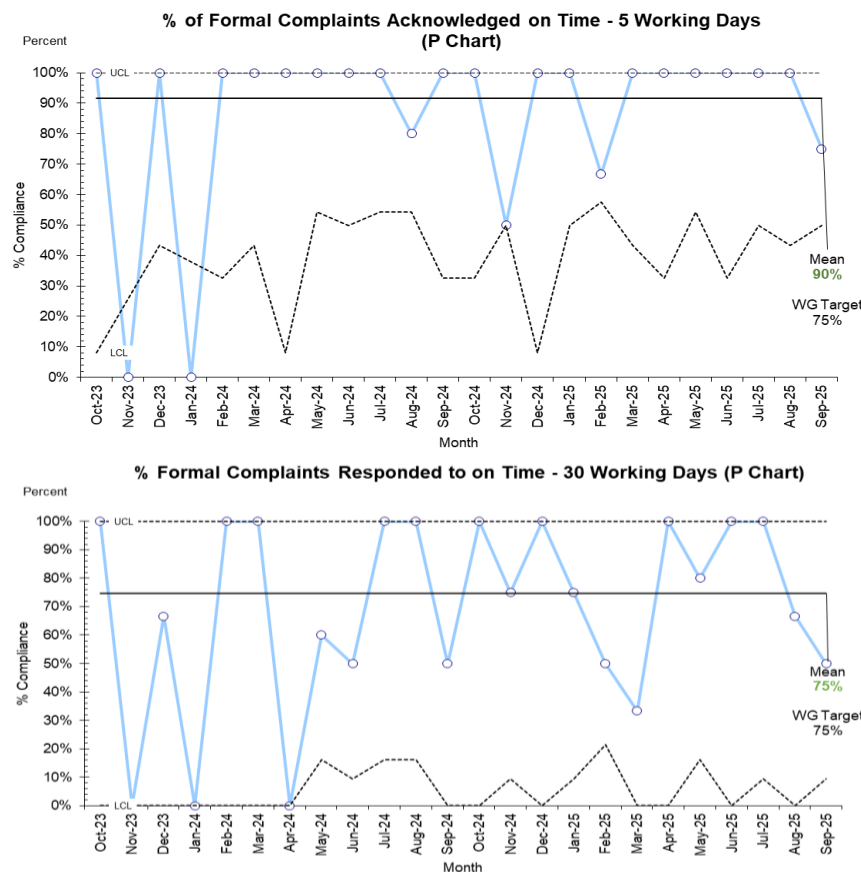
Number of Formal Complaints Received



Normal variation, no special cause identified.

Formal Complaints Compliance

Additional assurance is provided in the focus area on page 17



Reduction in number of formal complaints responded to within 30 working day. Issues identified in QA process (see In Focus slide).



In Focus: Complaints/Concerns



50% Compliance for Formal Concerns Response

Two of the four formal complaints received in September 2025 missed the target of the 30-working day response time.

Both complaints were received by Breast Test Wales and delays occurred due the following reasons:

- Delay with the service completing their investigation and providing a draft response to the Putting Things Right (PTR) Team.
- Multiple requests for amendments during the QA process.
- Capacity within the service to review these amendment requests promptly.

The complainants were informed during the process that their responses were delayed, and both responses were issued within 5 working days of the original deadline.

Breast Test Wales Attitude and Behaviour Concerns

Three complaints received by Breast Test Wales in November 2025 had aspects relating to the attitude and behaviour of staff, particularly relating to tone and communication style. All three complaints were resolved under Early Resolution.

The actions taken by the service are as follows:

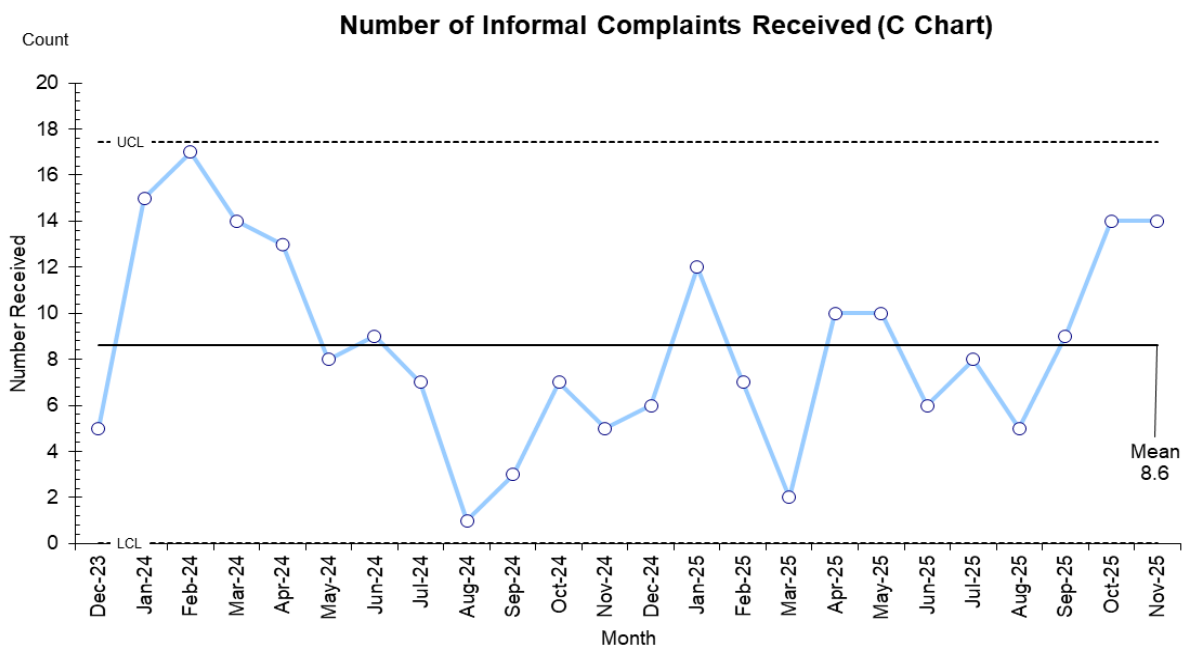
- Discussions taken place with the staff members involved for awareness of participant concerns and reflection.
- Additional communication training arranged for whole staff group in one region with a focus on the use of a calm and supportive tone, and the importance of positive and open body language.
- Staff advised that clarity and full explanations are required when asking screening participants questions.



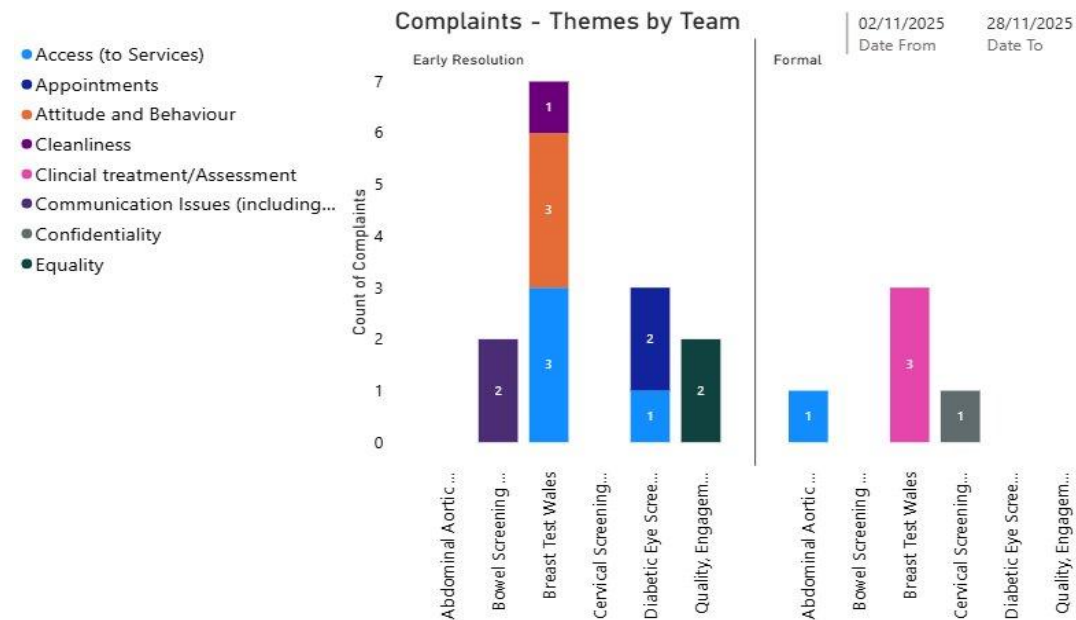
Clinical Governance, Quality, Safety and Improvement



Number of Informal Complaints Received



Themes and Service Areas – November 2025



5 Formal complaints and 14 Early Resolution complaints received in November.

Claims

November 2025

2

2 new claims were received in November. Of the 30 current ongoing claims, 27 are confirmed claims and 3 are potential claims.

Redress

November 2025

0

No new Redress cases were received in November.

There are 8 ongoing Redress cases, 4 within Breast Test Wales and 4 in Cervical Screening Wales. All Redress cases are being progressed in line with the Putting Things Right (PTR) regulations in a timely manner.



Section 2 Service Delivery





Key Performance Indicator Summary



Screening Services	Target	12 Month Look Back	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25
Bowel Screening Wales – Waiting time for index colonoscopy (Health Board Delivery)	90%		19.7%	15.2%	20.5%	8.4%	6.9%	3.9%	4.9%	8.8%	14.1%	10.5%	19.7%	
Cervical Screening Wales – Waiting time for colposcopy appointment (8 weeks) (Health Board Delivery)	90%		99.6%	97.9%	98.9%	98.9%	98.2%	98.4%	98.8%	98.4%	98.8%	95.3%	98%	
Breast Test Wales – Assessment invitations (3 weeks)	90%		37.8%	26.3%	11.1%	23.1%	8.8%	16.7%	19.6%	24.1%	24.6%	31.6%	17.4%	41%
Diabetic Eye Screening Wales – Coverage (12 Months)	80%		40.7%	40.6%	40.7%	40.3%	40.2%	40%	39.3%	38.9%	38.4%	39.6%	39.6%	38.4%
Abdominal Aortic Aneurysm – Timely referral to elective vascular network (MTD)	100%		100%	75%	100%	50%	100%	75%	100%	66.7%	100%	100%	100%	100%
Infection Services														
Total Microbiology Rejection Rates	<5%		5.2%	5.4%	5.2%	4.9%	5.2%	5.2%	5.1%	5%	5%	4.8%	4.8%	
Total Microbiology Diagnostic Sample Requests	*TBC		160,875	184,046	154,804	167,166	160,143	162,735	162,252	178,612	156,429	168,719	184,730	
Blood Culture - Collected to Incubation SMI <4hrs	<4hrs		66.3%	68.7%	69.2%	71.4%	67.3%	68.8%	68.5%	68.3%	68.1%	68.3%	70.3%	
Blood Culture - Received (PHW Laboratory) to Incubation	*TBC		98.8%	99.9%	99.5%	99.7%	98.7%	99.4%	99.7%	98.4%	99.6%	99.6%	99.3%	
Health Protection														
Test and Post (STI self-sampling) – Test Turnaround Times	99%		99.9%	99.9%	100.0%	99.9%	99.9%	99.9%	99.7%	99.9%	100%	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%		92%	92%	97%	100%	100%	100%	100%	100%	75%	87%	79%	
Health & Wellbeing														
JUSTB – Number of Schools with 2-day training completed by month**	35 Schools		3	5	2	7	1	6	4	N/A	N/A	2	3	5
JUSTB – Number of Schools with 2-day training completed YTD**			15	20	22	29	30	36	40	N/A	N/A	2	5	10
Whole School Approach – Percentage of schools with an Action in Place (All schools)	80%		66%	74%	78%	83%	83%	85%	87%	88%	88%	89%	90%	92%
Whole School Approach – Percentage of schools with an Action in Place (Secondary schools)	100%		89%	96%	97%	98%	98%	98%	99%	99%	99%	99%	99%	99%
Help Me Quit - Benchmark for timely first contact (NTSS)	90%		96%	94%	90%	86%	96%	92%	94%	89%	96%	93%	95%	
Help Me Quit – 4-week self-reporting quit rate (NTSS)	35%		80%	64%	71%	82%	83%	73%	48%	72%	75%	72%	59%	
Research Data & Digital														
Number of Major Breaches	0 Major Breaches		0 Breaches			0 Breaches			0 Breaches			0 Breaches		
Percentage of publications without breaches	100%		76%			76%			76%			76%		
Percentage of user follow up to RD&D products	100%		20%			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

- Business Justification Case on lung screening approved by Business Executive Team and submitted to Welsh Government
- Developed IMTP milestones for 20226/27 onwards
- Raised constraints with assessment pathway with Betsi Cadwaladr UHB at CEO level to work to reduce backlog, improve flexibility of pathway and improve resilience in line with other regions
- Issue with water on mobiles, paper taken to Business Executive Team
- Winter planning, keeping staff and participants safe during flu season

Breast Screening - Assessment invitations within 3 weeks of screen

This remains below the 90% standard in November 2025. Breast Screening assessments waits remain outside of standard within 3 weeks for screening. There has been an improvement this month in the West and South-East but the backlog in the North remains including a critical clinical shortage with a lack of resilience in surgical support, which is impacting assessment capacity in the North.

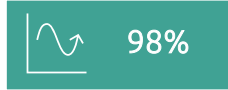


Key steps being taken:

- West region supporting readings for the North with some additional hours agreed to improve reading timeliness
- Radiology lead assessment clinics in Wrexham continue despite surgical leave
- Engaging with BCU HB at executive and senior level to work together to address waits and improve resilience of surgical capacity, to bring pathway and procedures in line with other regions and procedures.



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

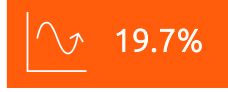


Timeliness remains above the 90% standard in October 2025.

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 October 2025. Colonoscopy is a commissioned service from the Health Boards.

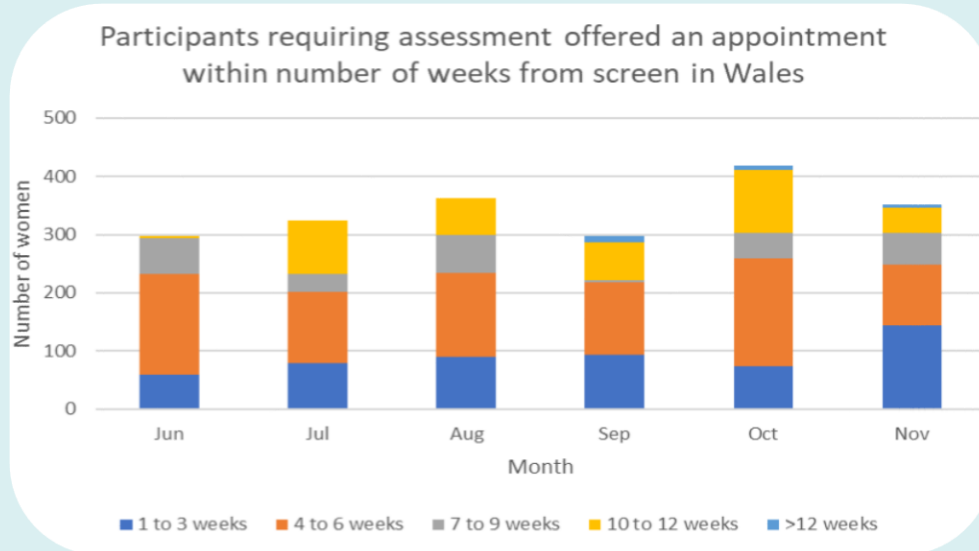
As of 5th December 2025, the average waiting time for a screening colonoscopy is at 10 weeks and 1 day. The waiting time ranged from 3 to 18 weeks across the 13 screening centres. Average Specialist Screening Practitioner waiting time is 1 week and 3 days which is within standard.

To deliver improvements in colonoscopy waiting times, themes that were identified following collaborative discussions with Health Boards are to be discussed and taken forward. Two screening colonoscopist mentorship days are planned for January/February 2026 with assessment for 5 candidates planned in April/May 2026.





In Focus: Breast Test Wales Assessment Waits



Assessment invitations given within 3 weeks has not met the standard over the last 12 months. There was an improvement this month with 41% achieving standard.

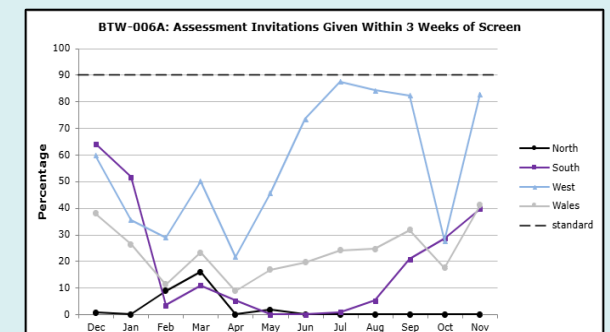
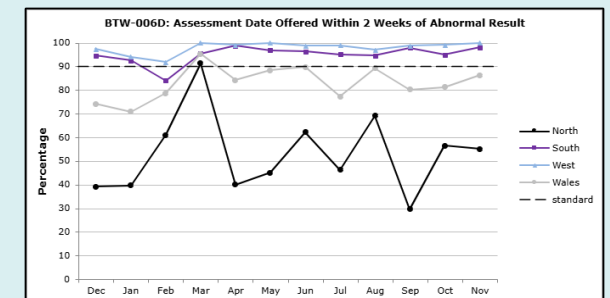
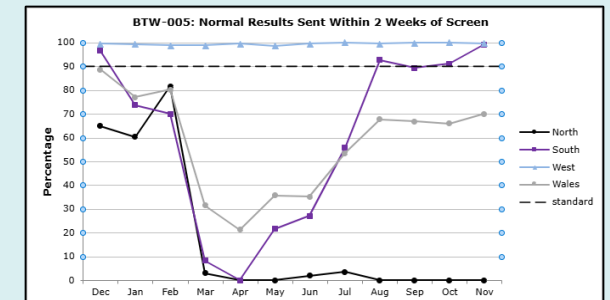
There are two other standards that are key to understanding this pathway, this includes 'Timeliness of reading mammograms which is measured in normal results sent within 2 weeks of screen' and 'Assessment date offered within 2 weeks of abnormal results'.

The West and South consistently meet standard for results within 2 weeks, including the standard for women having assessment date within 2 weeks of abnormal result. 82% of women had their assessment within 3 weeks in the West with 40% of women in the South.

The North region is not meeting timeliness standards and currently has the longest waiting times for assessments, including the highest proportion of waits exceeding 12 weeks. Reading is not within two weeks however; the primary issue is insufficient capacity within assessment clinics.

Shortages in the medical workforce at the Breast Screening North Centre has limited capacity for image reading, result reporting and clinic assessments. The West and the South region are supporting the North with the readings.

Constraints in how assessment clinics can be staffed in the North has impacted backlog recovery, which was introduced after there were no assessment clinics in Wrexham for 6 months due to surgical leave. The backlog and steps needed to address constraints has been urgently raised with BCU MD and CEO for resolution. The backlog has not been recovered from the summer and will worsen over the Christmas period due to reduction in assessment clinics.





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 with one member of staff recently achieved sign off for film reading.
- There was surgical sickness absences resulting in the cancelation of assessment clinics in BTW Wrexham for 6 months which were reinstated in July. This created a large backlog which is improving but has not yet been resolved.
- There are constraints with the pathway in Llandudno as radiology lead assessment clinics are not able to be put in place when there is surgical leave, resulting in cancelled clinics.
- Slow speed of systems has impacting on readings in Wrexham. This was an IT infrastructure issue and has now been resolved.

Impact:

- Women are anxious waiting for their screening results longer than expected in North Wales.
- Increased number of calls of women asking for screening results that pathway staff take, which increases workload.
- Decreased morale of staff who are managing delay and workload.
- Delay to cancer diagnosis and treatment, not in line with single cancer pathway targets.

An action plan for improvement is in place:

- West region is supporting the North with readings within usual hours. The new PACs has enabled this ability.
- Additional hours were agreed to help reduce waiting times for readings; however, due to IT constraints over the weekend, this could not be implemented.
- Film readers are in training in the North region. A Radiologist Fellow in training is now signed off for reading. This will improve capacity and resilience. Three other staff are undertaking training.
- 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 resolved yet. Letter escalated to CEO awaiting response.
- There will be a further impact on assessment clinics over the Christmas period. The current backlog has been communicated to BCU with a further request to improve resilience of surgical support.
- 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 a 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.

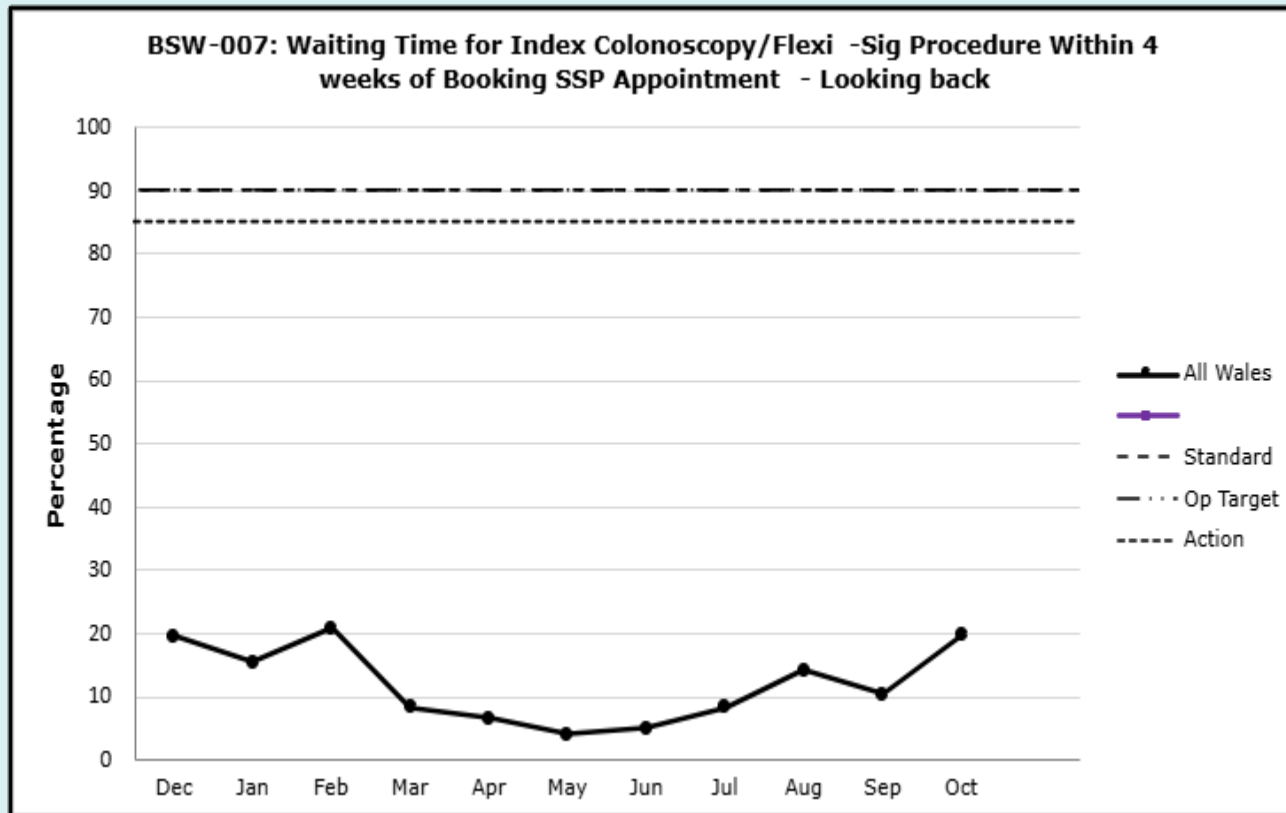


In Focus: Bowel Screening Wales Colonoscopy Waits



Waiting times as of Friday 12 November

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



Local Assessment Centre	Waiting time SSP assessment	Waiting time colonoscopy	Total waiting time
1	1 weeks 5 days	14 weeks 4 days	16 weeks 2 days
2	0 weeks 6 days	16 weeks 0 days	16 weeks 6 days
3	0 weeks 6 days	13 weeks 5 days	14 weeks 4 days
4	0 weeks 4 days	7 weeks 2 days	7 weeks 6 days
5	0 weeks 4 days	5 weeks 0 days	5 weeks 4 days
6	0 weeks 5 days	6 weeks 6 days	7 weeks 4 days
7	1 weeks 5 days	2 weeks 3 days	4 weeks 1 days
8	0 weeks 6 days	13 weeks 6 days	14 weeks 5 days
9	0 weeks 6 days	14 weeks 0 days	14 weeks 6 days
10	2 weeks 4 days	2 weeks 3 days	5 weeks 0 days
11	1 weeks 4 days	5 weeks 3 days	7 weeks 0 days
12	2 weeks 5 days	5 weeks 5 days	8 weeks 3 days
13	1 weeks 4 days	3 weeks 5 days	5 weeks 2 days
14	0 weeks 3 days	6 weeks 2 days	6 weeks 5 days



In Focus: Bowel Screening Wales Colonoscopy Waits



Current Issues and Challenges:

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

Impact:

- Waiting times for screening colonoscopy remain outside the BSW 4-week standard in all local assessment centres in Wales.
- As of 12 December 2025, the average waiting time for a total wait has improved to 7 weeks and 5 days. The waiting time ranged from 4 weeks to 17 weeks across the 14 screening centres.

Current Actions:

- BSW meets monthly with all the endoscopy teams to discuss screening waiting times, screening capacity and to agree recovery plans.
- CEO to CEO meetings have taken place over July and August with all Health Boards, which have been constructive solution focused discussions. Communication has been sent to Health Board with specific actions and feedback of themes, learning from other Health Boards discussions. An action plan 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 resources to meet screening demand. BSW are looking at ways to streamline the accreditation process further, which was a theme from the Health Board discussions. Mentorship days are planned for January and February 26 with an assessment day for 5 candidates to follow in April 26.
- BSW is working closely with the Health Boards to enable quality assured insourcing colonoscopy.
- The Business Team routinely meet with the health boards to monitor activity aligned to commissioned capacity via the Long-Term Agreements.
- The release of the Patient Tracking List, Bowel Screening-specific dashboard, and planning tool to the Health Board cancer tracking team has enhanced visibility of the screening pathway to bowel cancer diagnosis.



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 38.4%. However, coverage at 24 months for the low-risk recall pathway is higher at 72.1%, though below standard of 80%.



Uptake of eye screening above standard at 81.5% 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 5.5% in November 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, which is being planned for February 2026.



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 continues to achieve its target for November 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 1,350 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 with improvement over the last 3 months. 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 a 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.

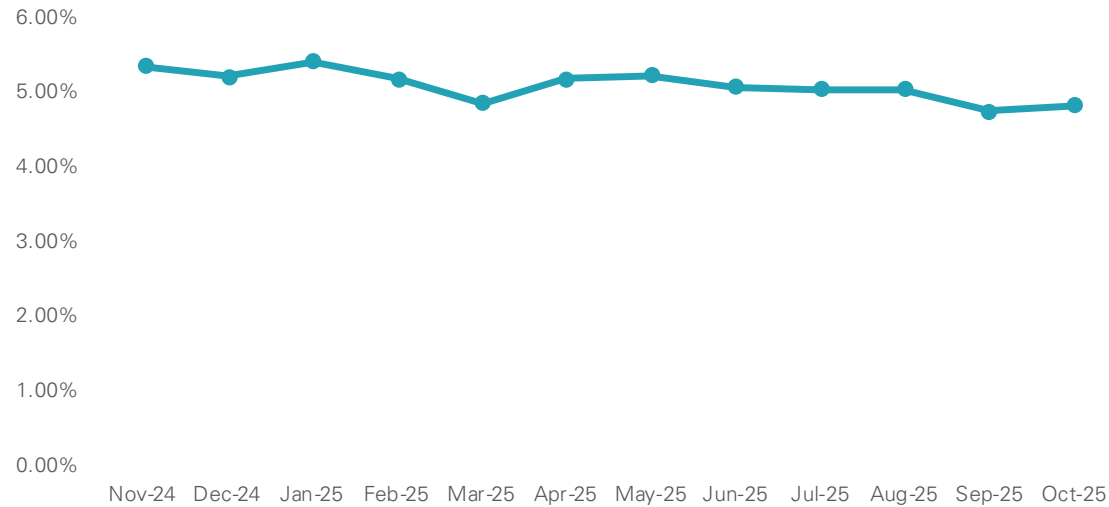


Health Protection and Screening Services



Infection Services

Total Microbiology Rejection Rates



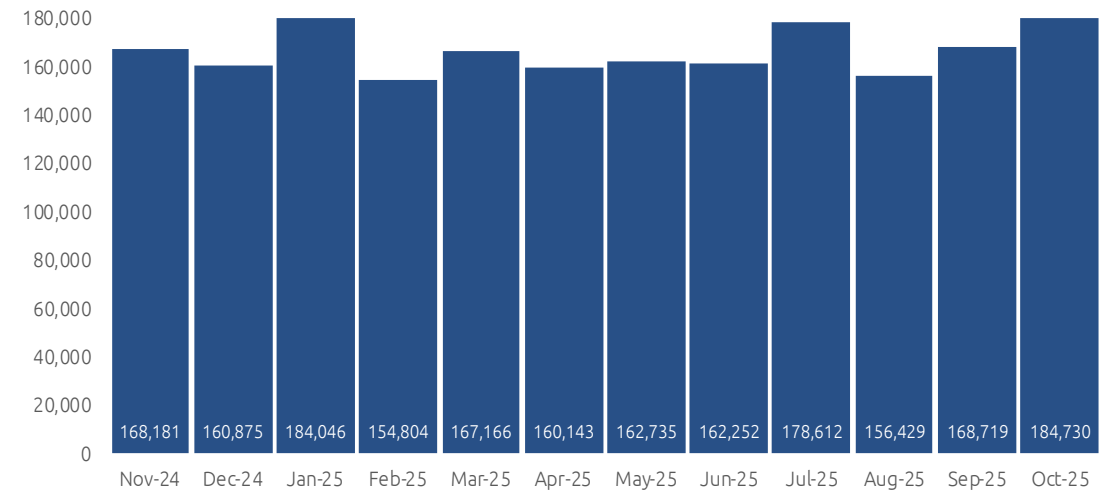
<5%

4.8%

In October, 0.08% of the 184,730 sample requests for diagnostic testing were rejected. Clear rules for accepting or rejecting samples are set out in the Specimen Acceptance Policy. Most rejections happen because samples are broken, leaking, contaminated, or sent in the wrong containers. Rejection rates vary between health boards, and no single main cause has been found.

Infection Quality Leads review these trends every month and work with service users to spot patterns and encourage good practice via health board portals and Pathology newsletters. The upcoming LIMS 2.0 system will help create tailored test sets and make data collection easier and more complete.

Total Microbiology Diagnostic Sample Requests



Over the past twelve months, monthly requests for microbiology diagnostic samples have consistently exceeded 156,000. In October 2025, the volume of requests increased by 14.9% compared to the previous month, totalling 184,730 samples. This upward trend, observed since August, aligns with historical patterns and is anticipated as part of the annual cycle.

Collaborative work with Health Board colleagues remains essential in implementing targeted initiatives to ensure that diagnostic investigations are clinically justified and that resources are deployed effectively. These measures are critical for sustaining service quality and responsiveness, particularly during periods of heightened demand.

It is expected that fluctuations in request volumes will continue, driven by seasonal variations and outbreaks involving respiratory viruses, gastrointestinal pathogens, and healthcare-associated infections (HAIs). Proactive planning and adaptive resource management will therefore remain key priorities to mitigate the impact of these cyclical pressures on service delivery.

*Target to be developed

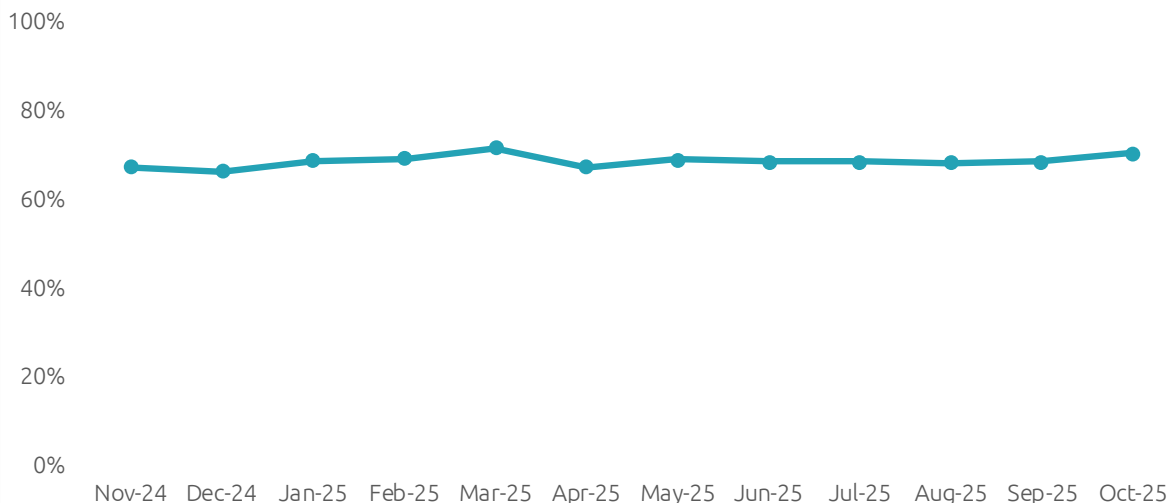


Health Protection and Screening Services



Infection Services

Blood Culture - Collected to Incubation SMI <4hrs

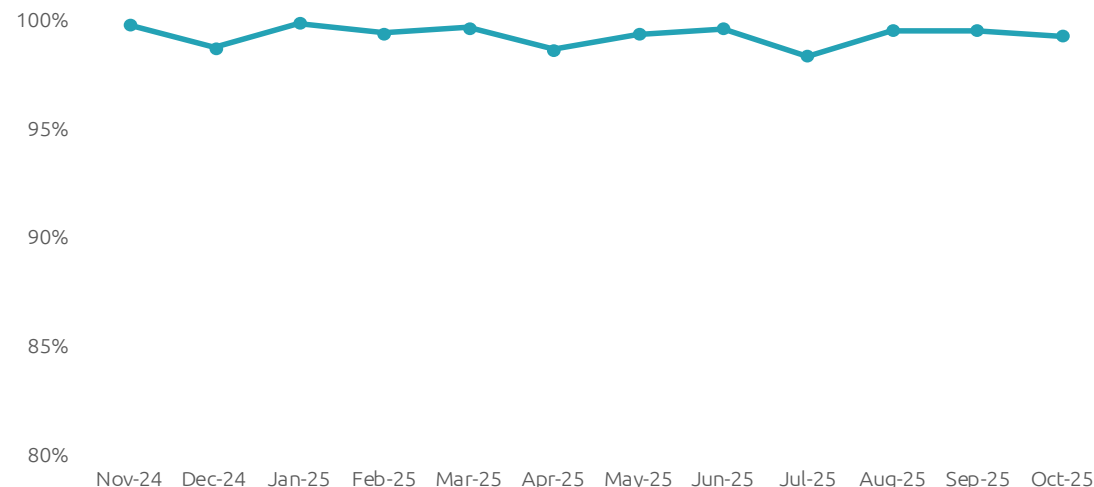


<4 hrs

70.3%

- The UK SMI stipulate that blood culture samples must be incubated within four hours of collection. In October, performance against this standard improved by 2.03%, with 70.34% of samples meeting the required timeframe. Adherence to the four-hour window is critical for accurate and timely clinical diagnosis, particularly in the management of sepsis.
- Achieving this target depends on streamlined processes within Health Boards to ensure prompt transportation of samples from all collection sites a factor that can be challenging to influence. These operational complexities are subject to regular review in collaboration with key stakeholders, supported by educational initiatives and re-training sessions to reinforce the importance of compliance.
- However, the absence of collection time data within the laboratory information system limits the ability to fully evaluate adherence to the recommended timeframe, highlighting an area for improvement in data capture and monitoring.

Blood Culture - Received (PHW Laboratory) to Incubation



*TBC

99.3%

*PHW specific target to be developed

- The performance regarding the four-hour incubation target for blood culture samples is assessed by monitoring how promptly specimens are received and incubated within laboratory analysers. In October, the rate slightly declined by 0.26% to 99.30%, which represents a minimal change in month, indicating continued adherence to the recommended four-hour standard and reflecting consistent operational effectiveness and strong internal procedures.
- Our laboratory schedules and staffing arrangements support meeting this target, though further improvements may be limited due to already high compliance. The main operational challenge remains the timely transport of specimens from clinical wards to the laboratory.



Health Protection and Screening Services

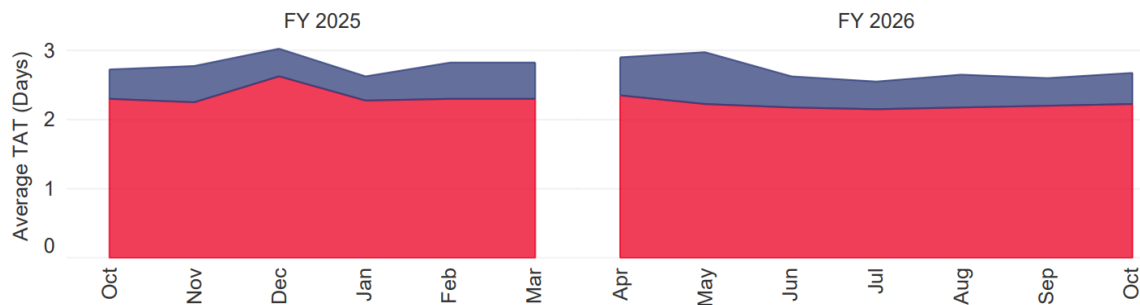


Health Protection

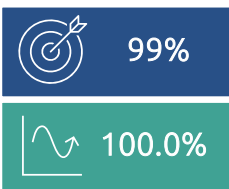
Test and Post – STI self-sampling

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 October 2025, 99.97% met the 7-day turnaround standard.
- 2 requests of 6,061 total requests (0.03%) did not meet the 7-day TAT standard.



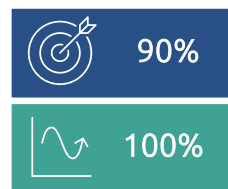
Actions to improve:

- Ongoing monthly monitoring
- LGV TAT – Secondary Testing

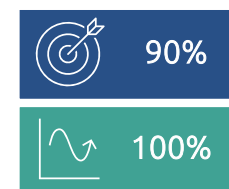
*N.B. Target changed from 100% to 99% due to rounding issues in multi-test results. Approved by the Directorate Management Team on 09/09/25.

AWARe Response Times by Priority

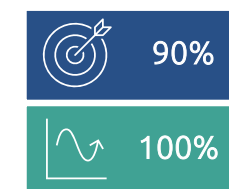
Urgent (<4 hours)



High (<24 hrs)

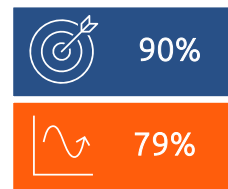


Medium (<48 hrs)



- 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 October 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 (%)



- October achieved 79% compliance which is a drop from the September's 87%.
- This was mainly down to technical issues, such as those experienced with WIS, which is an ongoing problem and is being addressed.

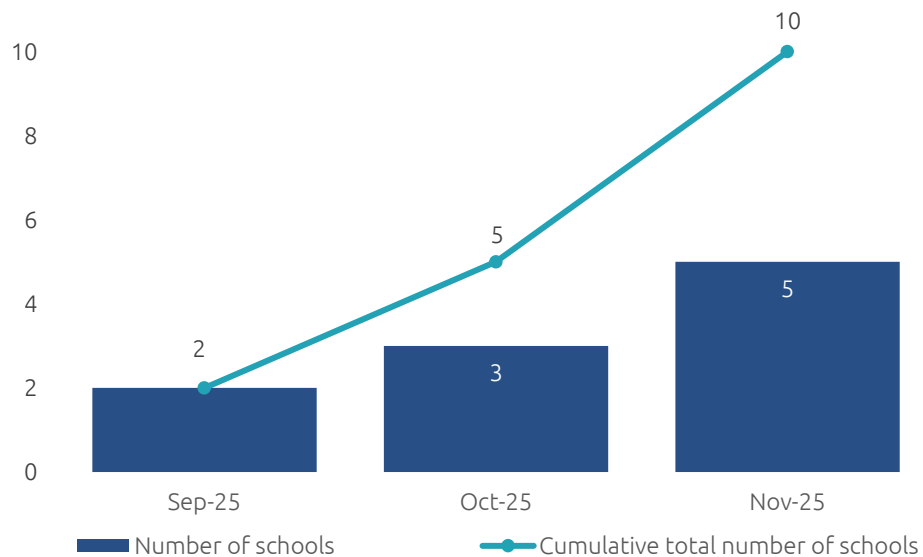


Health and Wellbeing



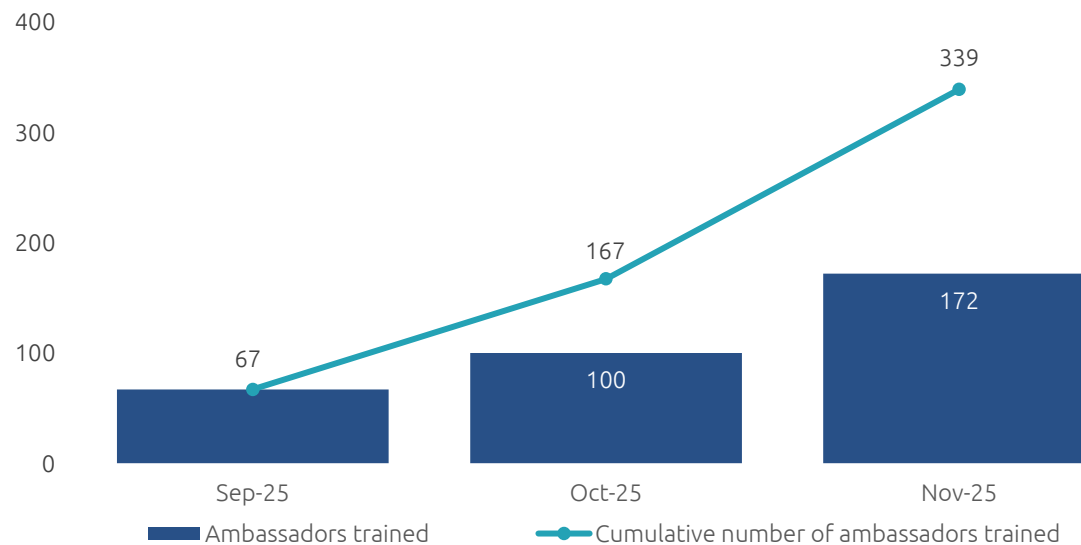
JUSTB / BYW BYWYD

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



- 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.

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



- During 2024/25, recruitment was challenging with schools perceiving smoking to be less of an issue than vaping.
- A review of the JUSTB programme focus will be carried out during this academic year.
- This monthly report is designed to show progress over the academic year from September to June.
- In November 2025, 172 Ambassadors were trained from 5 schools.

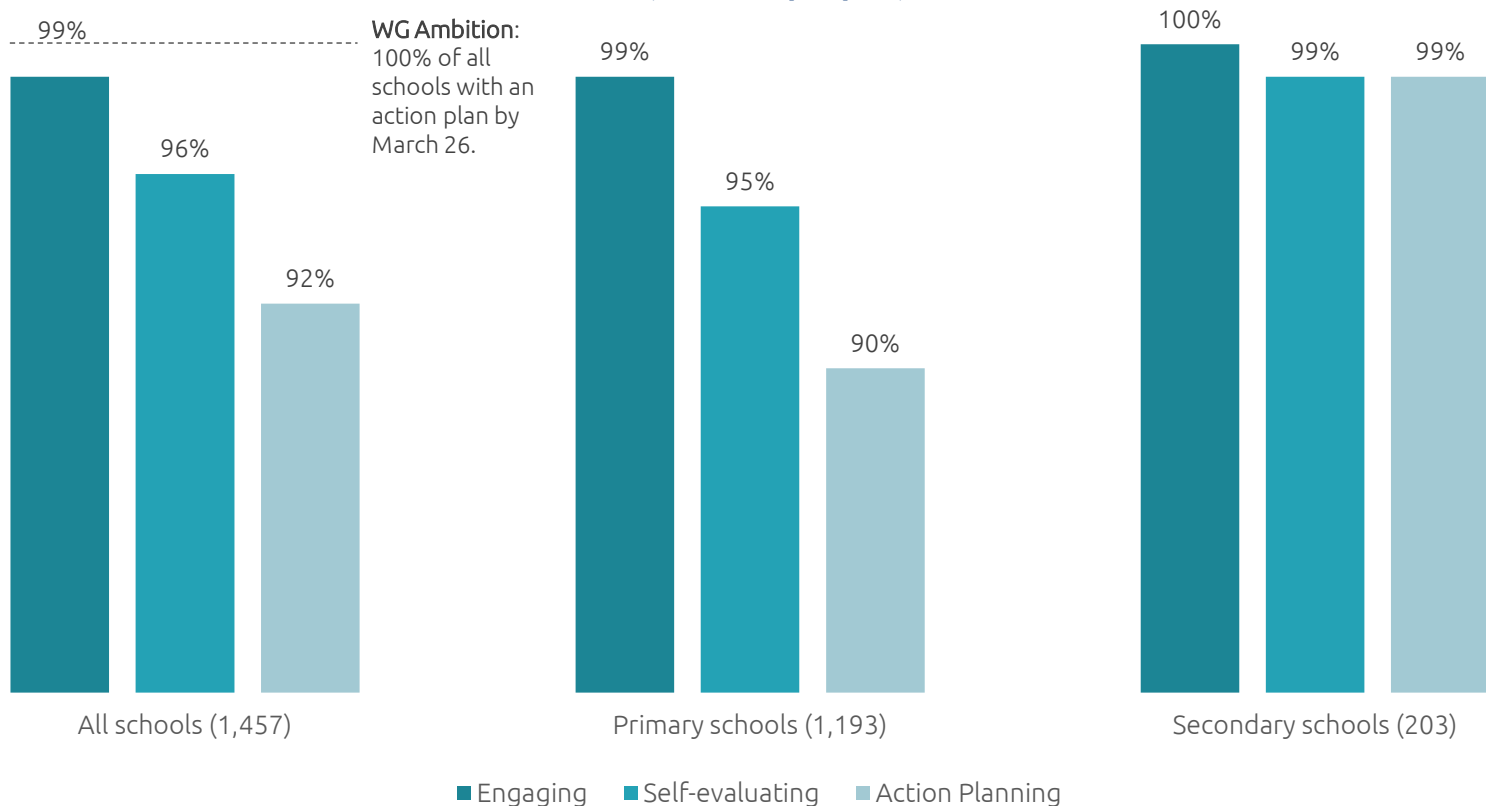


Health and Wellbeing



Whole School Approach to Emotional and Mental Wellbeing

Percentage of schools 'on-board', 'self-evaluating', or 'action planning' as part of their Whole-School Approach to Emotional and Mental Well-being (WSAEMWB) (Date: 01/12/25)



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



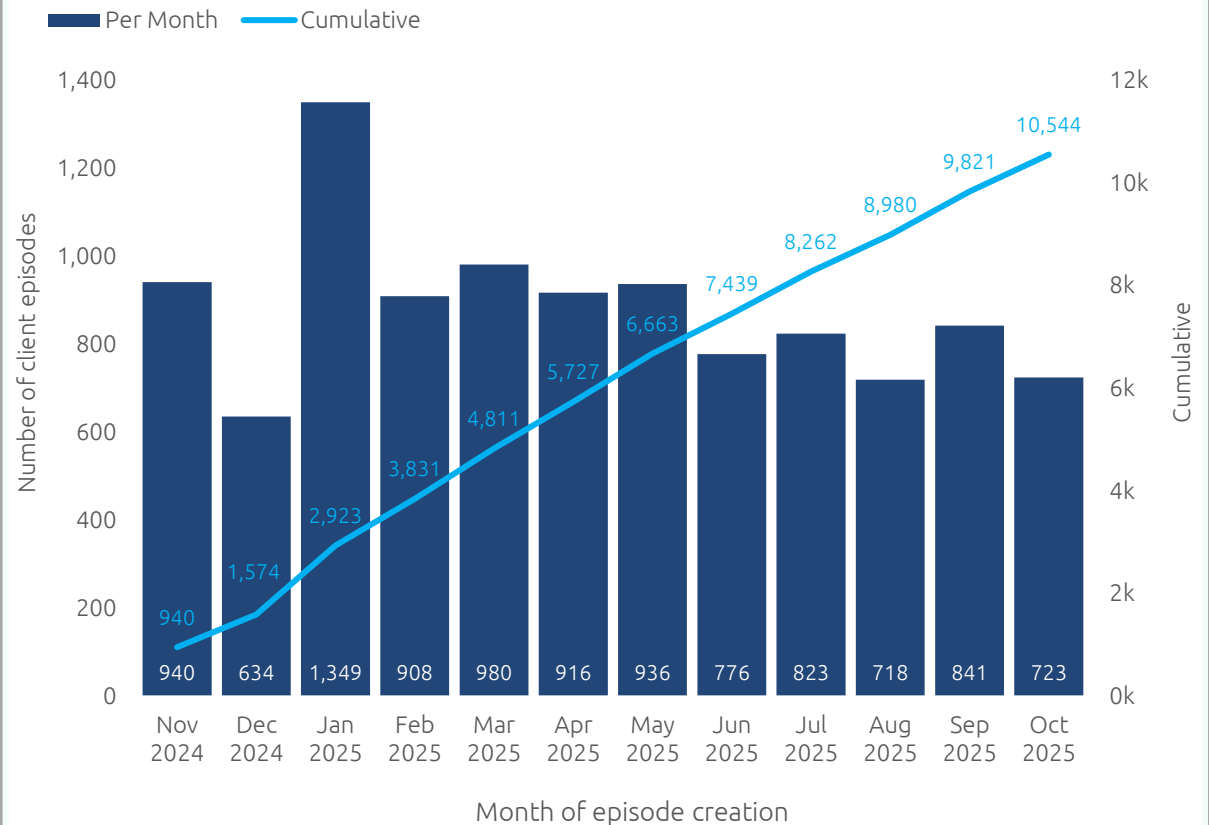
Help Me Quit (HMQ)

In October 2025, the Hub was responsible for contacting 949 new referrals representing a 19% decrease compared to October 2024 (1,168). This is because in October 2024 there were a greater number of spam/duplicate referrals compared to 2025. The Help Me Quit team handled 823 inbound calls, compared with 838 in the same month last year.

Timeliness of first contact: 95% received their first call attempt within two working days, exceeding the target of 90%. This is an increase from 93% in September 2025. The Hub created 723 new client episodes in October 2025, a reduction from 896 in October 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 81% in September 2025 to 82% in October 2025.

Number of client episodes created by the Hub



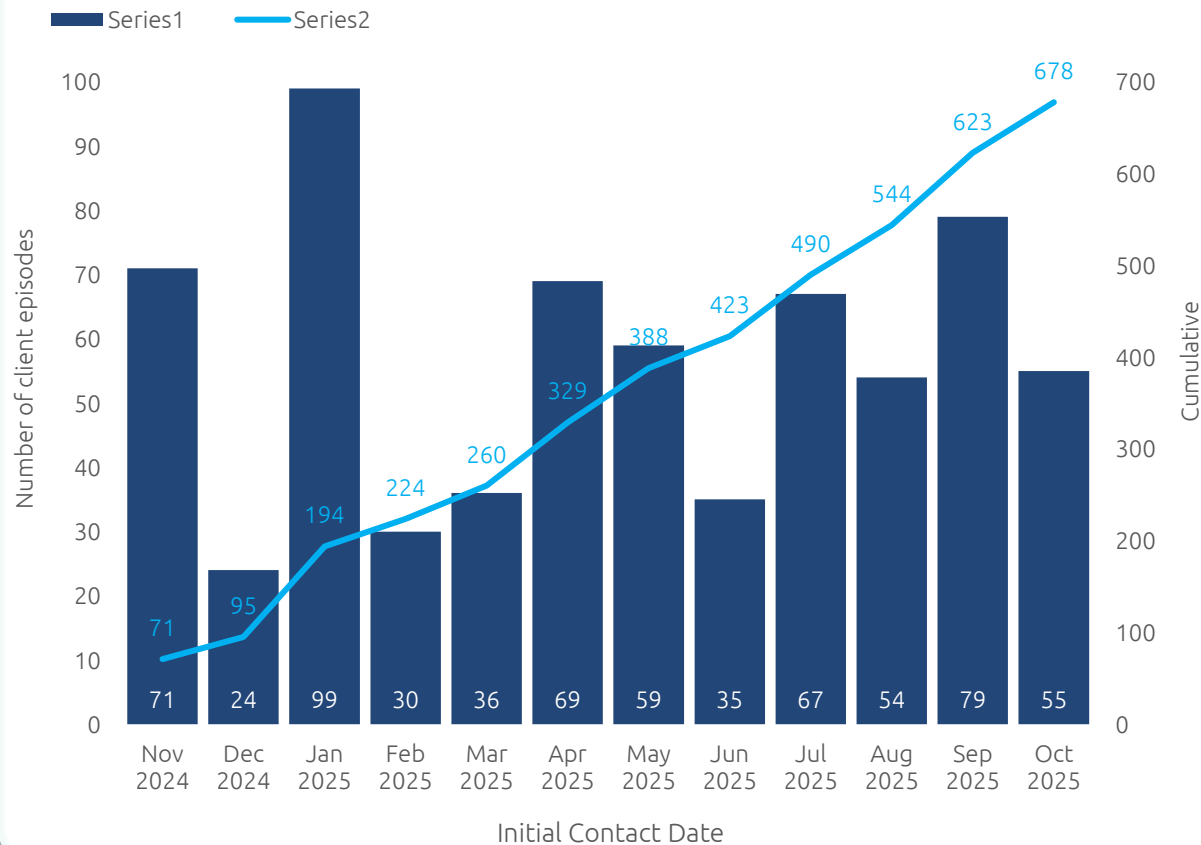


Health and Wellbeing

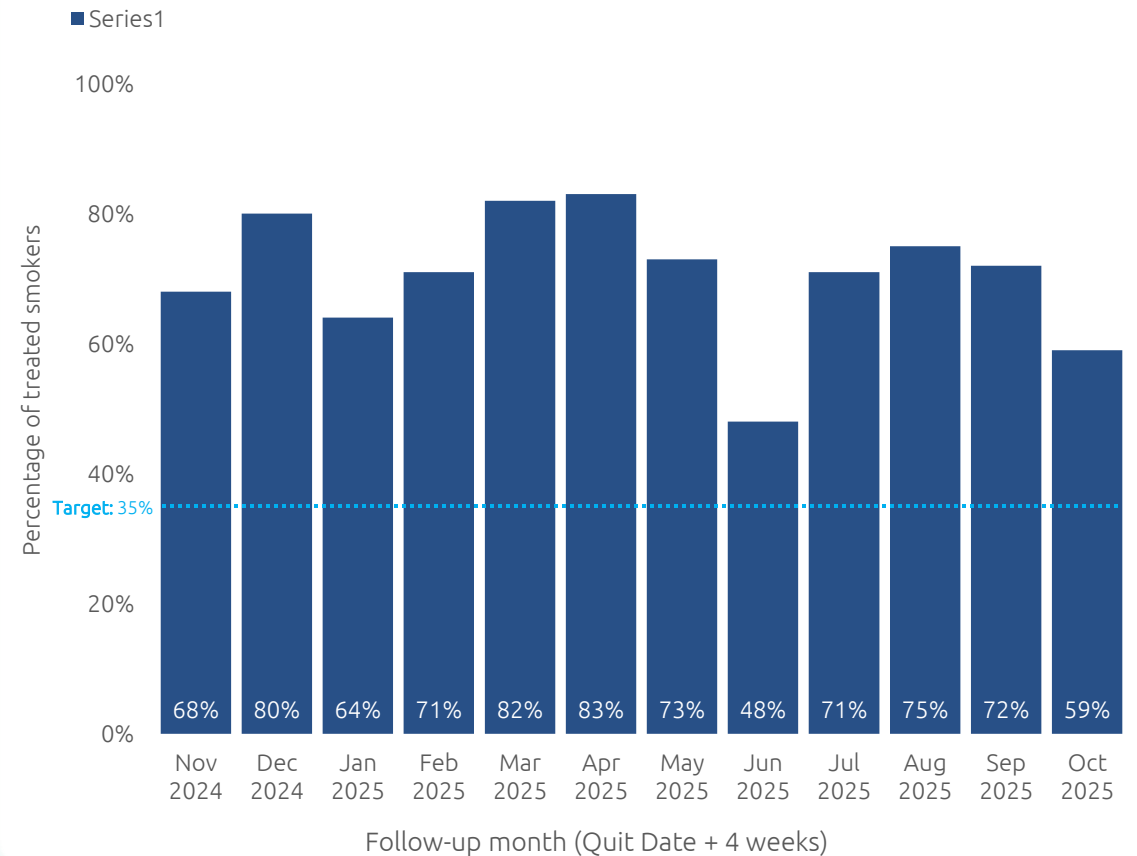


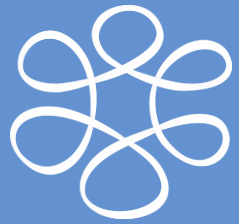
Help Me Quit

Number of clients who attend an assessment session (NTSS)



4-week self-reporting quit rate (NTSS)





Section 3
Strategy Delivery



Key Performance Indicator Summary



Strategic Plan	12 Month Look Back	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25
Strategic Plan – Percentage of milestones currently green or complete		86.9%	86.4%	87.9%	84.6%	96.1%	93.5%	91.8%	90.2%	89.3%	89.8%	88.5%	86.5%
Strategic Plan – Percentage of milestones currently red		3.8%	3.8%	2.6%	3%	0.9%	1.2%	2.1%	2.1%	0.8%	2.9%	1.6%	1.2%
Request for Change (RFC) – Number of milestone changes submitted for approval		8	5	4	7	4	3	8	5	5	7	5	7
Strategic Priority 1 – Wider determinants		77.8%	77.8%	77.8%	77.8%	100%	100%	100%	100%	100%	100%	100%	100%
Strategic Priority 2 – Promoting mental and social wellbeing		100%	100%	100%	100%	100%	100%	81.8%	81.8%	81.8%	81.8%	81.8%	72.7%
Strategic Priority 3 – Promoting healthy behaviours		57.1%	71.4%	74.1%	67.9%	94.1%	92.1%	89.5%	89.5%	86.8%	89.5%	86.8%	84.2%
Strategic Priority 4 – Sustainable health and care system		93%	93%	95.2%	92.9%	100%	93%	93%	88.4%	88.4%	86%	91%	88%
Strategic Priority 5 – Excellent public health services		85.7%	83.3%	83.3%	83.3%	91.1%	93%	93.1%	91.4%	91.4%	91.4%	82.8%	77.6%
Strategic Priority 6 – Climate change		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Enabling delivery of our plan		0%	87.4%	89.1%	94.4%	97.2%	92.5%	91.3%	90%	88.8%	90%	91.3%	92.5%
Strategic Change Programmes – Percentage of milestones currently green/amber		87.5%	87.5%	75%	62.5%	75%	100%	100%	88%	88%	88%	89%	89%
Strategic Change Programmes – Percentage of milestones currently red		0%	12.5%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%



Strategic Plan Milestone Delivery



Strategic Priority Delivery Status

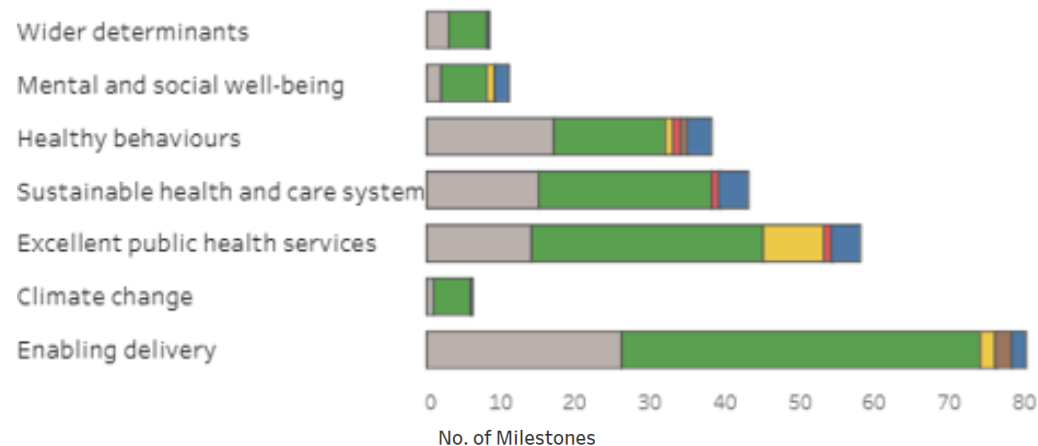


Request for Change

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



By Strategic Priority



At Month 8, 78 milestones have been completed with 133 milestones reporting as Green. This indicates that over 80% of the remaining plan is on track.

The number of milestones indicating an early warning is higher than average with a total of 15 amber and red milestones. Nine of these sit within Health Protection and Screening Services (HPSS), who have also submitted four Requests for Change (RFC) for approval. At risk milestones include areas such as strengthening surveillance capabilities, DESW Transformation road map, delivering the BETA HPSS system and replacing IT systems for newborn screening. Common themes include in-year re-prioritisation due to Exercise PEGASUS, internal and external capacity around digital/IT, dependencies on external stakeholders including Welsh Government sign off.

A total of seven RFCs have been submitted this month, four of which cite external dependencies as the reason. Three have requested to extend the delivery date to March and a further three into 2026/27. These are Vaping cessation, which formed part of the Welsh Government remit letter, but funding remains unclear and two milestones for LIMS 2 that require Digital Health and Care Wales support. The remaining RFC is to amend scope of the Safeguarding Quality Assurance Framework to more accurately reflect work undertaken.

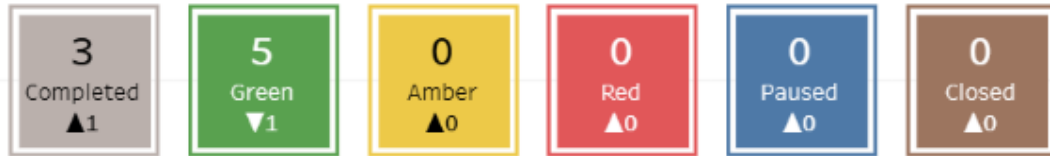


Strategic Plan Milestone Delivery

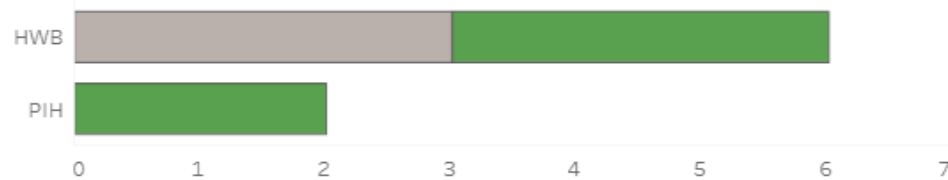


Strategic Priority 1 – Wider determinants

Current Delivery Status



By Directorate



In Year Changes to Plan

No requests for change received in month 8

Strategic Priority 2 – Promoting mental and social wellbeing

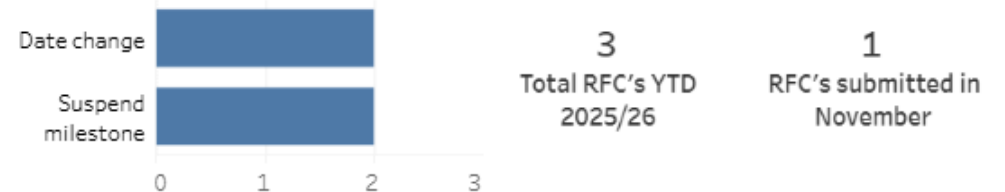
Current Delivery Status



By Directorate



In Year Changes to Plan





Strategic Plan Milestone Delivery

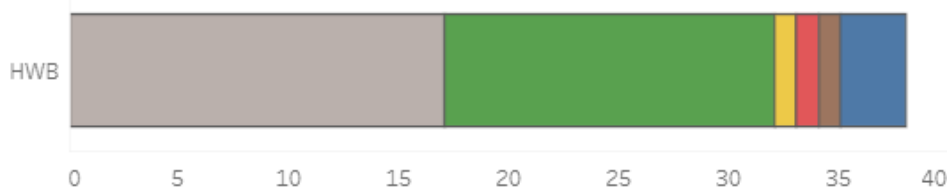


Strategic Priority 3 – Promoting healthy behaviours

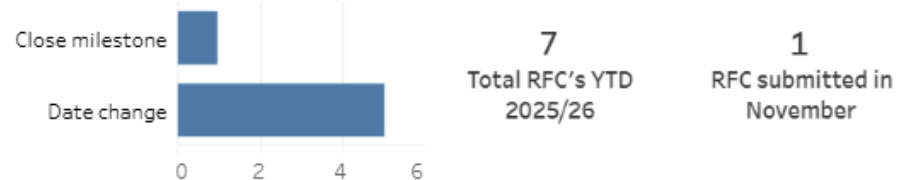
Current Delivery Status



By Directorate

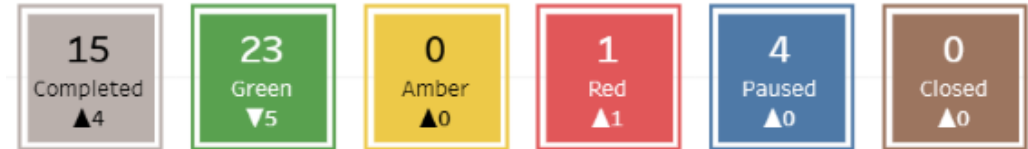


In Year Changes to Plan

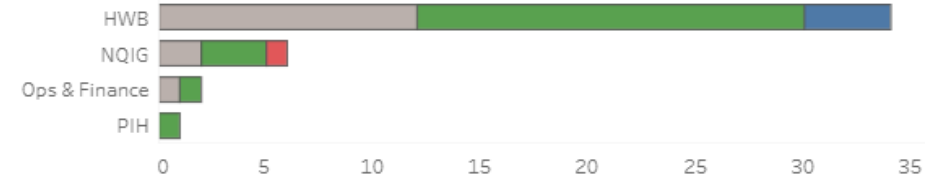


Strategic Priority 4 - Sustainable health and care system

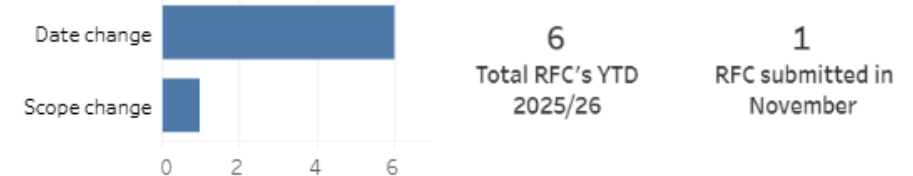
Current Delivery Status



By Directorate



In Year Changes to Plan





Strategic Plan Milestone Delivery

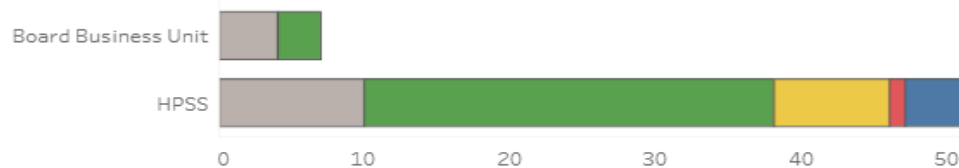


Strategic Priority 5 – Excellent public health services

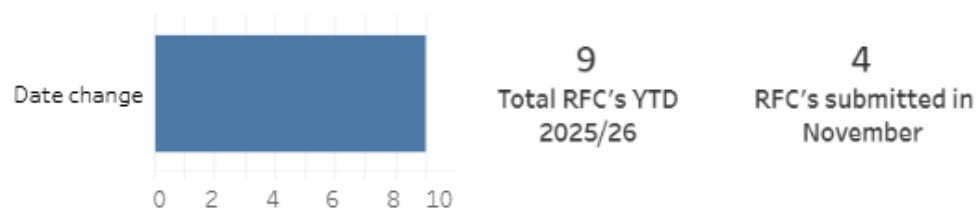
Current Delivery Status



By Directorate

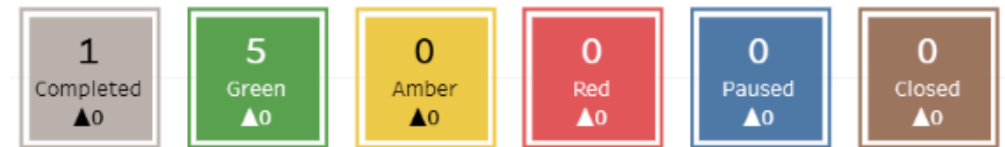


In Year Changes to Plan



Strategic Priority 6 – Climate change

Current Delivery Status



By Directorate



In Year Changes to Plan

No requests for change received in month 8

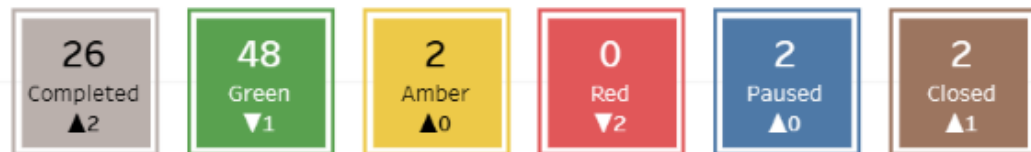


Strategic Plan Milestone Delivery

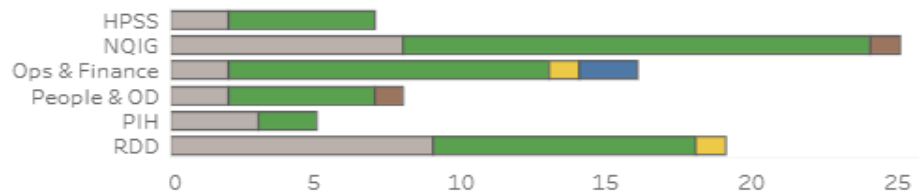


Enabling delivery of our plan

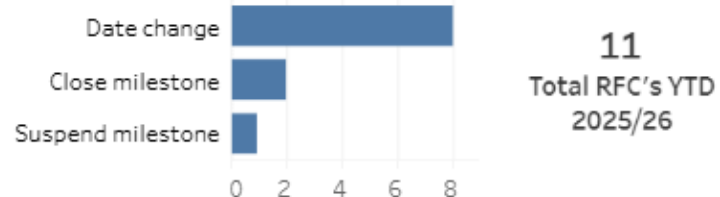
Current Delivery Status



By Directorate



Changes to Plan





Strategic Change Programmes



Strategic Change Programmes Overview

Detail on all programmes, including tier 3, is available on the Performance and Assurance dashboard. A high-level summary of the DCA status for Tier 1 & 2 programmes, as of November 2025, is provided below.



Key Information

National Targeted Lung Cancer Screening submitted its Business Justification Case to Welsh Government on 24th November for final capital and revenue requirements. Programme structures are fully operational and workstreams are active.

Digital Health Protection has appointed a supplier partner, with contract finalisation underway. A confirmed delivery schedule for the Beta in March 2026 is on route to Green. Approval of the Full Business Case from Welsh Government is required by the end of March 26.

Progress with **Diabetic Eye Screening Transformation** continues to be impacted by delays in digital projects, including Auto book and Optimize upgrades. Strategic alignment with the NHS Wales App introduces external dependencies and uncertain timelines.

The **DARC Programme** is finalising its delivery plan. Work is ongoing to fully incorporate the Azure Cloud plan, as well as finalise plans with CDSC and RDD on their data migration to NDAP, completion of this should see the DCA improve to Amber. The initial migration of Azure DevOps into the cloud has been completed. People and finance workstreams are now running. Risks remain in relation to DHCW dependencies and longer-term resourcing.

Web Transformation continues to make good progress across all workstreams, with Public Beta for the main PHW site scheduled to go live on w/c 8th December, a key milestone demonstrating delivery of a compliant, user-focused web estate. Work on Future Ways of Working has started, with stakeholder workshops planned for January to define governance and BAU processes. Welsh Language compliance remains a critical dependency, with mitigation measures in place to ensure full compliance at go-live.

Programme Detail

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





GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

*Gweithio gyda'n gilydd
i greu Cymru iachach*

**Working together
for a healthier Wales**