

Performance and Insight Report & 2025/26 Overview

March 2026



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	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
12m Rolling Sickness Absence FTE %	<3.25%		4.46%	4.51%	4.51%	4.58%	4.61%	4.58%	4.57%	4.52%	4.58%	4.46%	4.52%	4.60%
Statutory and Mandatory Training	85%		93.2%	93.3%	93.2%	93.2%	93.0%	93%	92.9%	92.9%	92.9%	92.9%	92.8%	92.3%
Appraisal Compliance	85%		83.7%	86.3%	86.1%	86.2%	86.3%	86.8%	86%	86.5%	86.5%	86.0%	85.7%	83.4%
Diversity ESR Data	N/A		76%	76%	77%	77%	77%	77%	78%	77%	77%	77%	78%	78%
Agency Spend, % of Total Pay Bill	≤1.7%		1.2%	1.3%	1.4%	1.4%	1.4%	1.3%	1.2%	1.1%	1.0%	1.0%	1.0%	0.9%
Financial Governance														
Revenue Position YTD	Breakeven		-£7K	-£19K	-£10K	-£10K	-£33K	-£0.016k	-£0.002k	-£0.040k	-£0.069k	-£0.034k	-£0.054k	-£0.088k
Revenue Position Forecast	Breakeven		£0k	£0k	£0k	£0k	£0k	£0k	£0k	£0k	£0k	£0k	£0k	N/A
Capital Year-End Position	Breakeven		£0K	£14K	£23K	£62K	£225K	£0.282k	£0.656k	£0.738k	£1.014k	£2.149k	£3.304k	£4607k
Public Sector Payment Policy (PSPP)	95%		98.21%	96.98%	97%	97.36%	97.56%	97.41%	97.38%	97.34%	97.34%	97.32%	97.27%	97.29%
Information Governance														
Freedom of Information Request Response*	Within 20-Days		0	1	4	2	1	1	1	0	0	1	0	
Subject Access Request Response*	1 Month Avg		1	0	0	0	0	0	0	0	1	0	1	
Personal Data Breaches Reported	N/A		3	0	2	7	1	2	1	3	3	4	2	
Personal Data Breaches Reported - Escalated			0	0	1	0	0	0	1	2	0	1	0	
Mandatory Information Governance Training	85%		92%	91%	91%	91%	91%	91%	91%	90%	90%	90%	95%	89%
Clinical Governance														
Moderate or above harm incidents - monthly	N/A		6	6	6	0	0	2	1	2	7	6	6	22
Moderate or above harm incidents - YTD*			6	12	18	18	18	25	26	28	35	41	47	69
Number of externally reported incidents (NRI's, EWI, RIDDOR, IRMER) - In Month	N/A		0	2	1	0	2	3	1	0	4	1	0	1
Number of externally reported incidents (NRI's, EWI, RIDDOR, IRMER) - Rolling 12m			11	11	12	10	13	15	13	13	20	24	24	23
Incident Closure Compliance**	85% PHW		80.8%	73.8%	59.7%	65%	79%	79%	86%	85%	71%	70%		
Formal Complaints - Acknowledged within 5 working days**	75% WG 95% PHW		100% (2)	100% (4)	90% (3)	100% (4)	100% (3)	75% (4)	50% (4)	100% (5)	100% (2)	100% (3)		
Formal Complaints – Responded to within 30 working days**	75% WG 95% PHW		100% (2)	80% (4)	75% (3)	100% (4)	67% (2)	50% (4)	75% (4)	60% (5)	100% (2)	100% (3)		
Informal Complaints – In Month	N/A		9	9	5	6	8	7	11	14	11	8	9	4
Informal Complaints – Rolling 12m			76	77	75	75	81	85	91	103	109	105	108	110

*This data is YTD from 1 April 2025.

**Note Incidents and Complaints require 30 working days for closure, therefore this data pertains to January 2026.

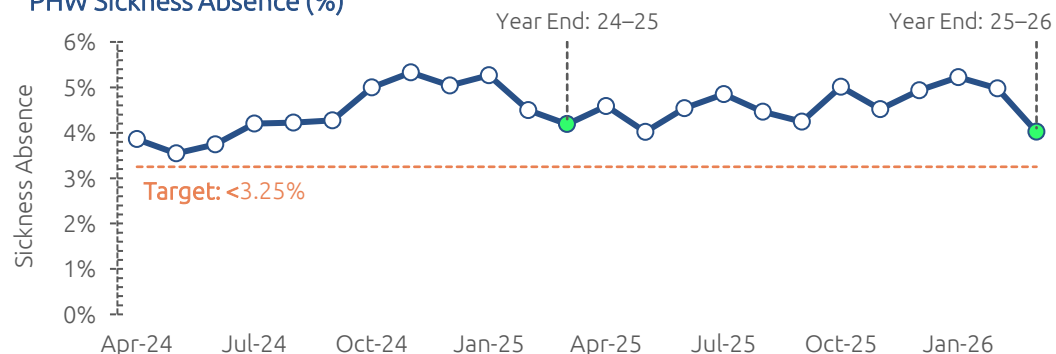
**Note Figure in brackets refer to total complaint numbers received.



People Governance: Sickness Absence



PHW Sickness Absence (%)



Decreased by 0.96% in March 2026.

Key Insights (Month 12)

- Month 12:** Overall monthly sickness absence reduced to **4.02% in March 2026**, improving from **4.98% in February 2026**. The target has not been met in the past 24 months and is not expected to be achieved in the next 12 months; however, it will continue to be prioritised and closely monitored.

12 Month Lookback: Long-term sickness absence continues to be the primary driver, accounting for 78% of FTE days lost, with short-term absence representing 22%. This continues to indicate the importance of sustained case management, early intervention and pro-active support to enable colleagues to return to work when fit to do so.

- Anxiety, stress and depression remain the leading causes of absence, reflecting national CIPD evidence that mental ill-health accounts for around a quarter of all short- and long-term absence.

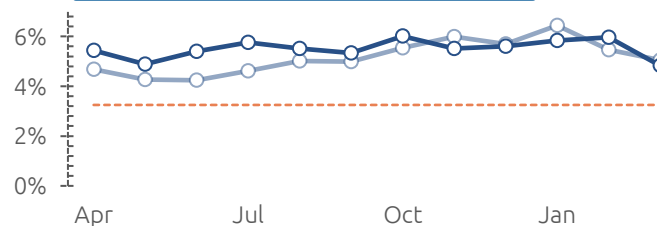
Assurance & Actions (Month 12 Focus)

- People and OD support targets long-term absence, earlier intervention, practical adjustments, and prevention of prolonged absence.
- Mental health absence remains a priority, with targeted support for anxiety, stress and depression.
- Enhanced absence data is improving insight into absence drivers and work-related stress reporting.
- Benchmarking and trend analysis are developing to strengthen workforce intelligence and evidence-led action.

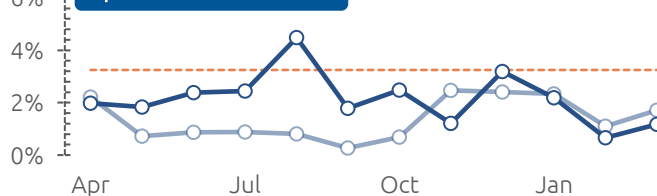
Board and Corporate



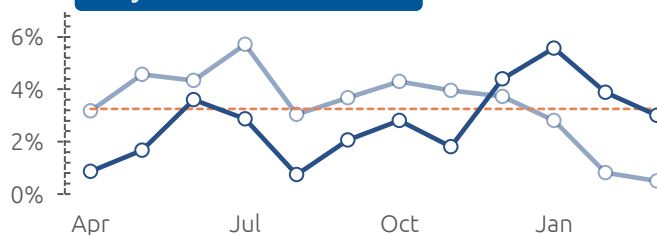
Health Protection and Screening Services



Operations and Finance



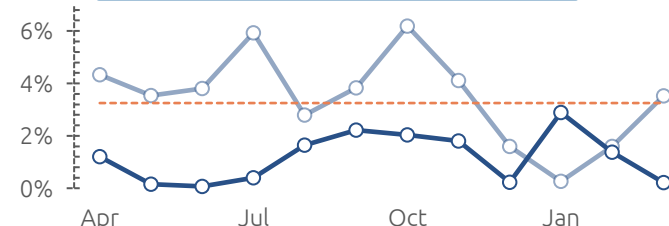
Policy and International Health



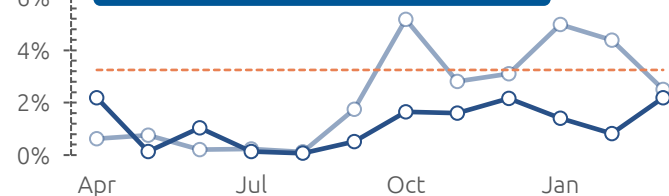
Health and Wellbeing



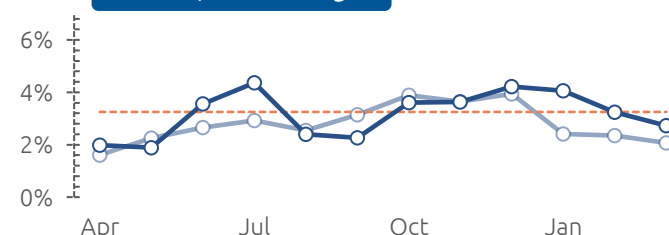
Nursing, Quality and Integrated Governance



People and Organisational Development



Research, Data and Digital



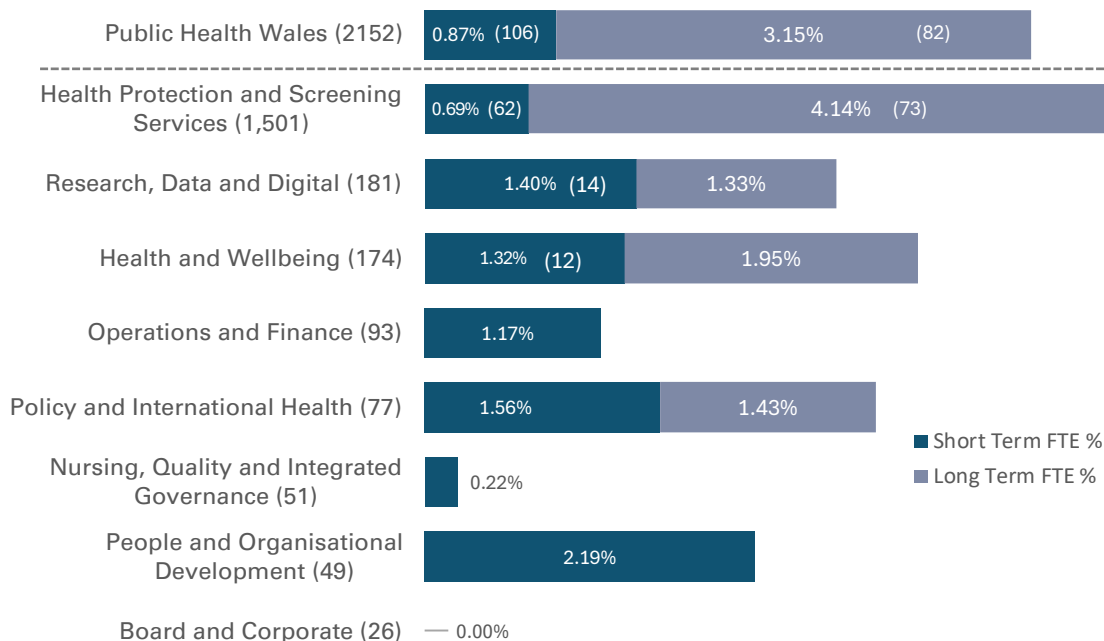


In Focus: Sickness Absence



Sickness Absence by Directorate - Month 12 Breakdown

The breakdown of Directorate level sickness absence for March 2026 is provided below, split by Short-Term (less than 28 days) and Long-Term (28 days or more) Absence FTE %.



■ Short Term FTE %
■ Long Term FTE %

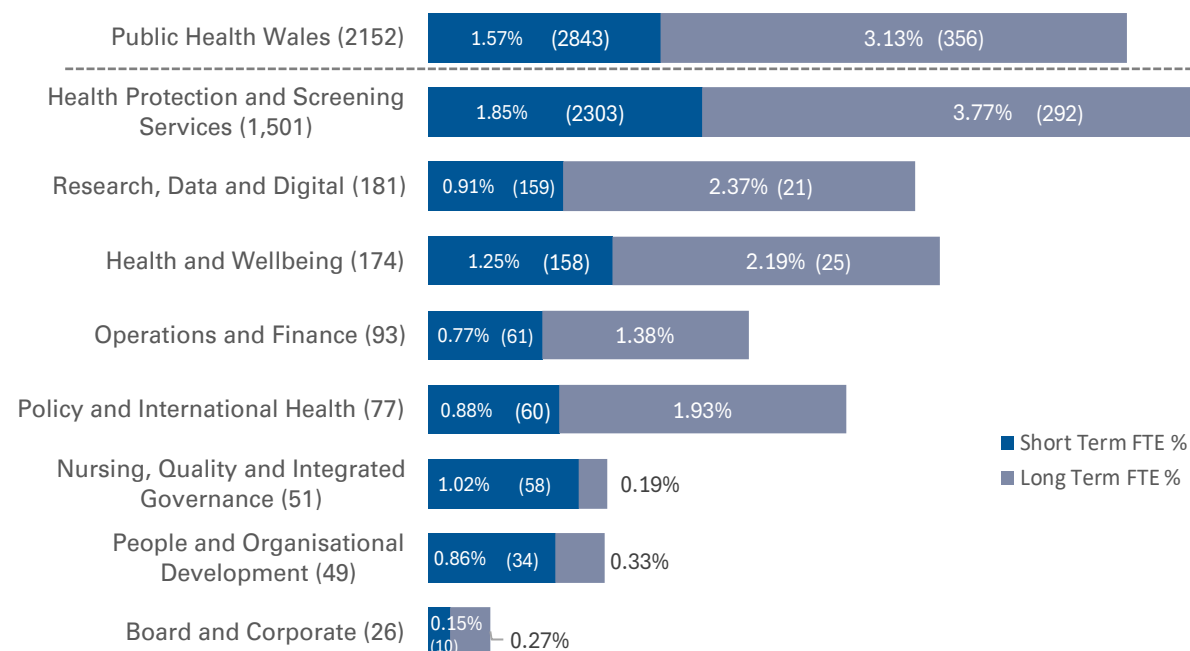
- **Month 12:** Longer-term sickness absence in HPSS is higher than the 12-month rate (4.14%), suggesting a declining sickness absence trend over time.

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



Sickness Absence by Directorate - 12 Month Lookback

The breakdown of Directorate level sickness absence covering 12 months is provided below, split by Short-Term (less than 28 days) and Long-Term (28 days or more) Absence FTE %.



■ Short Term FTE %
■ Long Term FTE %

12-month look-back:

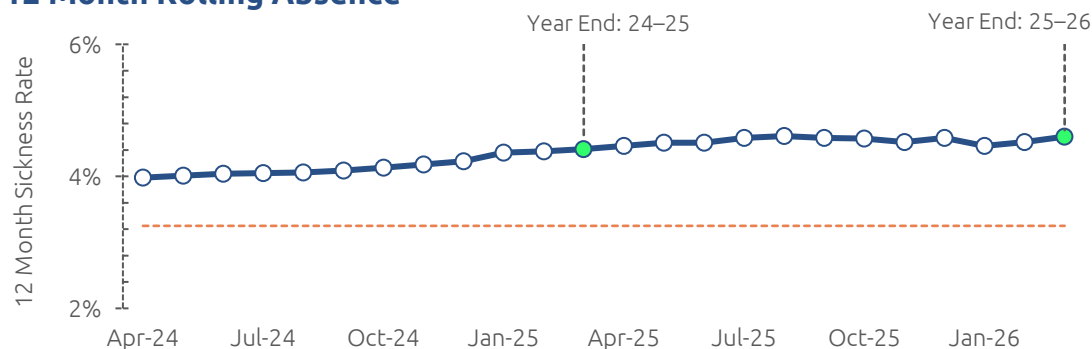
- HPSS, RDD and H&W continue to report comparatively higher long-term sickness absence, with rates above 2% and exceeding those of other directorates. Further analysis is needed to understand long-term sickness absence trends and the effectiveness of management responses.
- The overall position continues to be driven primarily by long-term sickness cases rather than widespread increases in short-term absence.



People Governance: Month 12 Overview



12 Month Rolling Absence



3.25%



4.60%

Assurance & Organisational Actions

An Internal Audit of mental-health-related sickness absence arrangements concluded **“Reasonable Assurance”**, with an agreed action plan now being implemented. Continued joint work with Trade Union colleagues to address workplace issues early and to support sustainable improvements in wellbeing and attendance.

Data Quality & Insight Improvements

Ongoing work to improve the accuracy and completeness of sickness absence data, including targeted follow-up of unknown absence reasons. Improving the distinction between work-related and non-work-related stress. Enhanced benchmarking and trend analysis underway to improve comparability with national datasets and support more targeted intervention planning.

Key Actions (12-Month View)

A comprehensive wellbeing offer is in place to support colleagues to stay well and remain in work. Occupational Health continues to provide timely assessments and reasonable-adjustment advice to enable sustainable returns to work. People & OD actively monitor sickness data, offering targeted support to Directorates and tracking the impact.

12 Month Lookback

Over the last 12 months, sickness absence has ranged from around 4.0% to a peak of 4.6%, with recent months indicating early signs of stabilisation.

While recent stabilisation suggests early impact from targeted absence management and wellbeing actions, sustained focus will be required for this to translate into measurable reduction.

Long-term sickness absence continues to be the main driver of overall performance, accounting for around 80% of FTE days lost across the year. The persistence of long-term absence means that improvements in short-term sickness alone are unlikely to materially reduce the overall rate in the short term.

Anxiety, stress and depression remain the leading causes of absence, consistent with national sickness trends, where mental health-related and long-term absence continue to drive overall sickness rates across public sector organisations. An Internal Audit has provided “reasonable assurance” on mental health-related absence management and support arrangements, with actions in progress, providing confidence that appropriate controls and governance are in place to manage this ongoing organisational risk.

However, sustained levels of long-term absence continue to place pressure on service resilience and management capacity, reinforcing the importance of prevention and recovery-focused interventions.

Reducing long-term sickness absence will remain a key area of focus as we begin 2026/27, and this aligns with wider NHS Wales and Welsh Government ambitions to reduce sickness absence through earlier intervention, improved management and Occupational Health support, as well as the prevention of avoidable long-term absence.

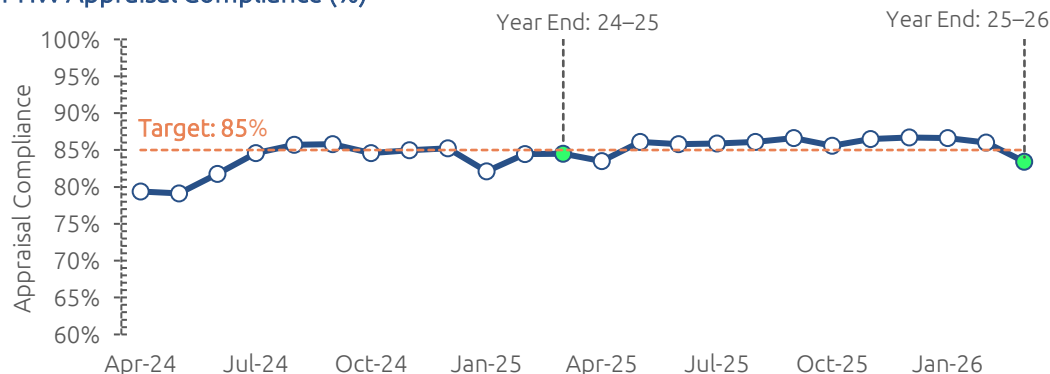
Given the existing long-term absence profile, a rapid reduction in sickness absence is unlikely in the short-term. Progress over the next year will therefore be measured through stabilisation, reduced duration of absences, and improved outcomes for long-term sickness cases.



People Governance: Appraisal and Developmental Reviews



PHW Appraisal Compliance (%)



85%



83.4%

Summary of data:

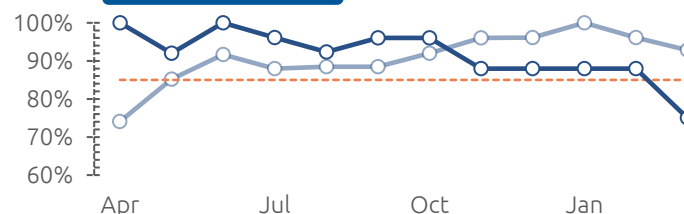
- Month 12:** In March 2026 Appraisal compliance has dropped below the 85% target. Health & Wellbeing is currently below target at 81.9%, with HPSS at 81.2% and Board and Corporate at 78.3%.

12 Month Lookback: Appraisal compliance has been generally strong over the past 12 months, with performance at or above the 85% target for most of the year. Several months in 2025 and early 2026 exceeded the target comfortably, demonstrating sustained improvement compared with early 2024. However, performance declined in March 2026, with overall compliance falling below the 85% target, driven by lower rates in a small number of directorates.

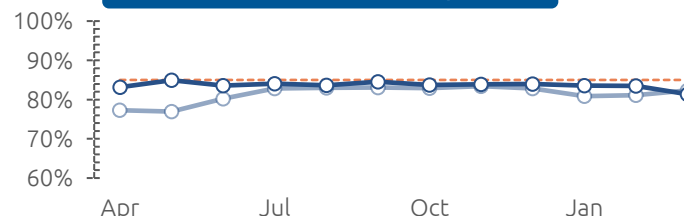
Key actions include:

- Targeted conversations and support with Directorates around low compliance.
- Commitment to review our approach to Performance Management throughout 2026-27.
- IMTP commitment to enhance support for people managers through a new People Managers Fundamentals programme, designed to increase leadership and management skills, capability, confidence and consistency.

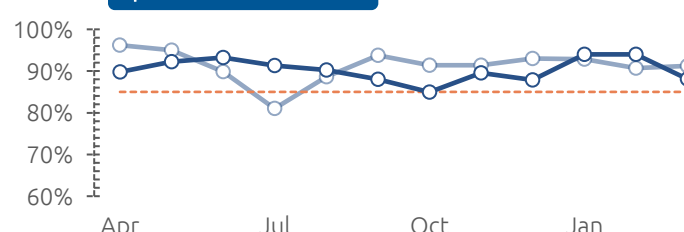
Board and Corporate



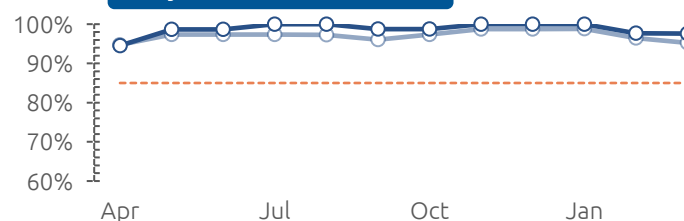
Health Protection and Screening Services



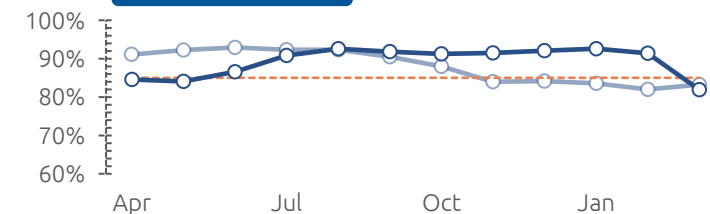
Operations and Finance



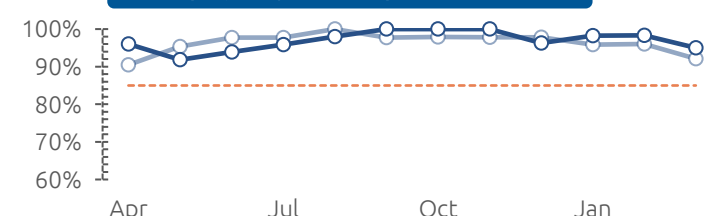
Policy and International Health



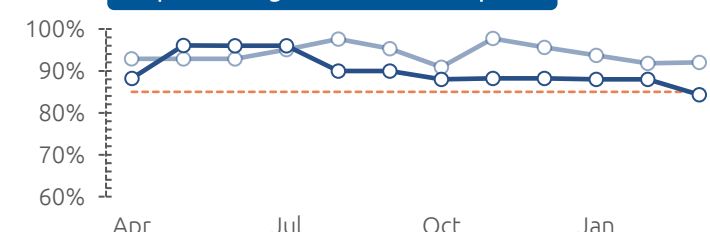
Health and Wellbeing



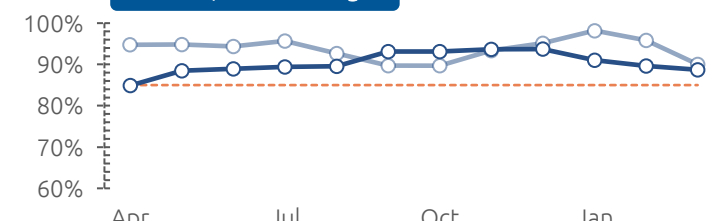
Nursing, Quality and Integrated Governance



People and Organisational Development



Research, Data and Digital

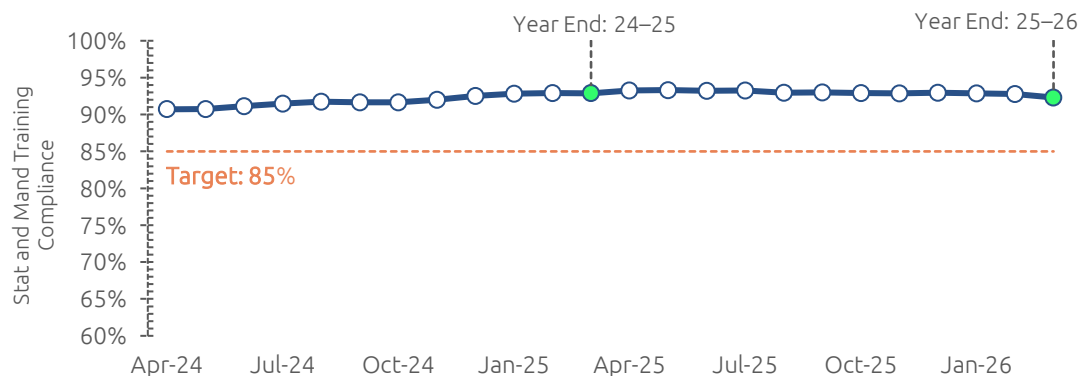




People Governance: Statutory and Mandatory training



PHW Statutory and Mandatory Training Compliance (%)



85%



92.3%

Summary of data:

- Month 12: Remains **above** target in March 2026.

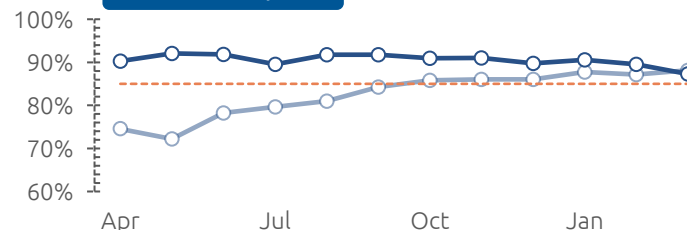
12 Month Lookback: Statutory and mandatory training compliance has remained consistently above the 85% target throughout the last 12 months, demonstrating sustained organisational commitment to workforce capability and assurance. Performance has remained stable and high across all directorates, with overall compliance at 92.3% in March 2026. While there has been some minor month-to-month variation, no evidence of sustained decline is seen, and performance remains strong.

The module reporting lowest completion is Welsh Language Awareness (83.7%), The 'Putting Things Right' module is no longer a requirement for staff to complete in ESR, so has been removed from our internal reporting compliance figures.

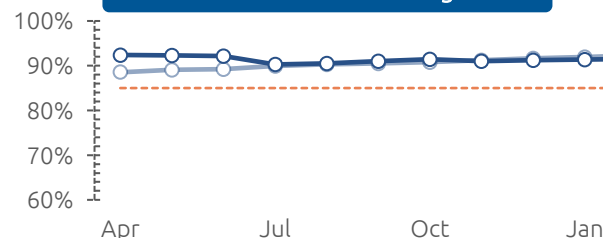
Key actions include:

- Monthly compliance breakdown reports provided to Directorates.
- ESR drop-in sessions held twice a month.

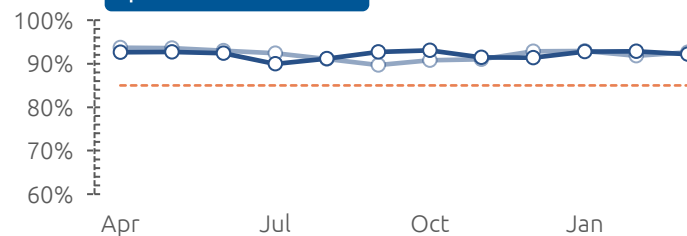
Board and Corporate



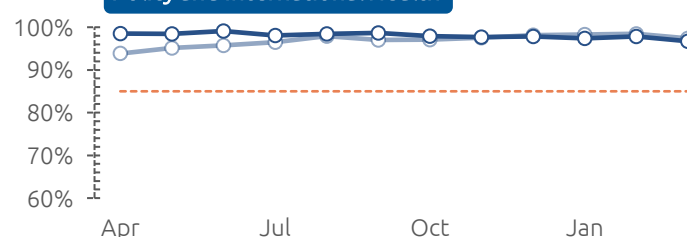
Health Protection and Screening Services



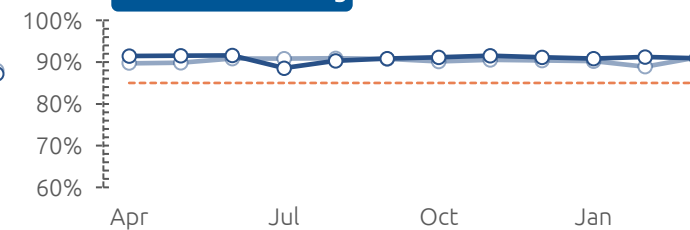
Operations and Finance



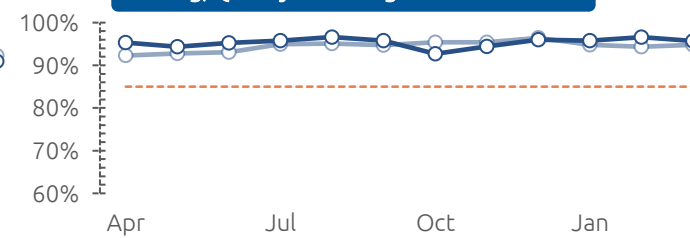
Policy and International Health



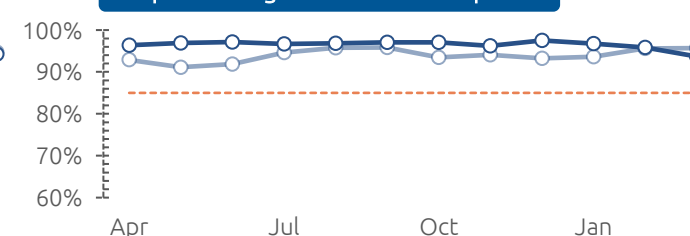
Health and Wellbeing



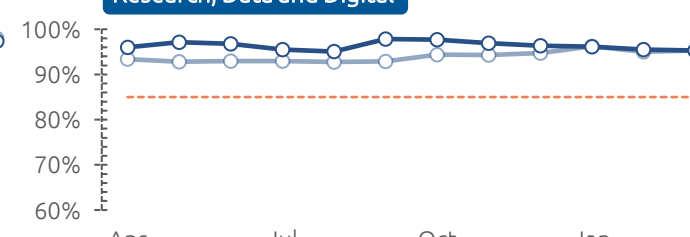
Nursing, Quality and Integrated Governance



People and Organisational Development



Research, Data and Digital

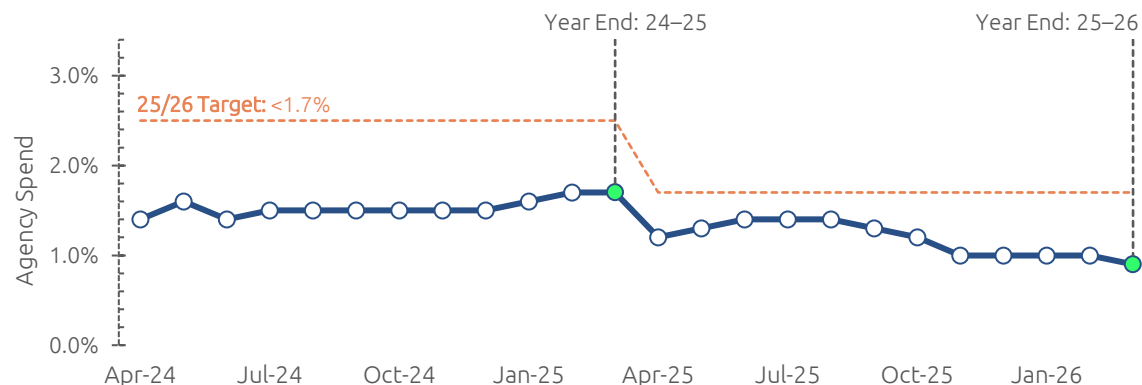




People Governance: Agency Spend



Agency Spend as A Percentage of Total Pay Bill



≤1.7%



0.9%
Actual

Agency spend is currently 0.9% of the total pay bill, below the 2024/25 level and within the <1.7% target for 2025/26. Delivered the reduction target year-on-year.

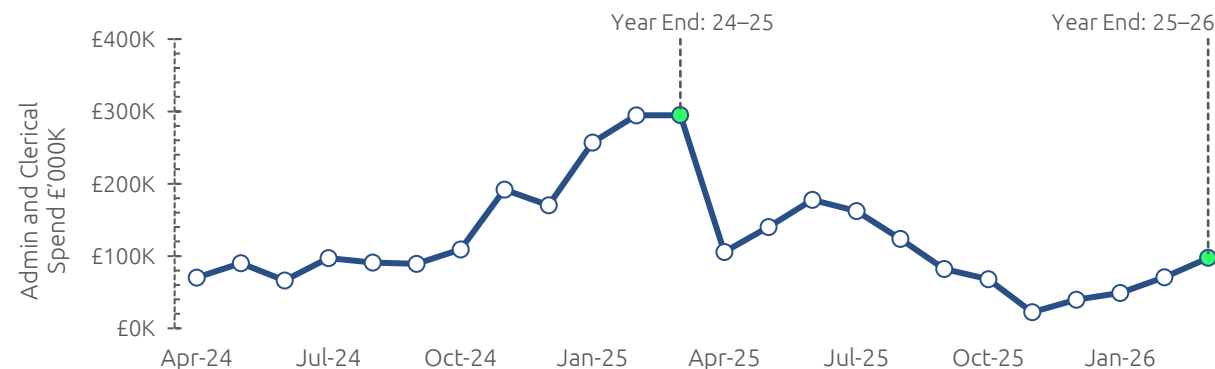
Agency spend remains a key focus area in line with the Cabinet Secretary's enabling actions. In March, PHW spent £154k on agency staff, £97k of which was categorised as Admin and Clerical.

The deployment of agency staff continues to be tightly controlled to ensure alignment with both operational requirements and financial objectives. All new agency requests undergo review and early consultation with People and OD, Finance, and Business Leads, ensuring that decisions are made with full consideration of workforce priorities and cost-effectiveness.

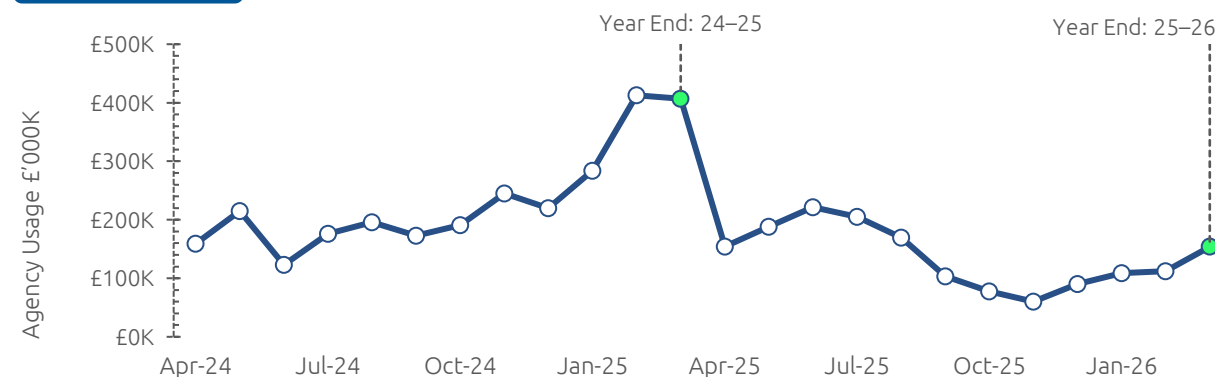
Summary of data:

12 Month Lookback: Agency usage as a percentage of the total pay bill decreased overall through the year, remaining low and delivering a year-on-year reduction. A small mid-year rise reflects planned agency use to support slippage management. Consistent reduction throughout the year.

Admin and Clerical Spend



Agency Usage



Month 12: Although agency admin and clerical spend reduced steadily during the first half of the year, there has been an apparent increase in the second half. This trend should be interpreted with caution, as the Month 12 increase was driven primarily by the correction of agency spend that had been miscoded earlier in the year and subsequently realigned in Month 12, rather than indicating a genuine underlying rise in usage.

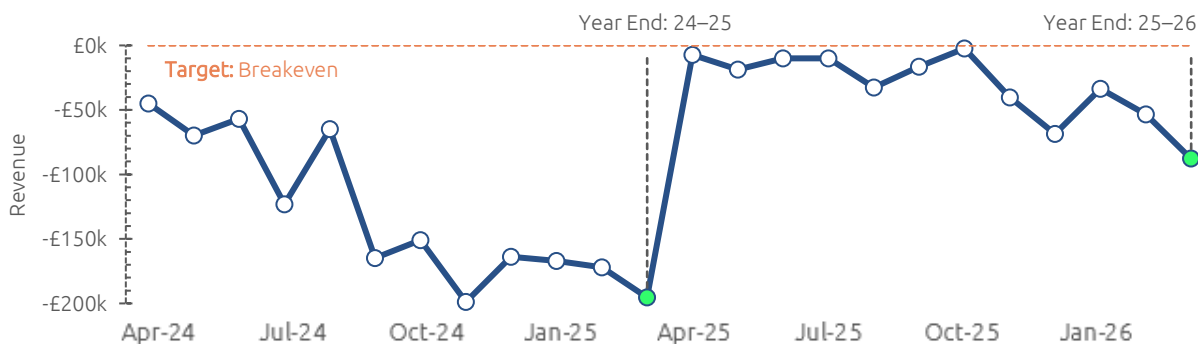


Financial Governance



Revenue Position

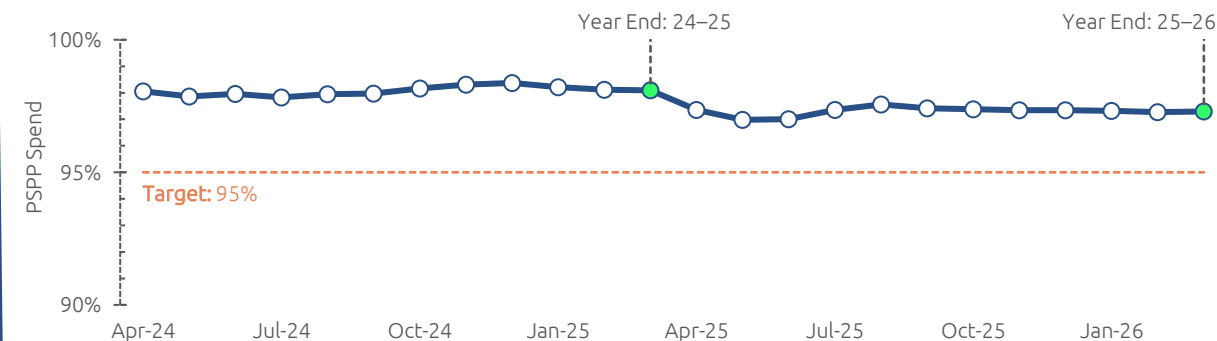
Break-even -£0.088k YTD



Public Sector Payment Policy (PSPP)

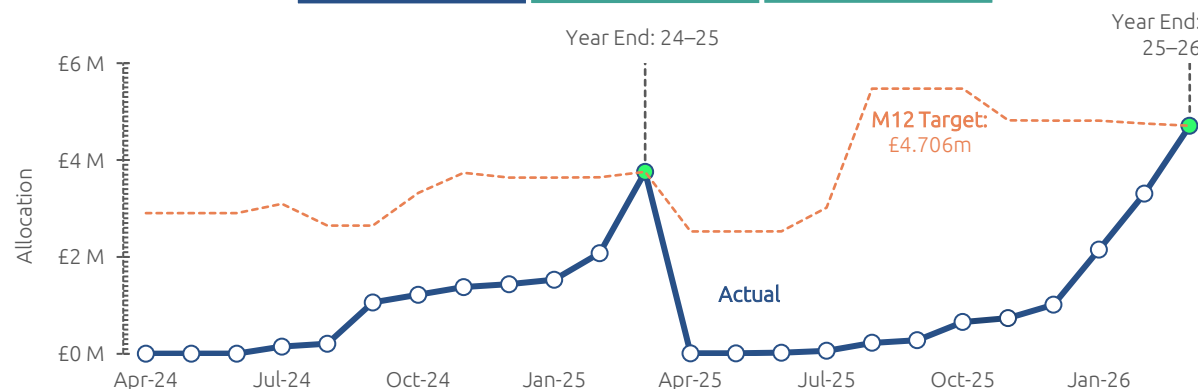
95% 97.29% Actual

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



Capital Position

£4.662m Allocation £4.607k Actual £0.055m Variance



The Capital position is **breakeven**. PHW capital funding is made up of a discretionary allocation of £1.586m and a strategic allocation of £3.075m.

12 Month lookback

PHW year end revenue position is a small surplus of £0.088m and is a combination of small variances across the Directorates, broadly in line with the year-end anticipated position.

The capital position was managed through the year to a small expenditure slippage of £55k against our discretionary and strategic allocations at year end. This increased to £83k when taking into account £29k net book value of disposals during the year.

PHW consistently delivered the PSPP target throughout the year.



Click to access further detail in the latest Finance Board Report

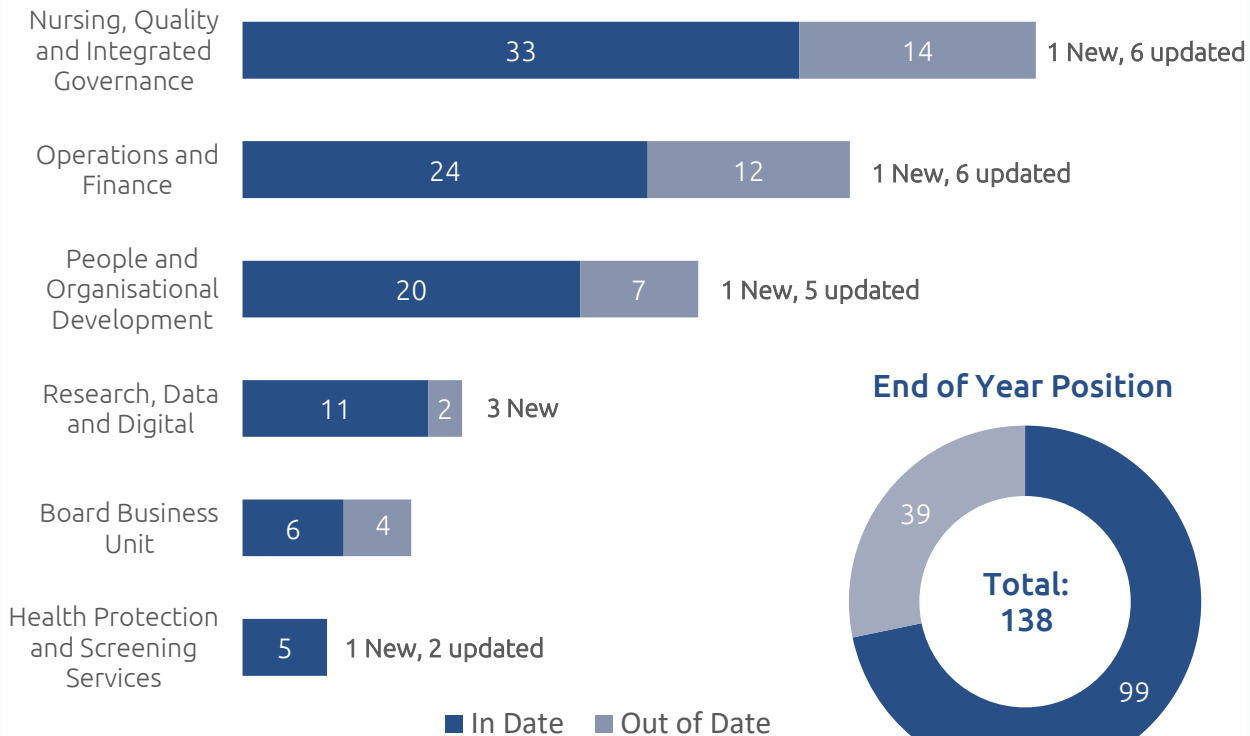


Corporate and Information Governance

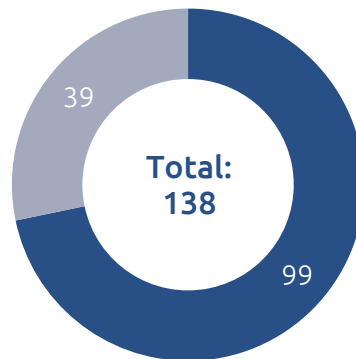


Corporate Governance

Annual Corporate Policies Compliance for 01 April 2025 – 31 March 2026 Directorate Position at End of Year



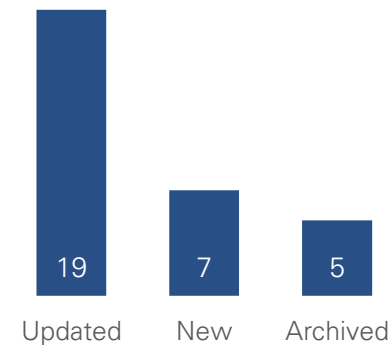
End of Year Position



In March 2026:

- 5 Policies were approved, in Operations and Finance (2), Nursing, Quality and Integrated Governance (1) and Research, Digital and Data (2).

In Year Policy Progress



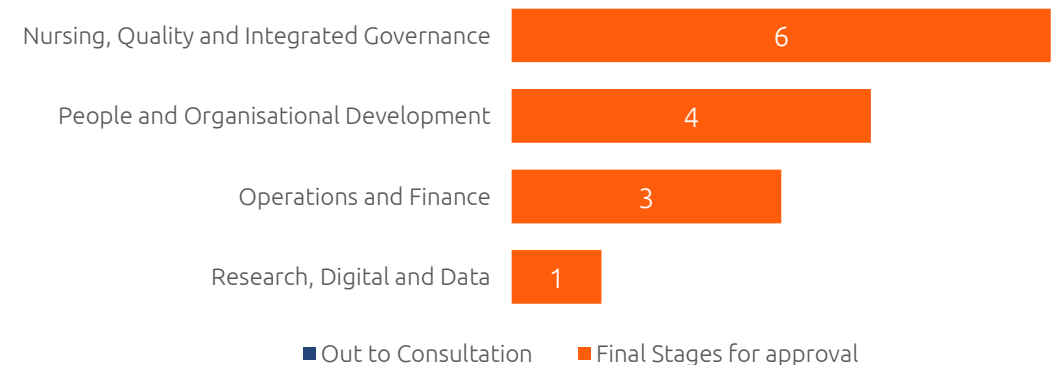
In date Policies

- 1 in date policy is in the final review stages



Review of Policies - Out of date

- Of the 39 Policies out of date, 14 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)





Corporate and Information Governance



Corporate Governance

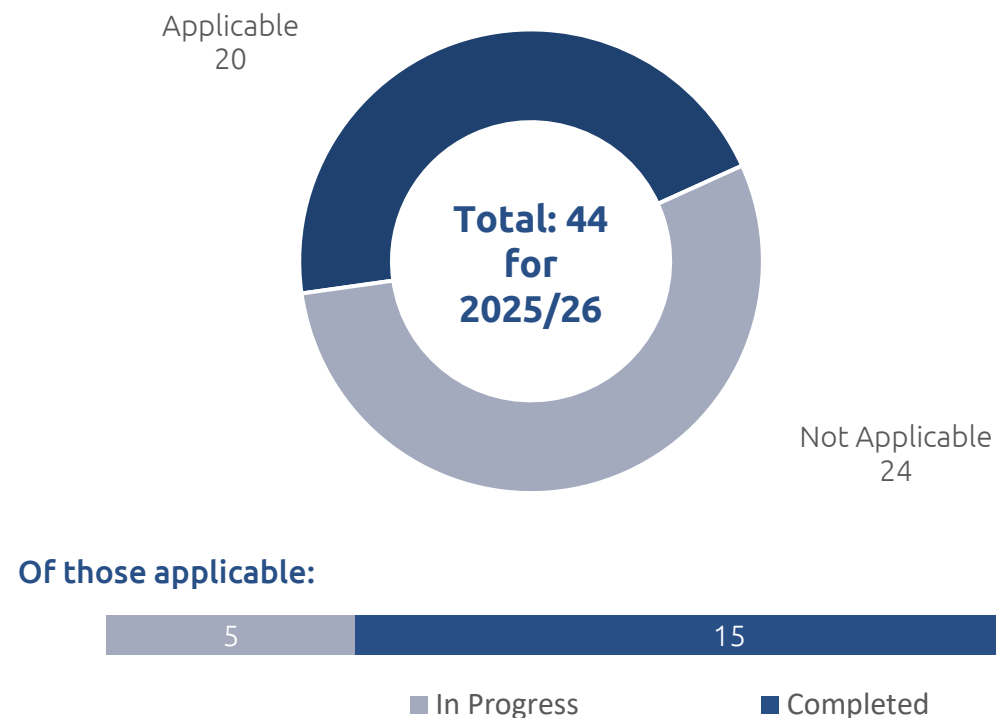
For the Period 01 – 31 March 2026:

6 WHCs received:

- 3 assessed as not applicable:
 - **WHC 2025 (044)** - Code of Practice Quality Assurance and Performance Management, Escalating Concerns, and Closure of Regulated Care and Support Services
 - **WHC 2026 (002)** - Modernised Outpatient Dataset Phase 2: Planned Care activity.
 - **WHC 2026 (017)** - Enabling community pharmacies to supply medicines ordered by optometrists as part of providing NHS care in Wales
- 3 assessed as applicable:
 - **WHC 2026 (008)** - NHS Research and Development Finance Policy 2026
 - **WHC 2026 (004)** - Refreshed Intellectual Property (IP) guidance and policies for NHS Wales organisations.
 - **WHC 2026 (006)** - The new NHS Wales complaints policy, called Listening To People

Welsh Health Circular (WHC) Compliance – 2025/2026 12 Month Lookback Summary

All WHCs received in 2025-2026 have been assessed.
Our compliance against each WHC is reported in the Annual Governance Statement.





Corporate and Information Governance



Corporate Governance – Summary of Audits 2025/2026

Internal Audit and External Audits – 2025/2026

The Audit and Corporate Governance Committee has received the following Audits in the year 2025-2026:

Internal Audit	8 Internal Audits received this year
Substantial Assurance	Policies and procedures management NHS P&I Hosting Arrangements Financial management
Reasonable Assurance	Non-core funding – Health Improvement Speaking up Safely (SUS) Workforce – Mental health support Corporate risk register effectiveness Digital – Audit logging
Limited Assurance	None
Unsatisfactory	None
Advisory/Non-Opinion	None

External Audit	3 External Audits received this year
No Rating Given	Audit of Accounts
No Rating Given	Improving Quality Governance
No Rating Given	Structured Assessment 2025

External Audit, Audit Wales – 2025/2026: Audit Wales issued 3 Reports in 2025/2026

Audit of Accounts:

The Audit of Accounts contained 4 recommendations.

Improving Quality Governance 2025/2026:

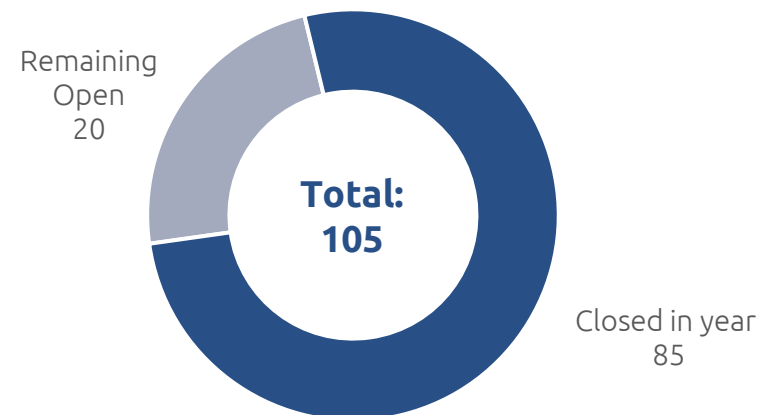
The Improving Quality Governance Audit made 4 new recommendations.

Structured Assessment 2025:

The Structured Assessment for 2026 contained 0 new recommendations.

Audit Action Tracker Summary – 2025/2026 Summary

19 new recommendations added to the register during 2025/2026



Includes all actions including those received in previous years

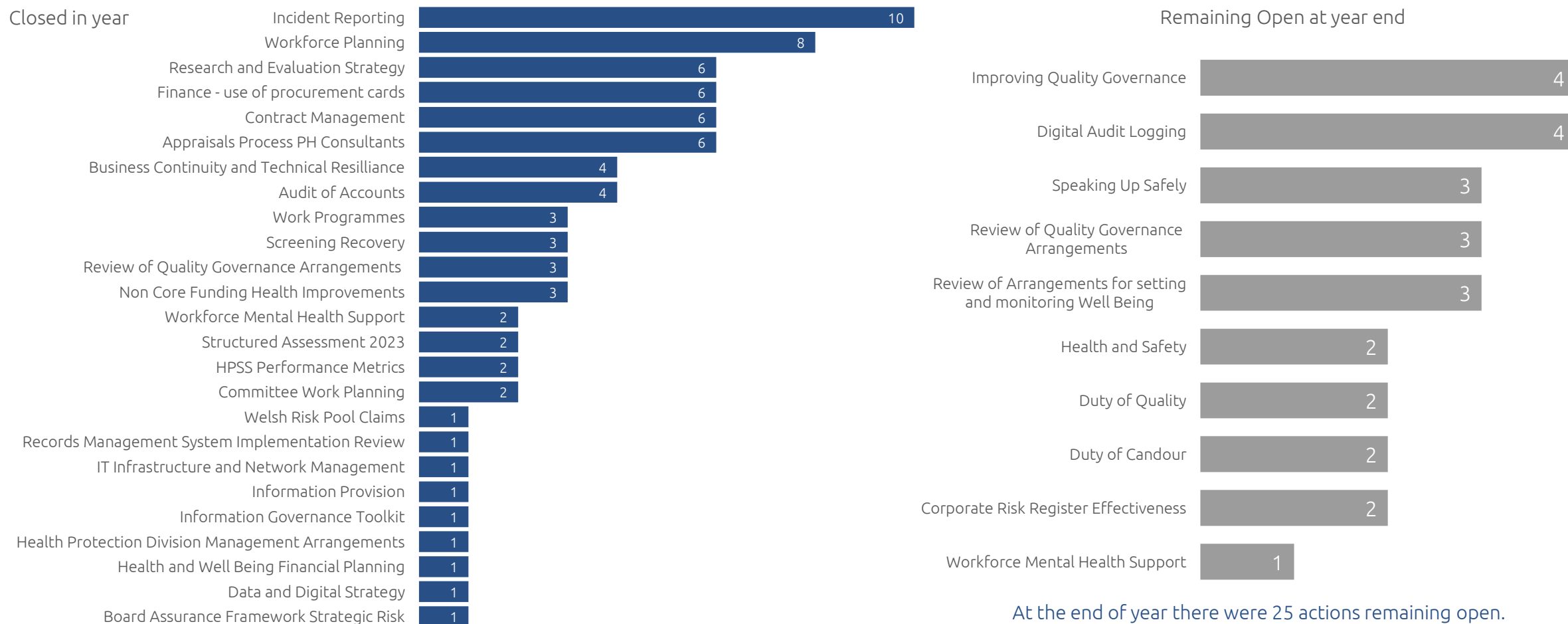


Corporate and Information Governance



Corporate Governance – Summary of Audits 2025/2026

Audit Action Tracker Summary showing all Actions open and closed in 2025/2026 (as of 31 March 2026)





Corporate and Information Governance



Information Governance

Data Protection (Subject Access) Requests

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



2
Received



1 Month



1
Exceeded

In February 2026, 2 Data Subject Access Requests were received

One of these was compliant and responded to within one calendar month.

The other request was handled directly by Breast Test Wales and was not responded to within the one calendar month timeframe.

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.



26
Received



20 days

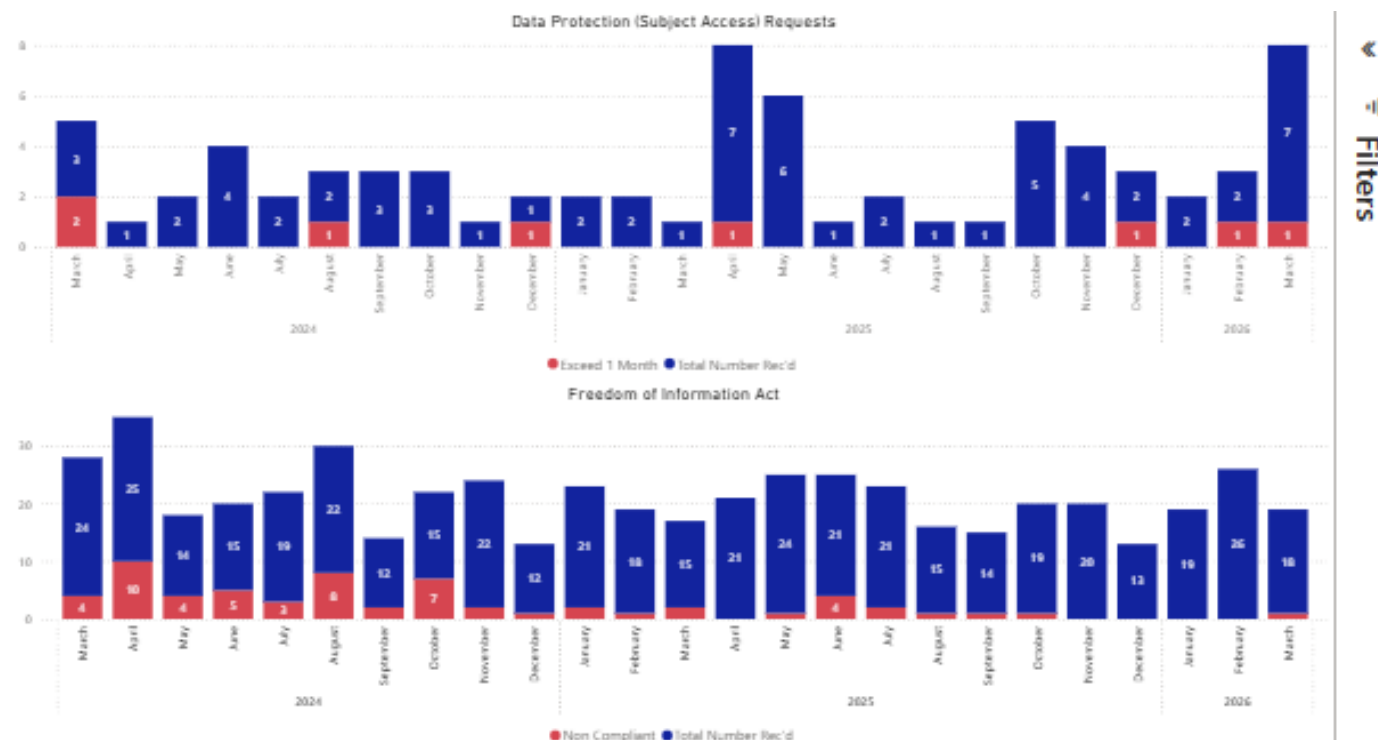


0
Non-Compliant

Of the 26 FOI requests received in February 2026, 1 FOI request exceeded the 20-working day compliance time frame.

This request has been extended by a further 20 working days to allow for consideration of potential exemptions, which may require the application of a Public Interest Test.

The requester was notified of the extension in advance of the original deadline (07/04/26). The revised response deadline is 06/05/26.



Information Governance Dashboard, FOI & SAR

Live data

Data updated on 05/05/26, 12:11





Corporate and Information Governance



Information Governance - Lookback

Data Protection (Subject Access) Requests



44
Received



1 Month

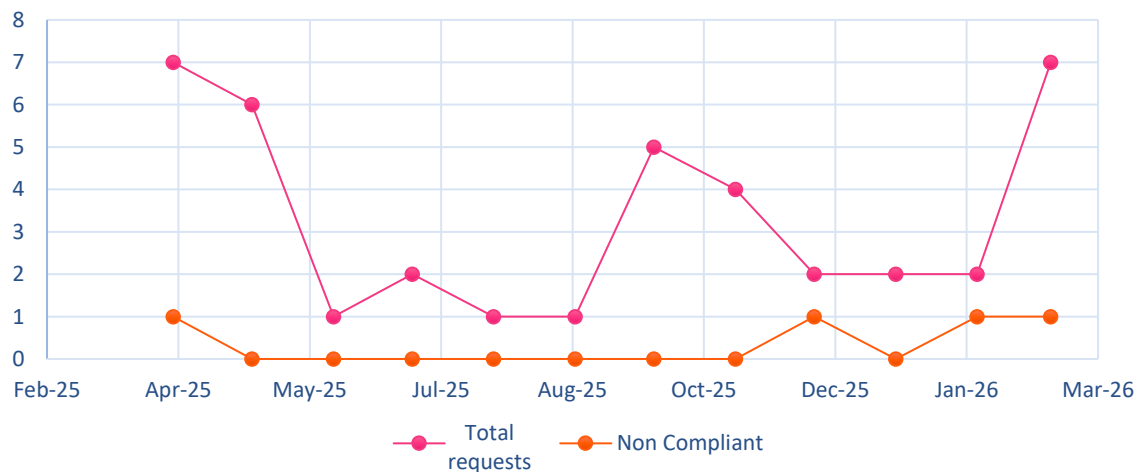


4
Exceeded

44 Subject Access Requests were received, which represents an increase of over 91% on last year (23 requests in 2024/25).

We are also seeing an increase in the complexity of the requests submitted and this year 91% (40) were sent within the timescale to respond but 4 were not compliant, primarily due to the complexities of handling them.

Data Protection (Subject Access) Requests



Freedom of Information Act



231
Received



20 days

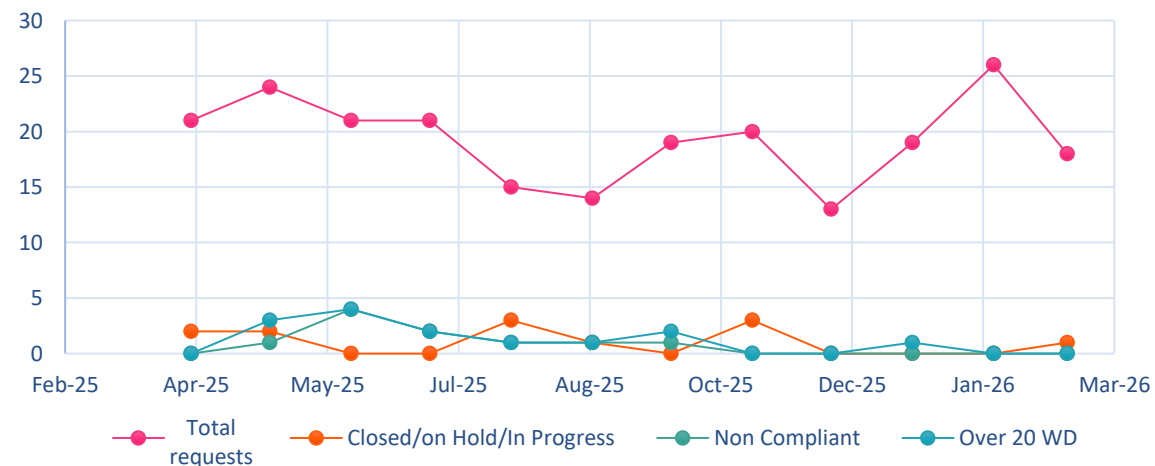


10
Non-Compliant

231 requests were received between the period April 2025 and March 2026, of which 94% (218) were compliant with the FOI Act, with 10 being non-compliant. 3 requests were received in quarter four and are still being processed.

Directorates are consistently reminded of the need to ensure compliance with response deadlines when possible.

Freedom of Information Act



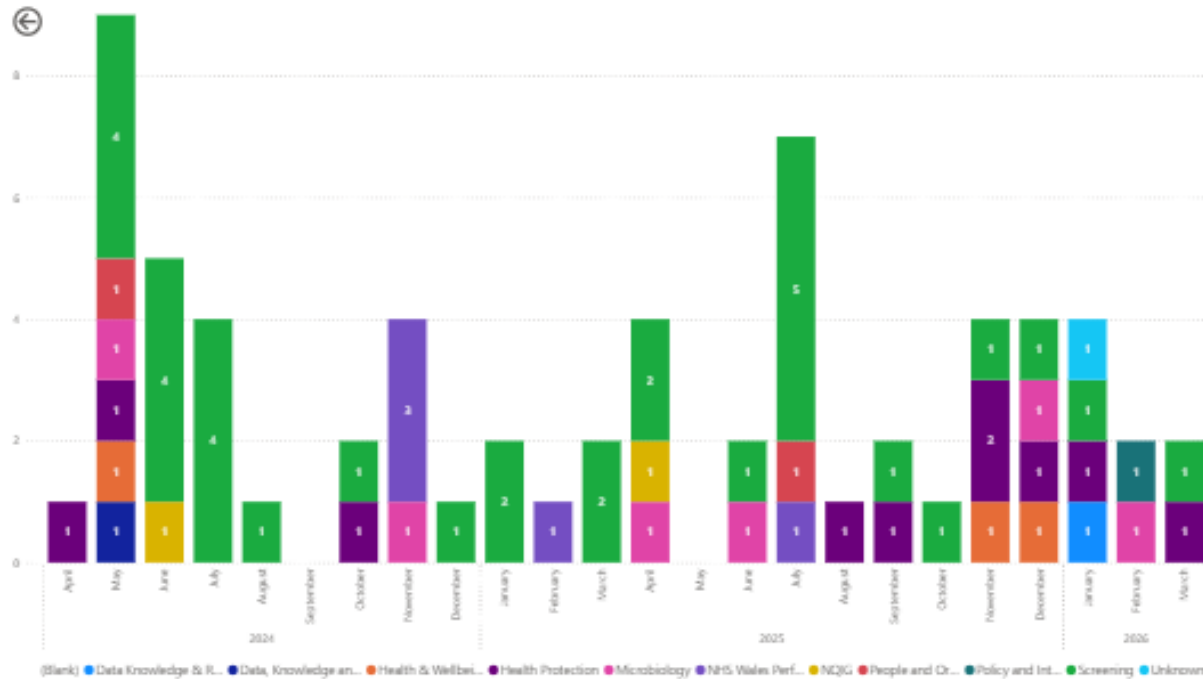


Corporate and Information Governance



Information Governance

Personal Data Breaches



Filters

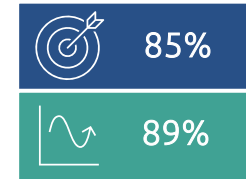
Reported	Escalated
2	0

There were 2 PDBs in February 2026:

- A misdirected email containing limited personal identifiers sent within the NHS environment.
- A rota containing personal information shared with the Joint Medical and Dental Negotiating Committee.

These did not require reporting to the Information Commissioner.

Mandatory Information Governance Training



Organisation-wide compliance with Information Governance mandatory training **exceeds** the national target in March-26.



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



Information Governance Dashboard, Personal Data Breaches

Live data

Data updated on 05/05/26, 12:11



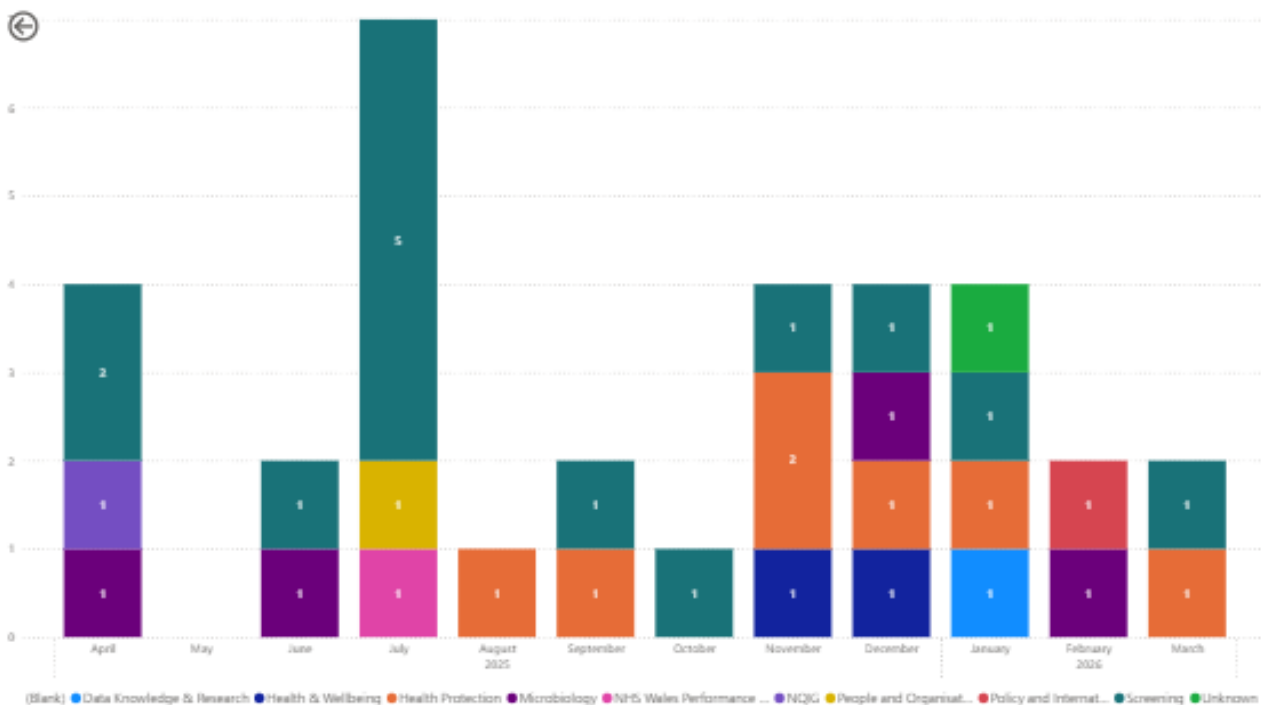


Corporate and Information Governance



Information Governance – Lookback

Personal Data Breaches



Reported

31

Escalated

5

31 PDBs were received in the period April 2025 to February 2026, of which 5 (16.12%) requests were escalated to the ICO (Information Commissioners Office).

No further action was required from the 5 requests that were escalated.

Mandatory Information Governance Training

Organisation-wide compliance with Information Governance mandatory training has exceeded the national target (85%) throughout the period April 2025 to March 2026



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



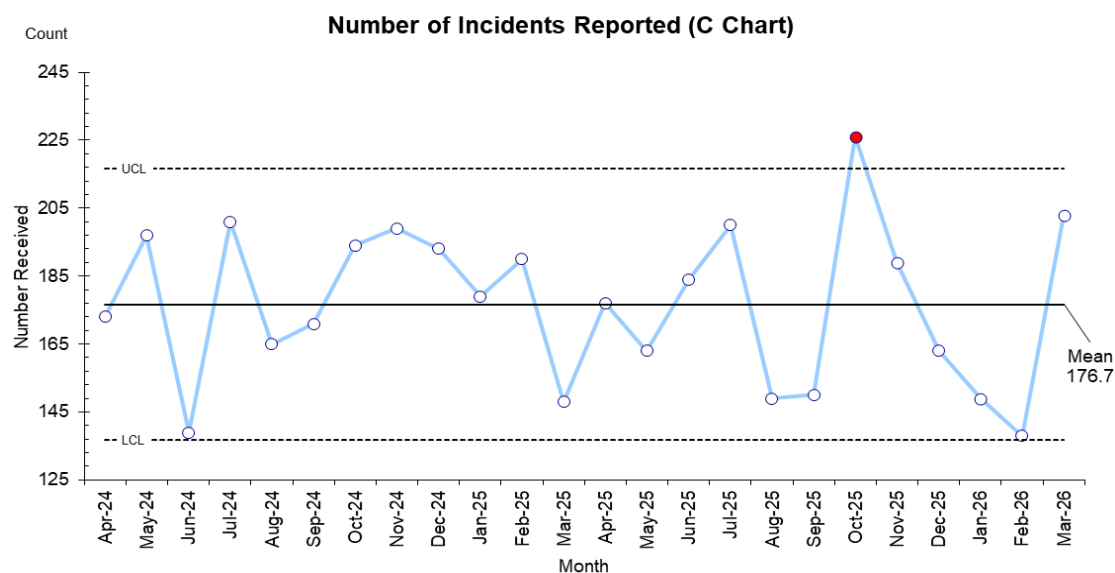
Clinical Governance, Quality, Safety and Improvement



Externally Reportable Incidents - March update

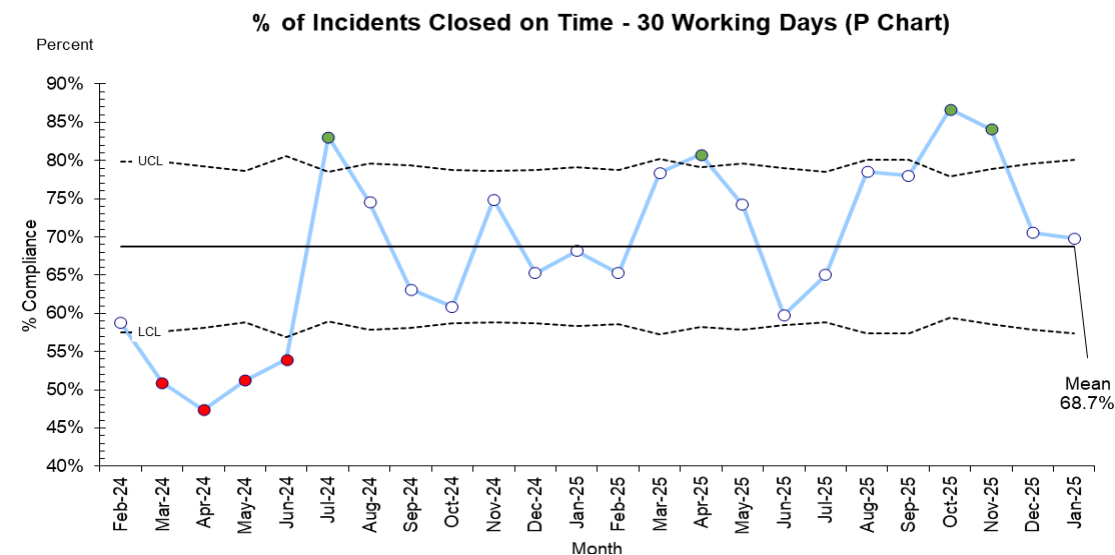
- 1 Nationally Reportable Incidents reported
- 1 Early Warning Incident reported
- 0 Duty of Candour Incident reported
- 3 Post Investigation Harms (Moderate or above)

No. Incidents Reported Over Time



Since the high seen in the number of incidents reported in October 2025, due to a batch of out of date vials for the Cervical Screening service, reporting has since fallen to within normal variation limits, with an increase in reporting noted in March 2026. Reporting has increased across all divisions in Health Protection and Screening Services.

Percentage of Incidents Closed within 30 Working Days



Special cause variation identified in October and November 2025, due to increased focus on closure by the Office of Medical Director and Nursing, Quality and Integrated Governance. Slight decrease in closures in December 2025/January 2026, analysis of year-on-year reporting shows this is commensurate with previous years.



In Focus: Externally Reportable Incidents



Early Warning and Nationally Reportable Incident:

One incident reported by the Sexual Health Team was reported as an Early Warning and Nationally Reportable Incident in March. The incident is relating to an issue with some of our Hepatitis C tests for those living with HIV. This has meant that some people who have self-declared that they are living with HIV and who have asked for a Hepatitis C test through the Sexual Health Test and Post Service have not been tested for Hepatitis C. This applies to test results received from the Test and Post Service between May 2020 and 25 February 2026 and was the result of a technical issue.

Reported Moderate or above harm incidents:

During March, 22 incidents were reported with the initial Reporters Level of Harm indicated as Moderate. Of these 22 incidents, 16 were reported by Cervical Screening Wales (CSW) and are in relation to Cervical Screening Wales Audit of Cervical Cancer (CSWACC) audit review incidents. The incidents are being managed by CSW with the support of the Putting Things Right (PTR) Team.

Of the 22 incidents reported as moderate harm, 5 have been downgraded to Low, 3 have been closed as Moderate harm and 14 remain under investigation.

The 16 CSW incidents relate to CSWACC, reviews being undertaken. They were all identified and confirmed as moderate incidents during a CSWACC meeting and so all logged at the same time in March, resulting in the higher than usual reporting of moderate incidents.

The incidents meet the threshold for moderate harm but do not trigger the Duty of Candour as they occurred pre-1 April 2023, when the duty came into effect.

All the affected participants have been written to with bespoke letters and offered a meeting with the service. The incidents remain ongoing and are being closely supported by the Legal Support Manager.

Post Investigation Moderate Harm Incidents:

Three of the above mentioned CSWACC audit review incidents have been closed as moderate harm. The incidents occurred pre-April 2023 so do not meet the criteria for Duty of Candour. The incidents are being managed by Cervical Screening Wales with the support of the PTR Team.



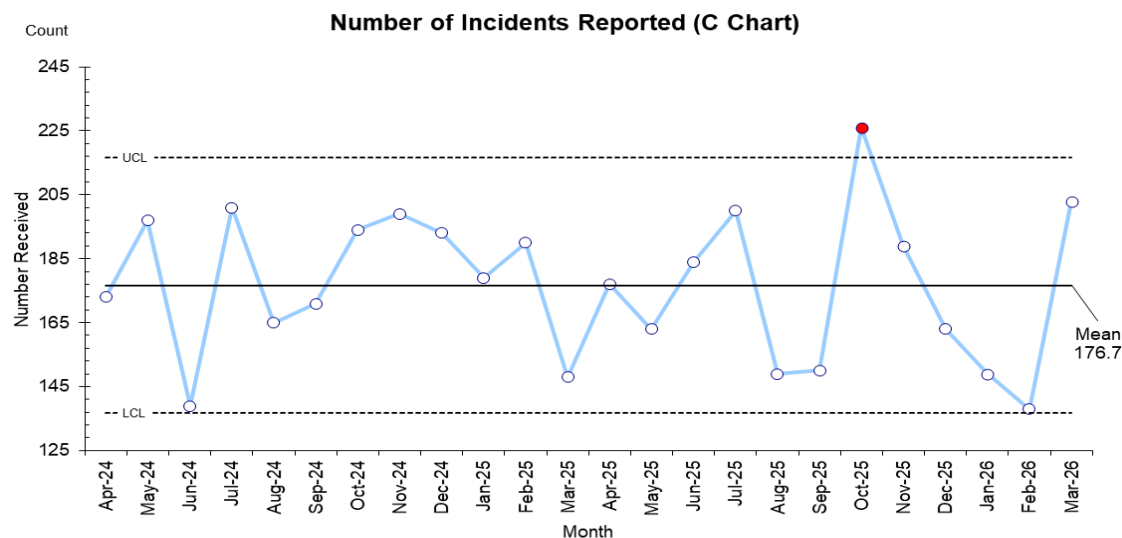
Clinical Governance, Quality, Safety and Improvement



Externally Reportable Incidents between April 2025 – March 2026 Lookback

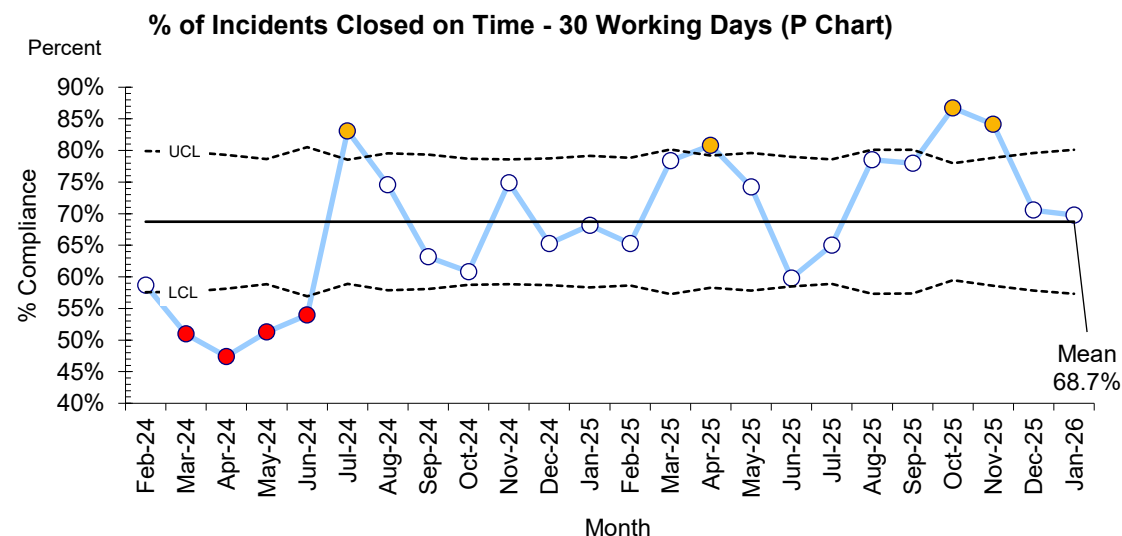
- 3 Nationally Reportable Incidents reported
- 2 Duty of Candour Incident reported
- 4 Early Warning Incident reported
- 11 Post Investigation Harms (Moderate or above)

No. Incidents Reported Over Time



Since the high seen in the number of incidents reported in October 2025, due to a batch of out of date vials for the Cervical Screening service, reporting has fallen to within normal variation limits, with an increase in reporting noted in March 2026. Reporting has increased across all divisions in Health Protection and Screening Services. The largest numbers of incidents in 2025/26 are within Microbiology (702), Cervical Screening Wales (698) and Diabetic Eye Screening Wales (228).

Percentage of Incidents Closed within 30 Working Days



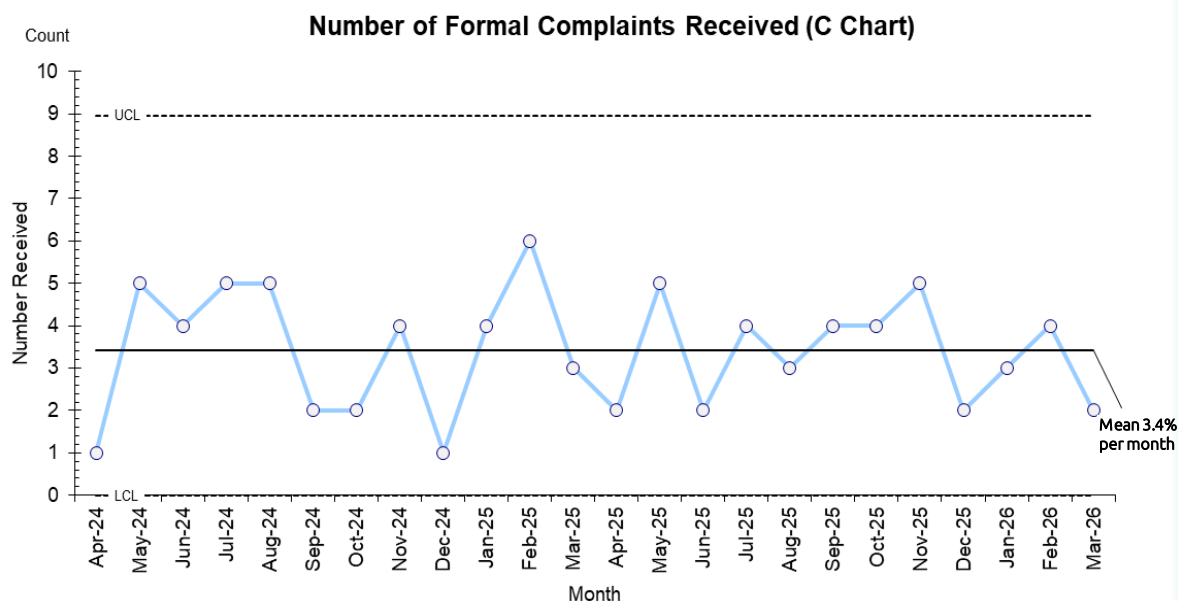
Special cause variation identified in October and November 2025, due to increased focus on closure by the Office of the Medical Director and Nursing, Quality and Integrated Governance. Slight decrease in closures in December 2025/January 2026 – analysis of year-on-year reporting shows this is commensurate with previous years.



Clinical Governance, Quality, Safety and Improvement



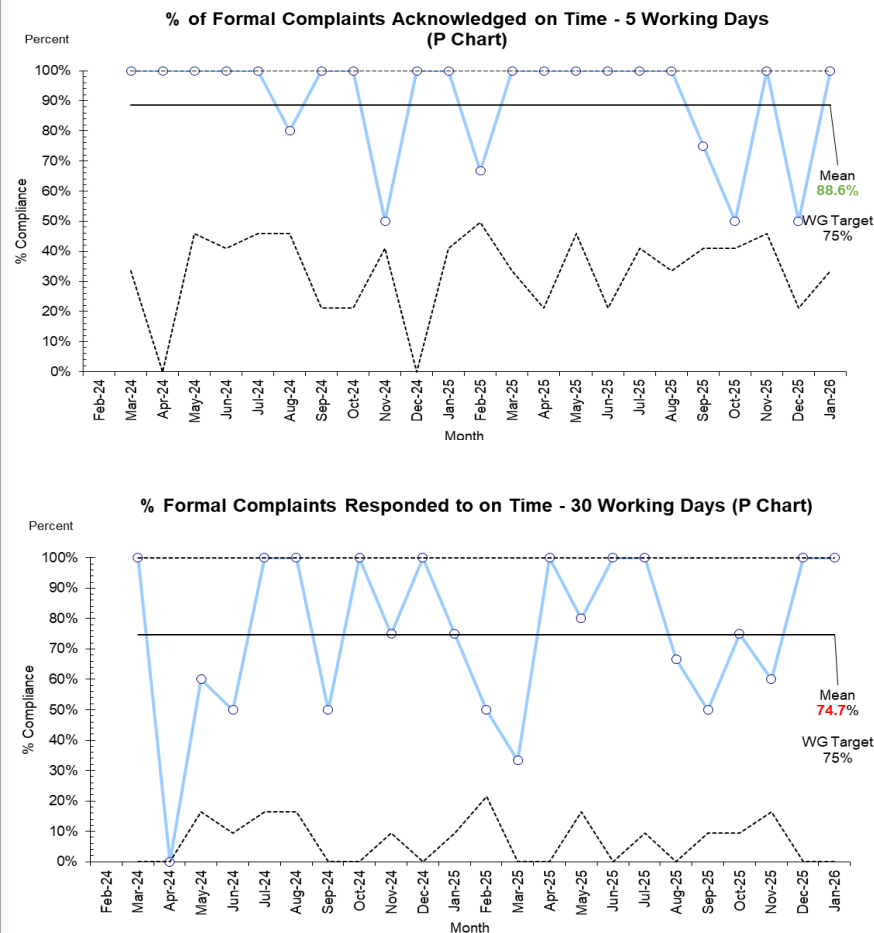
Number of Formal Complaints Received



Month 12: Normal variation noted, no special cause identified.

12 Month Lookback: In 2025/26, 41 formal complaints were received.

Formal Complaints Compliance



Month 12: Normal variation, no special cause identified. Response rates, slightly under WG target figure due to Aug-Nov 25 figures affecting timelines. Small data set where slight changes impact % compliance.

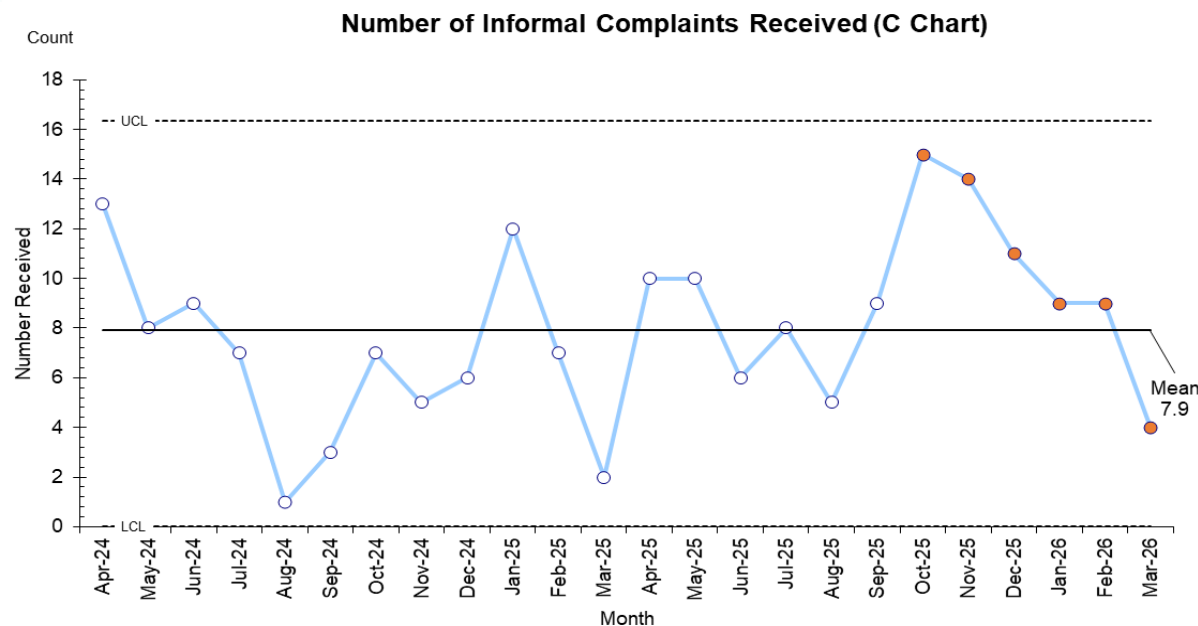
12 Month Lookback: 90% (36) of formal complaints were acknowledged within the target five working days and 79% (27) were responded to within the 30-working day timeframe, with 7 formal complaints still within the 30-working day response timeframe.



Clinical Governance, Quality, Safety and Improvement

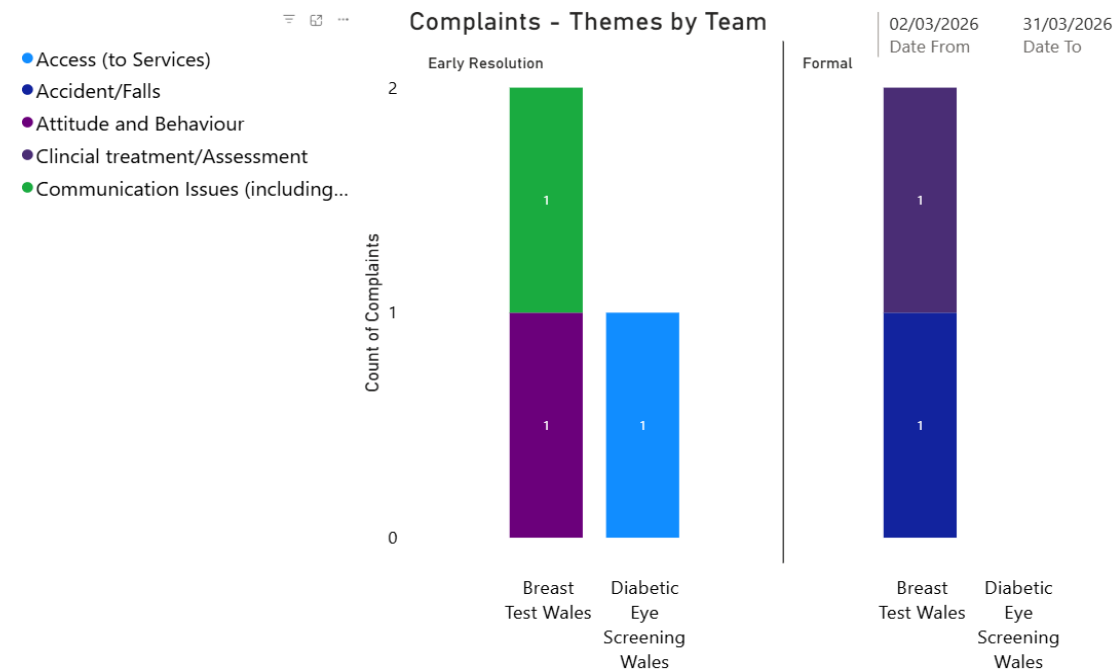


Number of Informal Complaints Received



Downward trend identified in reporting of informal complaints, noted since Oct 25 with slight reductions being seen in BTW and DESW.

Themes and Service Areas – March 2026



2 Formal complaints and 3 Early Resolution complaints received in February.

Claims

March 2026

2

2 new potential claims were received in March.
Of the 34 ongoing claims, 26 are confirmed and 8 potential.

Redress

March 2026

0

No new Redress cases were received in March.

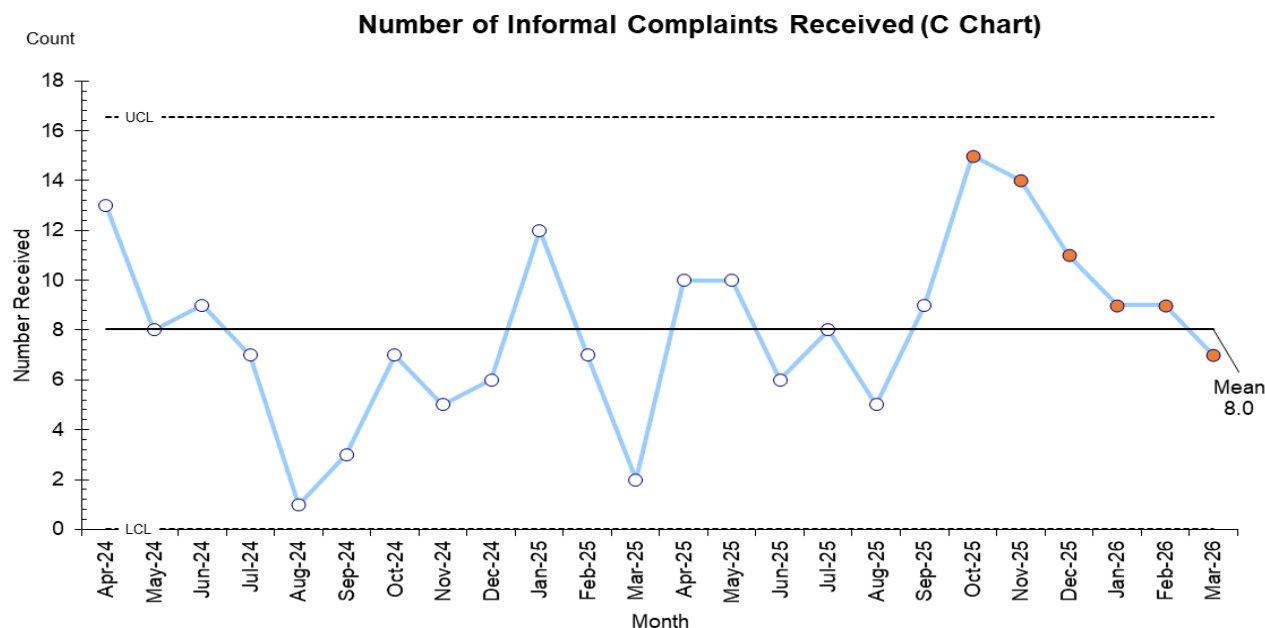
There are 8 ongoing Redress cases, 4 in Breast Test Wales and 4 in Cervical Screening Wales. All Redress cases are being progressed in line with the PTR Regulations in a timely manner.



Clinical Governance, Quality, Safety and Improvement



Number of Informal Complaints Received - Lookback



Claims - Lookback

April 2025 - March 2026

10

In the period April 25 – March 26:

10 new claims were received.

As of March 26, there are 34 current ongoing claims, 26 are confirmed claims and 8 are potential claims.

Redress - Lookback

April 2025 - March 2026

1

In the period April 25 – March 26:

1 new Redress case was received.

As of March 26, there are 8 ongoing Redress cases, 4 are within Breast Test Wales and 4 in Cervical Screening Wales.

All Redress cases are being progressed in line with the PTR regulations in a timely manner.

There is an identified downward trend in reporting since October 25 in both BTW and DESW. 113 early resolution (Informal) complaints were received during the reporting period.



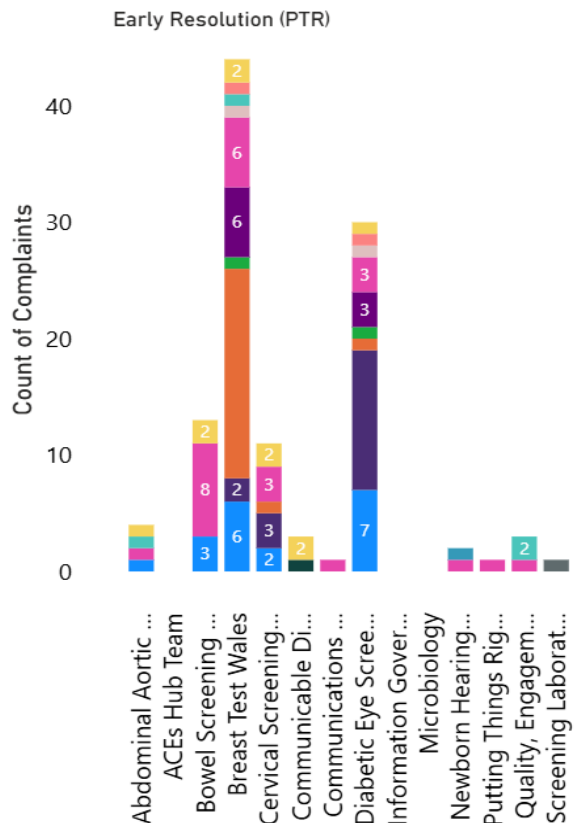
Clinical Governance, Quality, Safety and Improvement



Themes and Service Areas – April 25 – March 26 Lookback

- Access (to Services)
- Accident/Falls
- Appointments
- Attitude and Behaviour
- Cleanliness
- Clinical treatment/Assessment
- Communication Issues (including...)
- Confidentiality
- Discharge Issues
- Environment/Facilities
- Equality
- Equipment
- Patient Care
- Test and Investigation Results

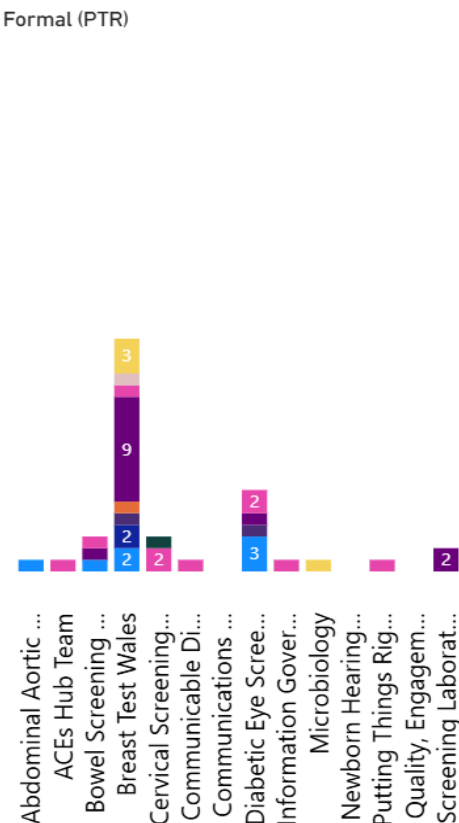
Complaints - Themes by Team



4/1/2025
Date From

3/31/2026
Date To

Formal (PTR)



Complaint Type

- ☐ Early Resolution (PTR)
- ☐ Formal (PTR)

Directorate	Complaint Count
Health Protection and Screening Services	146
Screening	141
Health Protection	4
Microbiology	1
Nursing, Quality and Integrated Governance	6
Operations and Finance	1
Policy and International Health	1
Total	154

25/26 has seen a rise of 26% in the number of complaints received compared to 24/25.

There has been an increase in reported complaints for Access to Services and Attitude and Behaviour.

The services with the highest number of complaints are BTW (67), DESW (37) and BSW (16).



Section 2 Service Delivery



Key Performance Indicator Summary



Screening Services		Target	12 Month Look Back	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26												
Bowel Screening Wales – Waiting time for index colonoscopy (4 weeks) (Health Board Delivery)		90%		6.9%	3.9%	4.9%	8.8%	14.1%	10.5%	19.7%	22.5%	28.5%	18.8%	24.1%													
Cervical Screening Wales – Waiting time for colposcopy appointment (8 weeks) (Health Board Delivery)		90%		98.2%	98.4%	98.8%	98.4%	98.8%	95.3%	98%	98.3%	98.9%	98.7%	99.0%													
Breast Test Wales – Assessment invitations (3 weeks)		90%		8.8%	16.7%	19.6%	24.1%	24.6%	31.6%	17.4%	41%	28.3%	13.5%	10.6%	45.7%												
Diabetic Eye Screening Wales – Coverage (12 Months)		80%		40.2%	40%	39.3%	38.9%	38.4%	39.6%	39.6%	38.4%	38.4%	38.9%	39.5%	39.7%												
Abdominal Aortic Aneurysm – Timely referral to elective vascular network (MTD)		100%		100%	75%	100%	66.7%	100%	100%	100%	100%	100%	83.3%	100%	100%												
Infection Services																											
Total Microbiology Rejection Rates		<5%		5.2%	5.2%	5.1%	5%	5%	4.8%	4.8%	4.8%	5%	5%	4.8%													
Total Microbiology Diagnostic Sample Requests		*N/A		160,143	162,735	162,252	178,612	156,429	168,719	184,730	167,313	164,861	172,196	157,115													
Blood Culture - Collected to Incubation SMI <4hrs		>95%		67.3%	68.8%	68.5%	68.3%	68.1%	68.3%	70.3%	69.9%	67.8%	69.7%	69.0%													
Blood Culture - Received (PHW Laboratory) to Incubation <4hrs		>95%		98.7%	99.4%	99.7%	98.4%	99.6%	99.6%	99.3%	99.2%	99.7%	99.7%	99.4%													
Health Protection																											
Test and Post (STI self-sampling) – Test Turnaround Times (Less than 7 days)		99%		99.93%	99.85%	99.66%	99.94%	99.95%	99.97%	99.97%	100%	99.89%	99.98%	99.98%													
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%		100%	100%	100%	100%	75%	87%	79%	95%	92%	95%	87%													
Health & Wellbeing																											
JUSTB – Number of Schools with 2-day training completed by month**		35 Schools		1	6	4	N/A	N/A	1	4	5	1	4	5	6												
JUSTB – Number of Schools with 2-day training completed YTD**				30	36	40	N/A	N/A	1	5	10	11	15	20	26												
Whole School Approach – Percentage of schools with an Action in Place (All schools)		80%		83%	85%	87%	88%	88%	89%	90%	92%	93%	96%	96%	96%												
Whole School Approach – Percentage of schools with an Action in Place (Secondary schools)		100%		98%	98%	99%	99%	99%	99%	99%	99%	99%	100%	100%	100%												
Help Me Quit - Benchmark for timely first contact (NTSS)		90%		96%	92%	94%	89%	96%	93%	95%	95%	94%	94%	94%													
Help Me Quit – 4-week self-reporting quit rate (NTSS)		35%		83%	73%	48%	72%	75%	72%	59%	66%	81%	73%	76%													
Research Data & Digital																											
				Quarter 1 (25/26)			Quarter 2 (25/26)			Quarter 3 (25/26)			Quarter 4 (25/26)														
Number of Major Breaches		0 Major Breaches		0 Breaches			0 Breaches			0 Breaches			1 Breach														
Percentage of publications without breaches		100%		76%			76%			76%			76%														
Percentage of user follow up to RD&D products		100%		20%			33%			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.



Health Protection and Screening Services



Breast Test Wales (March 2026 and 2025/2026)

The position has improved significantly with respect to wait times for assessment clinics. In March 2026 on an All-Wales level, **45.7%** of women were given an assessment invitation within 3 weeks of screen against the standard of **>90%**. This improvement was driven primarily by significant gains over the latest month in South (up 40.8%) and West Wales (up 59.6%). The March position is encouraging and suggests that recovery actions, capacity management and local operational focus are beginning to positively influence this part of the pathway. However, performance remains inconsistent across regions, reflecting the continued impact of known capacity and workforce constraints in that region.

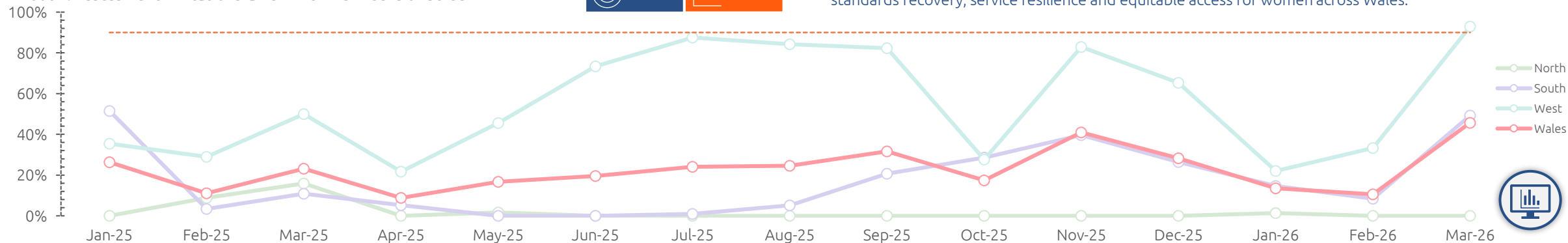
68.1% of women were given an assessment invitation within four weeks of screen against the standard of 100%. The average wait in weeks for assessment invitation was 5.0 weeks against a standard of three weeks; however, this has **improved** from a 6.4 week wait in February 2026. There has been resolution of the pathway in North Wales to improve flexibility of the pathway, following executive level escalation which will further reduce the backlog of women waiting for assessment.

On a regional level, no assessment invitations were given within three weeks of screen in North Wales. In the South Wales region, there was an increase in the number of assessment invitations given within three weeks of screen, from 8.4% in February to 49.2% in March. In the West Wales region, there was also an increase in the number of assessment invitations given within three weeks of screen, **from 33.3% in February to 92.9% in March, which was the first data point above standard in 2025/26.**

95% of women had normal results sent within two weeks of screen against a standard of >90% and **9.7%** of women had abnormal results sent within two weeks of screen against a standard of >90%. The two-week time to reading interval is being reviewed to improve compliance with the standard.

Deep dive at the QSIC Committee on 24th February on Screening, with a focus on assurance and improvement plans for identified timeliness performance standards.

BTW-006A: Assessment Invitations Given Within 3 Weeks of Screen



Breast Test Wales - 2025/2026 Improvement plan

The Breast Test Wales (BTW) Improvement Implementation Plan sets out a structured, time-bound programme to restore and sustain delivery of a safe, equitable and high-quality breast screening service across Wales, following the combined impacts of COVID-19 disruption, workforce pressures and widening performance variation.

The plan seeks to stabilise and then improve performance against national standards for reading timeliness, assessment timeliness, screening round length and uptake, while strengthening workforce resilience, governance and assurance. It brings together previously programme wide improvement activity into a single, reportable framework with clear actions, success measures, risks and escalation routes, enabling consistent oversight and decision-making.

A core focus is reducing regional variation, particularly addressing persistent constraints in North Wales arising from assessment models, workforce availability and system limitations. The plan aims to increase resilience through cross-regional working, streamlined workflows, expanded and trained clinical capacity, and improved reliability of supporting infrastructure such as IT networks and mobile screening units.

The plan also seeks to restore screening round length towards the 36-month standard through improved modelling, prioritisation of longest waits, validated performance data and, where required, escalation of funding and capacity decisions. In parallel, it supports continued alignment with the national Breast Screening Service Review, ensuring emerging recommendations are translated into a coordinated improvement plan.

Finally, the plan aims to strengthen equity and uptake by improving understanding of variation by geography, deprivation and demographics, and by implementing targeted engagement, accessibility improvements and an updated Screening Equity Strategy.

Overall, the plan is designed to provide assurance that BTW has a clear, governed and sustainable route to standards recovery, service resilience and equitable access for women across Wales.





Health Protection and Screening Services



Bowel Screening Wales (February/March 2026 and 2025/2026)

In March 2026, Bowel screening uptake and coverage both remain **above** the standard of >60%, reporting **65.3% and 62.4%**, respectively. 100% of participants were sent their screening test result within 7 days of receipt of test kit in laboratory.

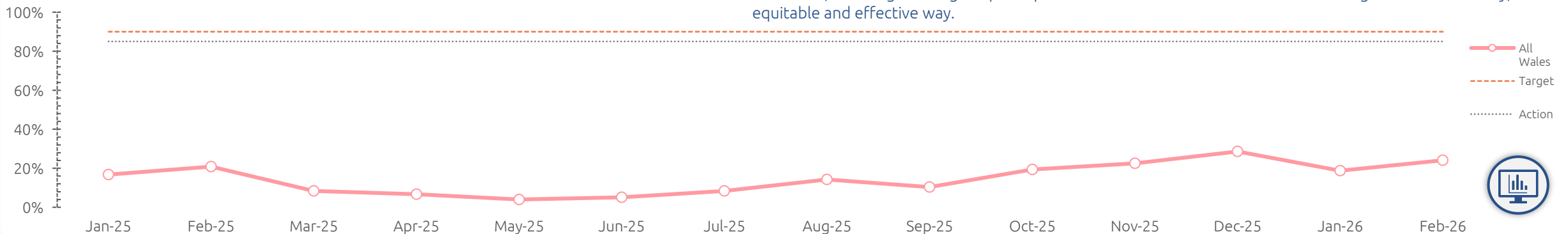
Colonoscopy is a commissioned service from the Health Boards. In February, **24.1%** of participants were offered an appointment within 4 weeks with an average waiting time for a screening colonoscopy of 7 weeks and 6 days. In comparison with April 2025, where 6.7% of participants were offered an appointment within 4 weeks this is a significant improvement but still considerably below standard.

As of 17th April 2026, the average waiting time for a screening colonoscopy is at 7 weeks and 6 days. Waiting times range from 4 to 13 weeks across the 14 screening centres. Average Specialist Screening Practitioner waiting time is 6 days, which is within standard.

Deep dive at the QSIC Committee on 24th February on Screening, with a focus on assurance and improvement plans for identified timeliness performance standards.



BSW-007: Waiting Time for Index Colonoscopy/Flexi-Sig Procedure Within 4 weeks of Booking SSP Appointment – Looking Back



Bowel Screening Wales - 2025/2026 Improvement plan

The Bowel Screening Wales (BSW) Improvement Implementation Plan sets out a time-limited, collaborative programme to address sustained challenges in the timeliness of screening colonoscopy across Wales. Currently, no health board is meeting the four-week screening colonoscopy standard, reflecting long-standing constraints in core screening capacity, workforce availability and service resilience. The plan seeks to improve timely access to screening colonoscopy by establishing the Screening Colonoscopy Improvement Project (SCIP), a structured improvement programme bringing together BSW, all seven health boards and key national partners. Its primary aim is to reduce screening colonoscopy waiting times through a coordinated, system-wide approach rather than isolated local actions.

The plan focuses on increasing core screening colonoscopy capacity and improving resilience by addressing workforce bottlenecks, including limited numbers of accredited screening colonoscopists and screening nurses, competing service pressures, and insufficient training and mentorship pathways. It also seeks to reduce variation in service models and improve delivery against commissioning agreements for funded screening activity through enhanced use of data, including a bespoke bowel screening patient tracking list, supports better visibility of waiting lists and performance at health board and national level.

The plan recognises that sustainable improvement may require a combination of short-, medium- and long-term changes and that improvements in waiting times may not be immediate. However, it provides Board-level assurance that BSW has a structured and credible route to identifying and implementing solutions, aligned with equity of access and quality improvement principles.

Overall, the plan seeks to establish the foundations for sustainable improvement in screening colonoscopy timeliness, ensuring that eligible participants across Wales can access bowel screening services in a timely, equitable and effective way.





Health Protection and Screening Services



Diabetic Eye Screening Wales (March 2026 and 2025/2026)

In March 2026, **39.7%** of eligible patients were offered an appointment in the last twelve months against a standard of **>80%**. Over a 24-month period for the low-risk recall pathway coverage in the same month is 76.1%, which is significantly higher but below the standard of >80%.

Uptake of eye screening stays above the 80% standard at 82.9%, showing 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 has **reduced** since the introduction of new cameras, with an **inadequate rate of 6.4% against the standard of <3%**. To further benefit from the introduction of new cameras an evaluation framework has been developed to explore the safety, feasibility, and effectiveness of adopting a staged mydriatic approach to eye screening, which is due to begin in April 2026. During the evaluation period we will have fewer appointments which will likely lead to a temporary drop in recall and coverage. Two new clinic models have been piloted successfully and will be implemented in March and April 2026. An improvement plan has been developed, and this is being managed through project group and transformation programme structure.

Deep dive at the QSIC Committee on 24th February on Screening, with a focus on assurance and improvement plans for identified timeliness performance standards.

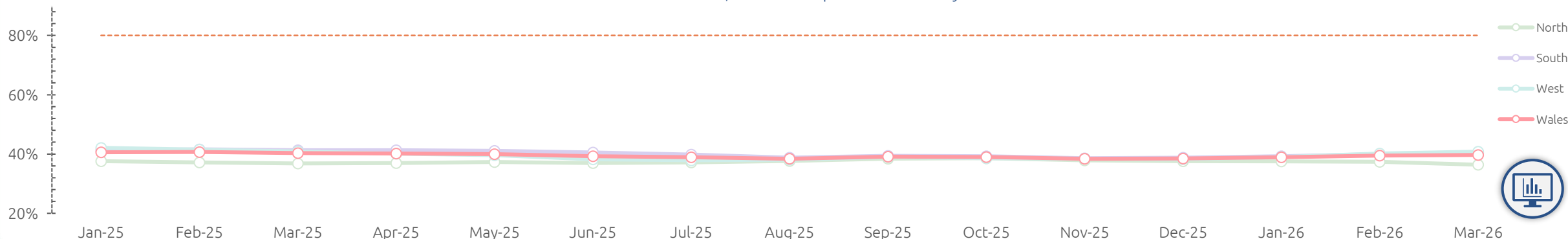
DESW-001: Coverage 12 Months



80%



39.7%



Diabetic Eye Screening Wales - 2025/2026 Improvement plan

The Diabetic Eye Screening Wales (DESW) Improvement Implementation Plan sets out a comprehensive programme to address sustained demand–capacity imbalance and improve coverage, efficiency and resilience within the national diabetic eye screening service. Rising diabetes prevalence in Wales has driven demand well beyond the capacity of existing delivery models, with current activity levels insufficient to meet the standard of achieving at least 80% coverage within 12 months.

The plan seeks to improve timely access to screening for eligible participants by increasing clinic capacity and utilisation while maintaining safety, quality and a positive participant experience. It focuses on redesigning service delivery models to maximise throughput using existing resources, including the introduction of alternative clinic templates, wider implementation of the Low-Risk Recall Pathway, and improved booking and backfilling processes to reduce unused capacity.

A key strand of the plan is the evaluation and phased implementation of innovative screening approaches, including retinal imaging without routine dilation and a staged mydriatic pathway. These changes aim to shorten appointment times, reduce burden on participants, and enable more people to be screened per clinic, subject to clear evidence of safety and effectiveness.

The plan also seeks to strengthen governance, performance oversight and use of data, with clearer metrics, dashboards and escalation routes to support delivery confidence and Board assurance over an extended improvement window through to 2026-27.

In parallel, the plan recognises that sustainable improvement depends on workforce resilience and organisational culture. Targeted actions are included to address sickness absence, strengthen leadership capability, and support staff engagement and empowerment, mitigating the risk of change fatigue while embedding new ways of working.

Overall, the DESW Improvement Implementation Plan provides a structured, evidence-led route to restoring performance, improving equity of access, and ensuring that the service can meet future demand for diabetic eye screening across Wales in a safe, efficient and person-centred way.





Health Protection and Screening Services



Cervical Screening Wales (February 2026 and 2025/2026)

Over 2025/26 the 8-week appointment referral waiting time standard (CSW-005A) has remained within the required 90% standard. This is due to the regularised demand and capacity monitoring, mitigation and escalation of emerging risks and agreement of defined action plans to ensure continued delivery of waiting time standards.

Laboratory turnaround time for colposcopy histology results within two weeks reported 53.7% against a standard of >80%. Issues remain with histology turnaround times in the South East of Wales, linked with overall histology reporting capacity. Regular CSW led meetings with Colposcopy and histology teams ensure any delays are communicated and improvement work continues to consider outsourcing to improve turnaround times.



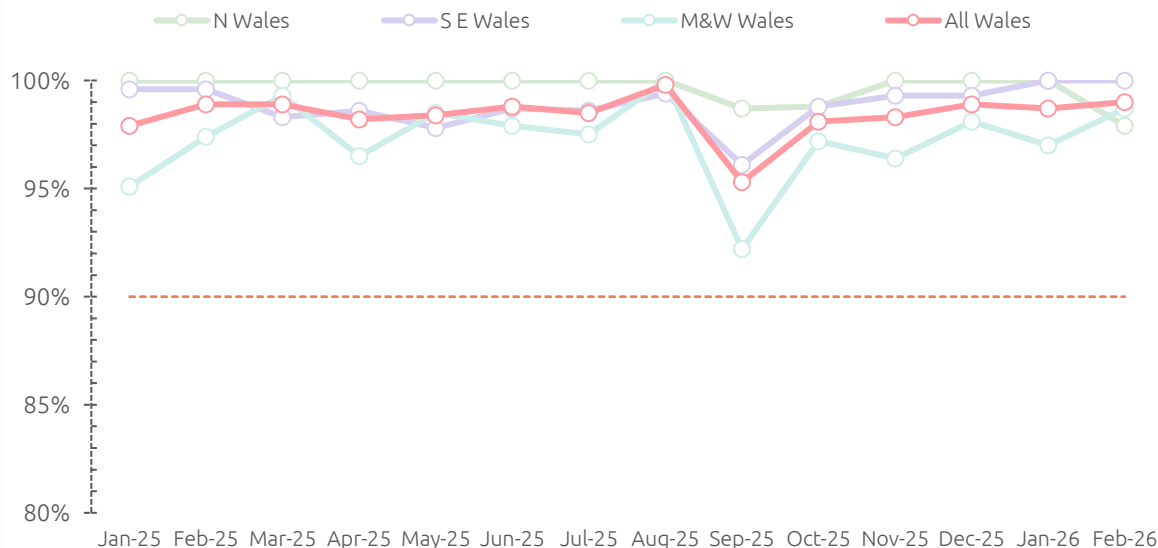
90%



99.0%



CSW-005A: Waiting Time for Colposcopy Appointment – All CSW Direct Referrals (8 weeks)



Abdominal Aortic Screening Wales (March 2026 and 2025/2026)

In March 2026, 100% of men were referred by the end of the following working day or same day.

Over the last year a six-month evaluation of targeted outbound telephone calls to AAA screening non-responders was planned and delivered through the deployment of the National Support Team. The targeted calls demonstrated a positive impact, with increased appointment uptake among a population group with a higher positivity rate.

In April 2025, uptake within 4-months and 12-month were below the standard of >80%. In the final three months of 2025/26, improvement to the 12-month uptake has been sustained, aligning with the evaluation period and interventions of the National Support Team. Further improvement and reduction in Do Not Attend rates is anticipated through the planned introduction of SMS appointment reminders.



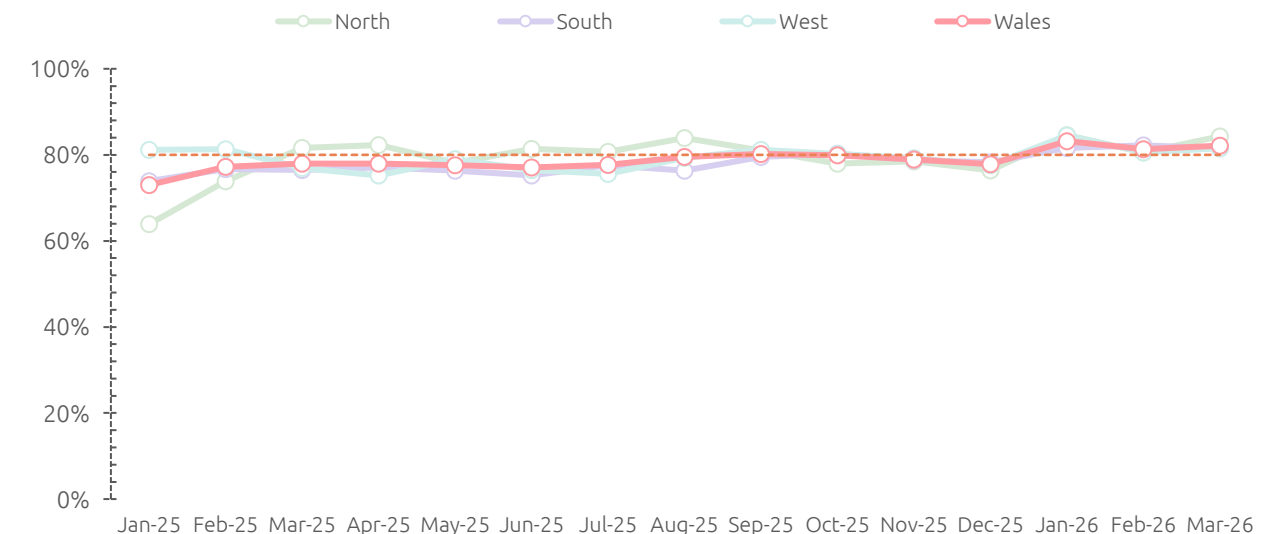
100%



100%



AAA-001a: AAA Screening Uptake Within 12 Months



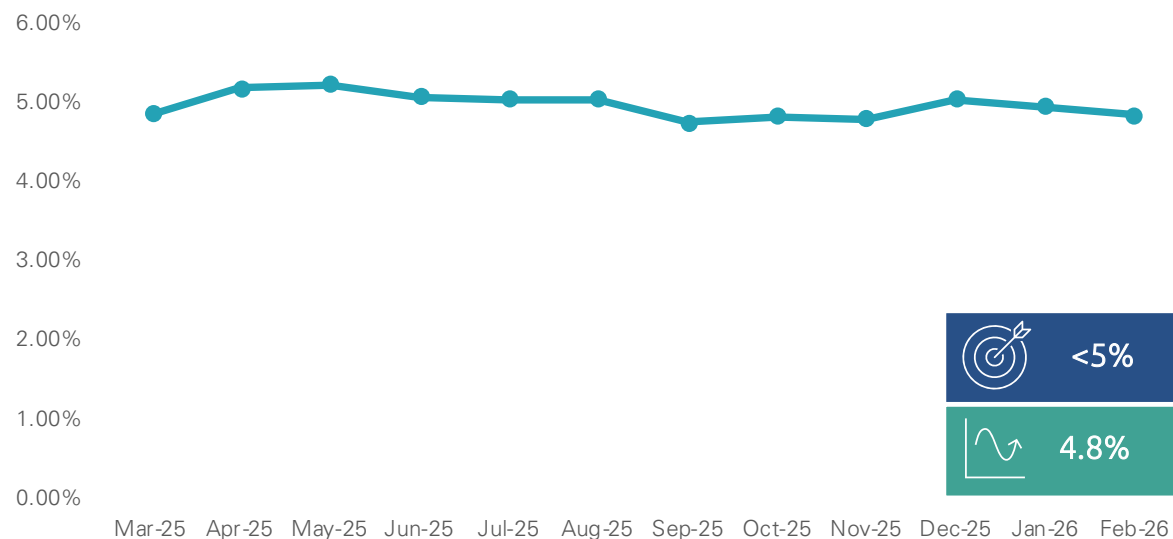


Health Protection and Screening Services



Infection Services

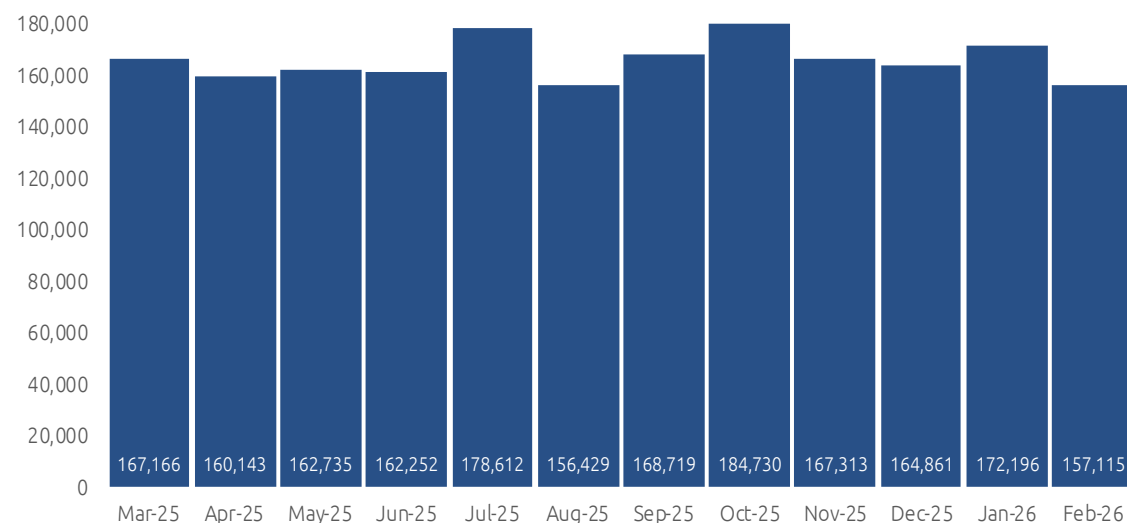
Total Microbiology Rejection Rates



During February, a total of 157,115 diagnostic sample requests were processed. Of these, 7,604 samples equating to 4.84% were rejected. This represents a slight decrease and an improvement from the previous month's rejection rate of 4.96%. Most rejected samples were attributed over the year as either damage or improper containment of specimens. It is important to note that rejection rates differ across health boards, and no single primary cause for these discrepancies has been identified. The Specimen Acceptance Policy is in place to uphold the accuracy and reliability of patient results.

Infection Quality Leads undertake a monthly review of rejection trends and collaborate with service users to enhance sample handling practices. Communication and improvement strategies are implemented through health board portals and regular newsletters. Looking ahead, the introduction of the LIMS 2.0 system will further support these efforts by allowing for customised test sets and enhanced data collection capabilities.

Total Microbiology Diagnostic Sample Requests



In February, there were 157,115 requests for microbiology diagnostic samples. The month had only 20 working days and 8 weekends, directly affecting specimen submissions.

Request volumes vary over the year with seasons and outbreaks, so proactive planning and adaptable resource management are crucial. Our service remains prepared to respond year-round.

Health Boards manage specimen collection and submission. We collaborate with them on targeted initiatives to ensure testing is appropriate and resources are used efficiently, maintaining high-quality service during peak periods.

*Target not applicable

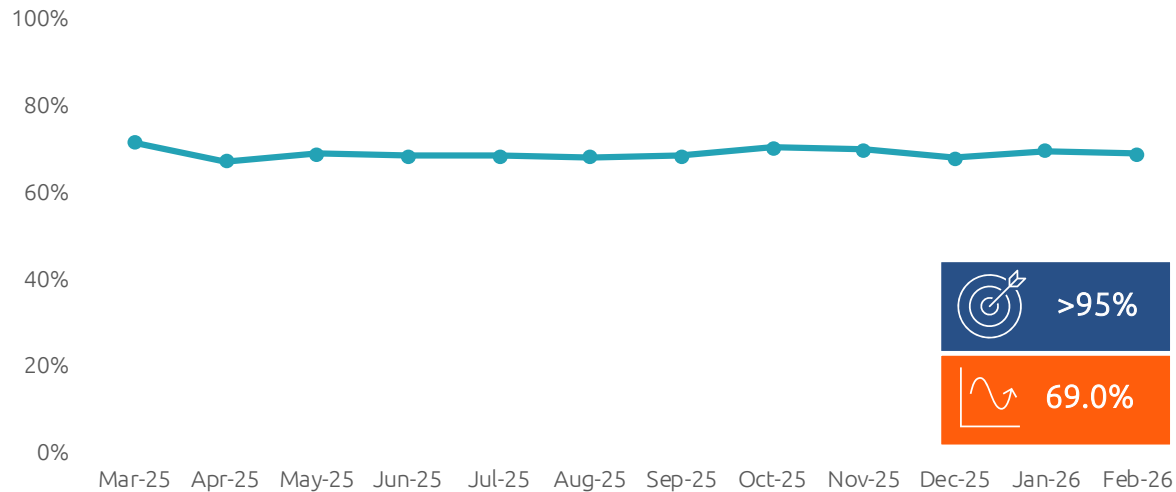


Health Protection and Screening Services



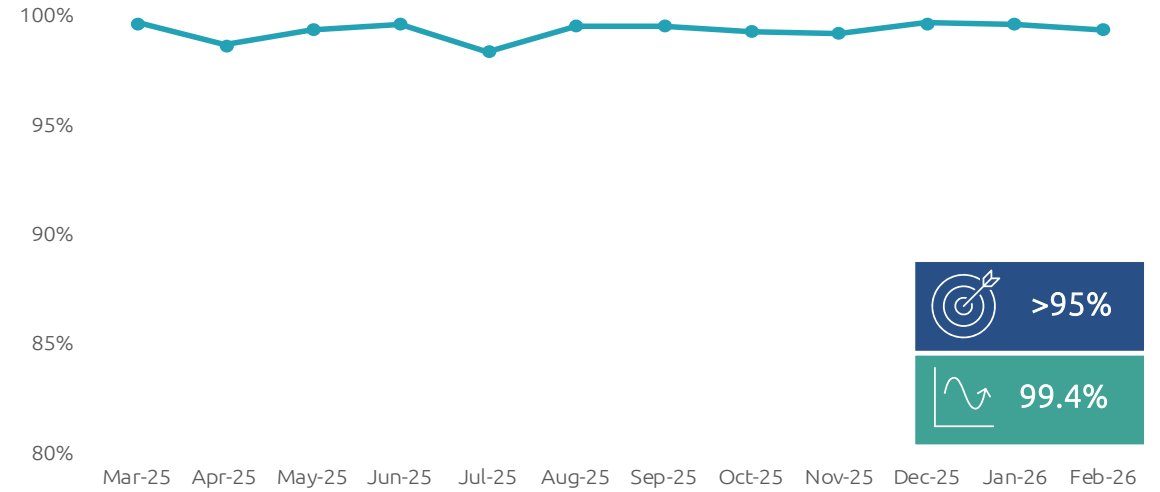
Infection Services

Blood Culture - Collected to Incubation SMI <4hrs



- Meeting the 4-hour limit is crucial for accurate diagnosis, particularly in sepsis cases. Efficient transport procedures within HBs are needed but can be challenging to maintain. Over the year the target has remained a reasonable static. Operational issues are reviewed over the year with stakeholders and addressed through educational programmes and retraining to reinforce compliance.
- The UK SMI guidelines stipulate that blood culture samples must be incubated within four hours of collection. In February, this requirement remained largely stable, with only a minimal decrease of 0.68% compared to the preceding month.
- Adherence to the four-hour incubation window is essential for accurate diagnostic outcomes, especially in cases involving sepsis. While efficient transport procedures across Health Boards are necessary, maintaining these standards can present challenges. Operational concerns are systematically discussed with stakeholders and addressed through targeted educational initiatives and retraining efforts to ensure ongoing compliance.

Blood Culture - Received (PHW Laboratory) to Incubation



- Compliance with the four-hour incubation target for blood cultures is measured from lab receipt to analyser loading. In January, the rate was 99.65%, reflecting consistent adherence and operational efficiency with no significant change in month or over the year.
- The lab's scheduling and staffing support this achievement, although further improvement may be limited. Timely specimen transport from wards remains the main challenge, but once specimens arrive, protocols are reliably followed.
- Adherence to the four-hour incubation benchmark for blood cultures is evaluated from the time of laboratory receipt to the point of analyser loading. February performance reached 99.39%, demonstrating sustained operational efficiency and minimal month-on-month variation.
- Laboratory scheduling and staffing have contributed to this outcome; however, opportunities for further improvement appear constrained. The principal challenge remains the prompt transport of specimens from hospital wards. Once received in the laboratory, established protocols are consistently executed.



Health Protection and Screening Services

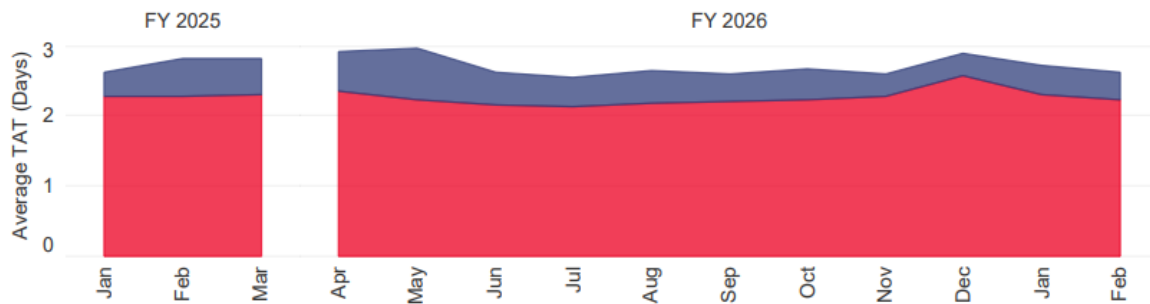


Health Protection

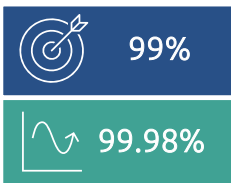
Test and Post – STI self-sampling

Test Turnaround Times

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 February 2026, 100% met the 7-day turnaround standard.
- 0 request(s) of 5,852 total requests (0.02%) did not meet the 7-day TAT standard.
- 5,154 total requests equated to 29,942 tests being undertaken.

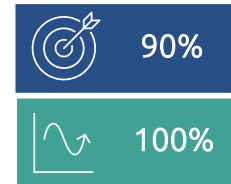


Actions to improve:

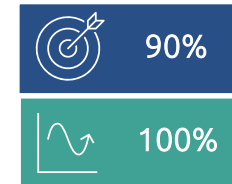
- Ongoing monthly monitoring
- LGV TAT – Secondary Testing

AWARe Response Times by Priority

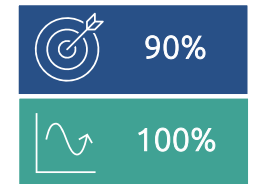
Urgent (<4 hours)



High (<24 hrs)

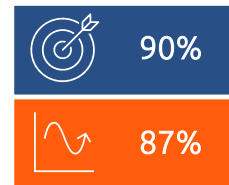


Medium (<48 hrs)



- Our response to cases of communicable disease cases within timescales is an important performance indicator because it ensures the necessary public health actions are initiated in a timely manner
- Response time performance currently has exceeded all priority level targets
- Over the past 12 months, these indicators have consistently met their targets.

Compliance to Surveillance Reporting Schedules (%)



- We dropped below target this month unfortunately, the first time since October.
- Delayed reports this month were due primarily to data flow issues with DHCW. Partnership working has resolved this issue, and it should not be an ongoing concern.
- Across most HP service areas, performance is being delivered in line with agreed indicators, providing assurance that objectives continue to be met. Enhancements to surveillance reporting will continue to improve performance within this service

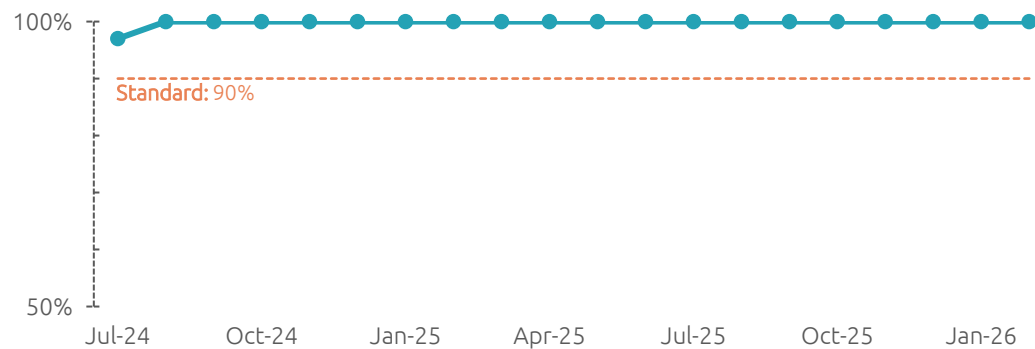


Health Protection and Screening Services

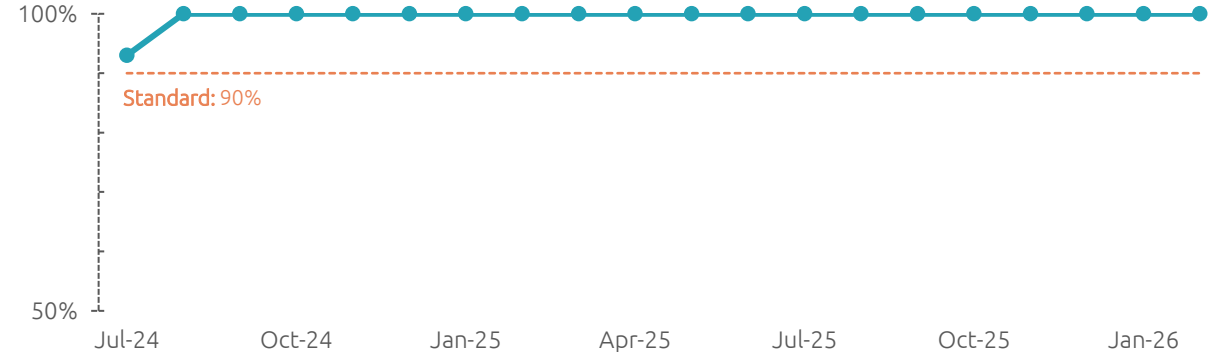


Health Protection –Lookback

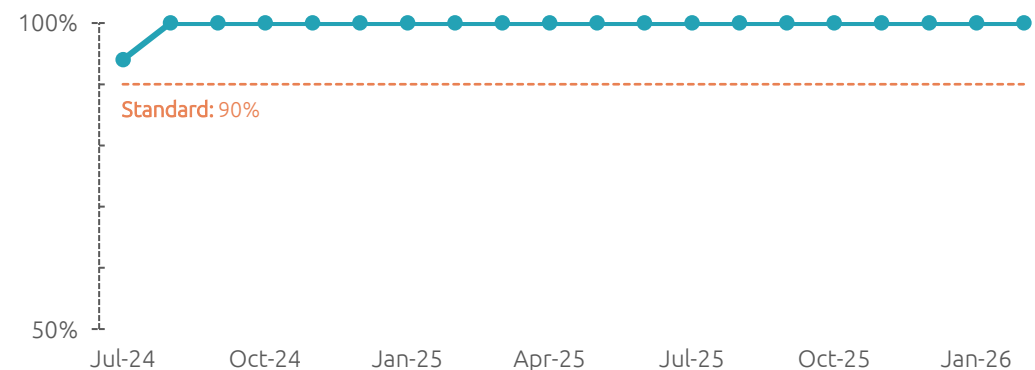
AWARE Response Time by Priority - Urgent (<4 hours)



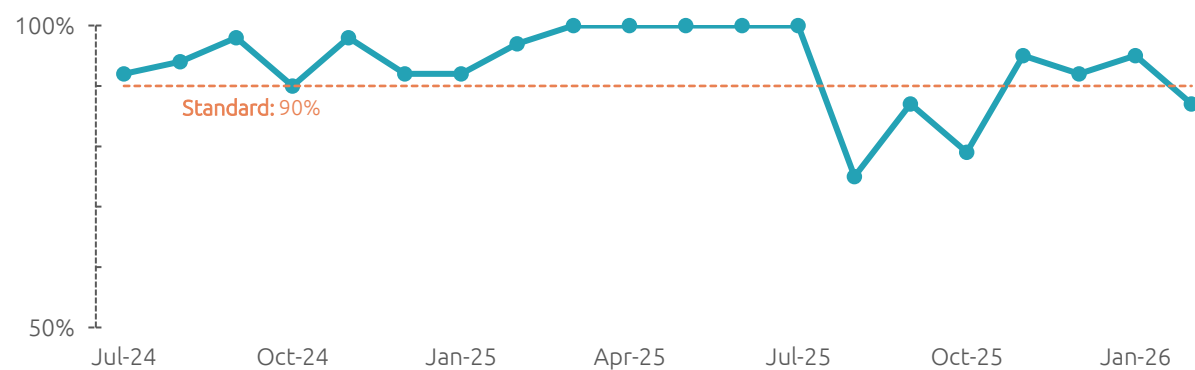
AWARE Response Time by Priority - High (<24 hrs)



AWARE Response Time by Priority - Medium (<48 hrs)



Compliance to Surveillance Reporting Schedules (%)



Compliance was above the 90% standard for most of 2025–26. In August 2025 performance dipped due to delays in analysing actual issue times and technical issues with qualitative exception reports.



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	5	5
Number of major breaches	0	0	0	0	0	0	0	1
Number of minor breaches	1	0	1	0	1	0	1	3

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.

Note on major breaches Jan-Mar 2026:

This relates to premature publication of press release for Cancer Survival Official Stats publication. Actions are underway with Communications colleagues to address the issue and prevent a repeat of this error.



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	3	4
Research grant income to PHW (£)	550k	125K	369K	66K	112K	21k	378K	1.79M
No. personal development research awards.	0	0	0	2	2	0	0	0
No. peer reviewed publications (PHW affiliated).	28	14	24	24	23	30	45	21
No. evaluations completed.	1	1	1	2	2	1	3	2

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



Policy and International Health



Summary of activity in 2025/26

WHO Collaborating Centre on Investment for Health and Well-being Re-designation *(Enabling Delivery of our Long-Term Strategy)*

- The WHOCC has a unique role as the first and only one in the world working to enable sustainable investment in healthy prosperous lives for all.
- It has established Wales as a Champion and a Live Innovation Site enabling and delivering a Welsh Government – WHO/Europe Memorandum of Understanding.
- It has developed a unique Welsh Health Equity Solutions Platform, provided resources and convened key partners to accelerate action that closes the health gap in Wales and beyond.
- It has supported Welsh Government and gained a world-leading reputation for addressing adversity and trauma across the life course and services; progressing well-being economies, sustainable development and Health in All Policies; and applying Health Impact Assessment and Behavioural Science for better health and well-being.

Advancing Well-being and Foundational Economies in Wales and Globally *(Influencing the Wider Determinants of Health)*

- This work has strengthened Welsh Government's ability to prioritise prevention and equity in policy and investment decisions across sectors.
- It has informed local, national and international well-being economy approaches in practice – building evidence and capacity, providing expertise and tools, and generating income.
- The Well-being Economics & Value (WEAVE) team has become a trusted partner and social value pioneer to enable building healthier populations, resilient communities, sustainable health systems, and prosperous societies in Wales.
- Activities include Health and the Well-being Economy work with Welsh Government and WHO, publishing a novel Social Value E-Guide for Public Health, Social Value of Immunisation work with PAHO, Economic Policy Modelling, and helping to develop a South West Wales Regional Health Economy.

International Horizon Scanning informing Welsh Government strategies and NHS service transformation *(Enabling the Delivery of our Long-Term Strategy)*

- This work has provided Welsh Government and NHS Wales with valuable international insights of what works, including evidence, policies and practice.
- It has informed the development of a Dementia Preventions Strategy and the transformation of urgent care in Wales, including as part of primary care.
- This work has enabled Public Health and its key stakeholders in Wales to learn from international best practice, and explore novel policies, approaches and models.



Policy and International Health



Summary of activity in 2025/26

Behaviourally Informed Communications Initiative (BICI) *(Delivering Excellent Public Health Services and Enabling the Delivery of our Long-Term Strategy)*

- More impactful health communications have been delivered through BICI - sharpening the impact of letters and texts including in screening, vaccination, and tobacco control.
- Using global evidence and best practice BICI supports clearer design and behaviourally-boosted communications – leading to more observable actions in target audiences.
- The initiative is accompanied by an interactive workbook, stepping users through five steps to success, and demand, application and impact of BICI continues to grow.

Growing the routine use of behavioral science to optimise policy, services and communications *(Enabling Delivery of our Long-Term Strategy)*

- This year has seen the launch of a comprehensive enabling plan to develop and sustain the use of behavioural science to help improve and protect health in Wales.
- The plan includes an *enabling action area* around building capability and a needs-led approach, including e-learning and tailored/sustained support, has been delivered.
- Our flagship *Better Health through Behavioural Science* conference in September, featured input from Wales CMO, and national and international leaders in enabling better delivery.

Winter wellbeing - supporting planning, delivery and boosting staff flu vaccination *(Delivering Excellent Public Health Services)*

- To support planning and preparation for increased strain over Winter, an evidence based and behaviourally-informed set of checklists, tools and a context report was produced.
- The resources featured a *dual focus framework* recognising individual actions, and the design and delivery of services to best enable these actions, to reduce winter pressures.
- As part of preparations a system-wide workshop was hosted in August, deploying behavioural research, frameworks and exercises to optimise action to deliver staff flu vaccination

Healthy Travel Update *(Tackling the Public Health Effects of Climate Change)*

- Supported organisations across Wales to reduce reliance on car travel and enable healthier, more sustainable transport choices.
- Established regional and national frameworks, strengthened leadership commitment, and supported behaviour change linked to health improvement and climate action.
- Helps integrate health, sustainability and workforce wellbeing into transport and organisational policy.



Policy and International Health



Summary of activity in 2025/26

Housing and Health Stakeholder Engagement and Policy Advocacy *(Influencing the Wider Determinants of Health)*

- Sustained engagement with a wide range of housing and health stakeholders (including those with lived experience, government, local health boards and the third sector). This includes 'The Future of Healthy Homes' Stakeholder event in north Wales, bringing a strong public health voice into housing policy discussions.
- Mobilised evidence, shared learning across sectors, and positioned Public Health Wales as a trusted convener for collaborative action, including working with social registered landlord to do a health impact assessment. Working with Aneurin Bevan Health Board to link data on health and housing alongside a third sector partner to benefit public health.
- Advocated for healthier housing policy, including an improvement of standards, practice and investment to improve outcomes for communities across Wales.

Housing Warmth and Health in Wales *(Influencing the Wider Determinants of Health)*

- Supported Welsh Government and partners through public health evidence and expertise, including Welsh Government uptake of our Cold Homes in Wales report and recommendations in its [updated Fuel Poverty Plan and response to cold weather resilience](#). This work is informing support to households struggling to meet their domestic energy costs and to protect health and ease service pressures during winter.
- Supported evidence-informed policy and practice through consultation responses, membership of the cross-sector Welsh Government Fuel Poverty Advisory Panel, and expert evidence to fora including the Senedd's joint cross-party group on housing and fuel poverty and the Equality and Social Justice Committee's [views and recommendations to Welsh Government](#). This work is informing targeted action to support vulnerable groups.

Trauma and ACE -Informed Wales implementation *(Promoting Mental and Social Wellbeing)*

- The TrACE-informed organisational toolkit enabled communities, organisations and sectors to embed trauma- and ACE-informed approaches through cultural change grounded in compassion and kindness.
- Promoted positive practice and attitudinal change across sectors including education, justice, housing and health, strengthening workforce capability and organisational resilience, and across Welsh society through the coproduction of a public narrative and Kindness campaign film
- Supported the delivery of Welsh Government national priorities on mental health, equity and prevention and Wales' ambition to become a trauma-informed nation.



Policy and International Health



Summary of activity in 2025/26

Futures and Long-Term Thinking *(Enabling Delivery of our Long-Term Strategy)*

- The development of training tools and workshops has strengthened the use of futures and foresight approaches within Public Health Wales and across the wider public sector.
- Embedded long-term thinking into strategy development, policy design and workforce capability, supporting more resilient and preventative decision-making.
- Through the development of practical tools and partnerships, PHW is recognised as an international leader in applied futures methods for public health.

Health Impact Assessment (Wales) Regulations 2025 *(Influencing the Wider Determinants of Health)*

- The [Health Impact Assessment \(HIA\) Wales Regulations 2025](#) embed consideration of health, wellbeing and health inequalities into public-body decision-making across Wales.
- Supported the development of the Regulations and have also produced guides (statutory and voluntary) and training to support implementation of the Regulations.
- The Wales HIA Support Unit has worked closely with Welsh Government through a joint Project Board to develop a joined up approach to supporting public bodies.

10 Years of the Wellbeing of Future Generations (Wales) Act *(Enabling Delivery of the Long-Term Strategy)*

- Led the implementation of the Wellbeing of Future Generations (Wales) Act within PHW, ensuring our delivery is aligned with the drivers of this world leading legislation
- Embedding the five ways of working across the organisation and its partnerships through the WFG Champions Group.
- Strengthened strategic planning and performance, leadership and collaboration, contributing to our organisational engagement strategy, while advancing the prevention and wellbeing economy agenda.

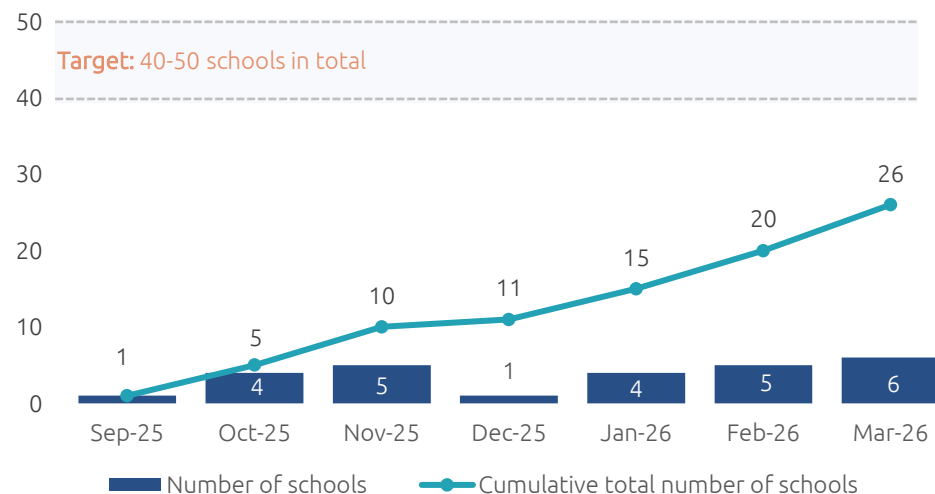


Health and Wellbeing

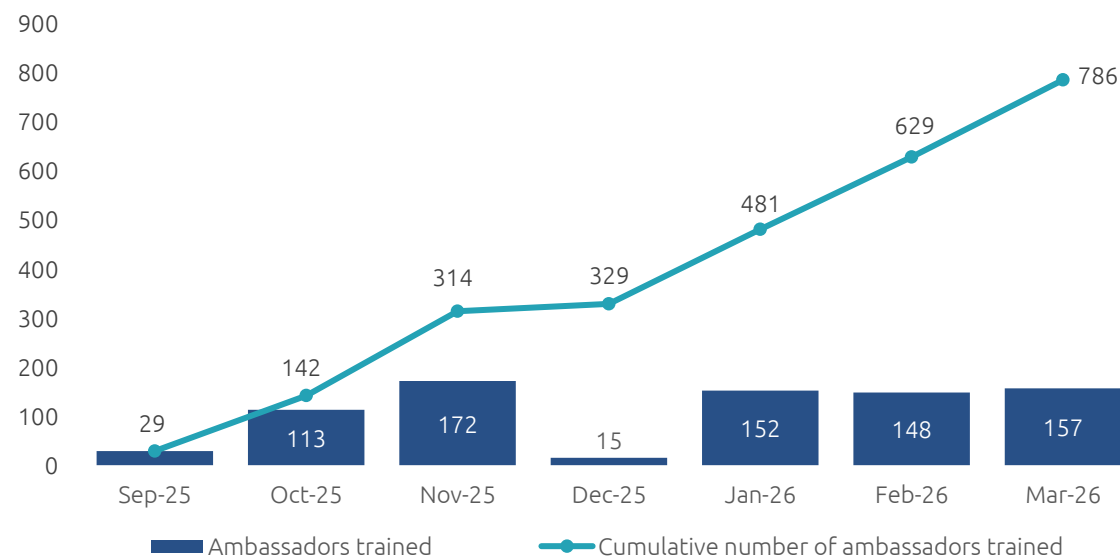


JUSTB / BYW BYWYD

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.
- In March 2026, 157 Ambassadors were trained from 6 schools.

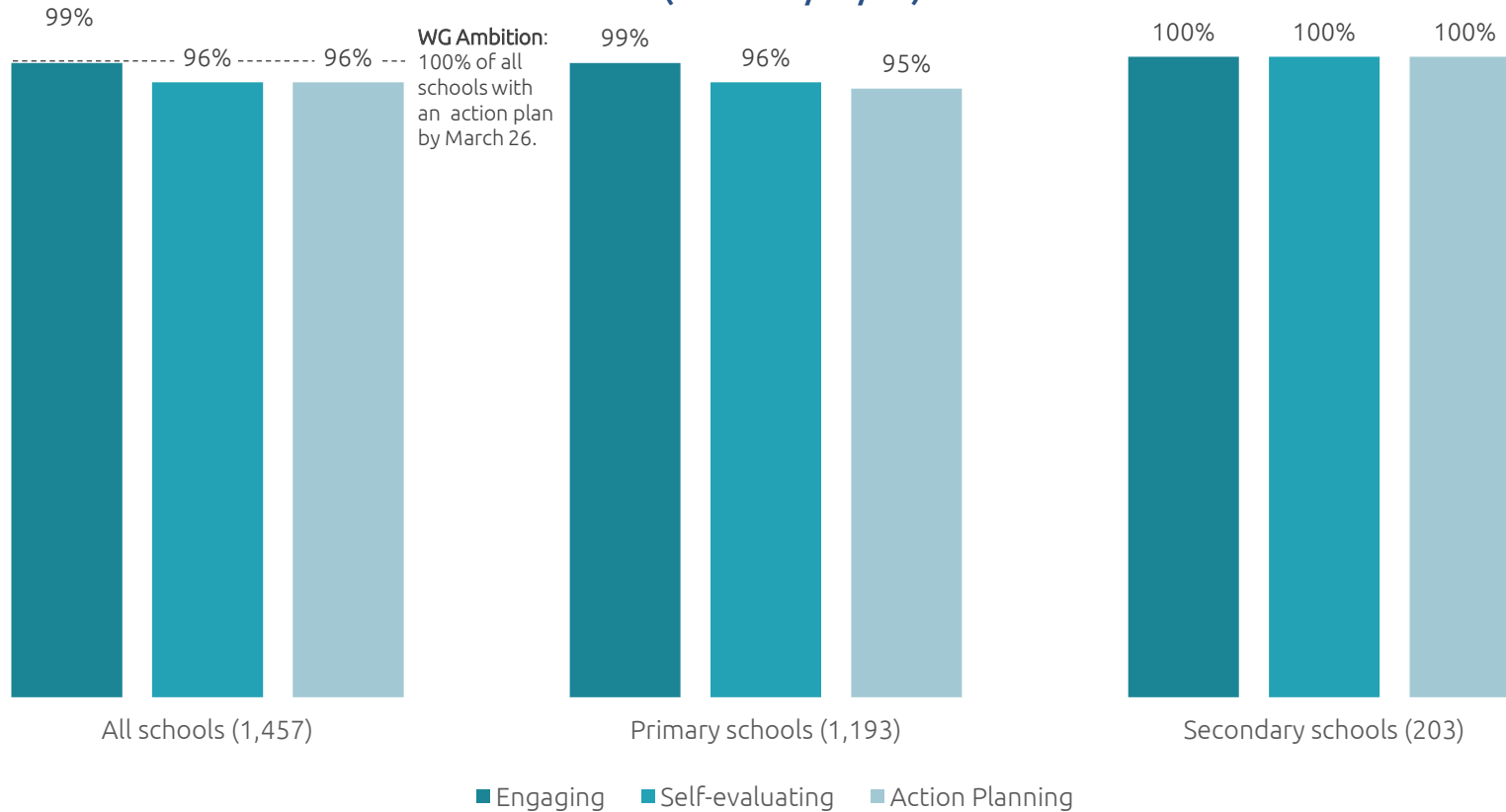


Health and Wellbeing



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: 04/03/26)



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.



Health and Wellbeing



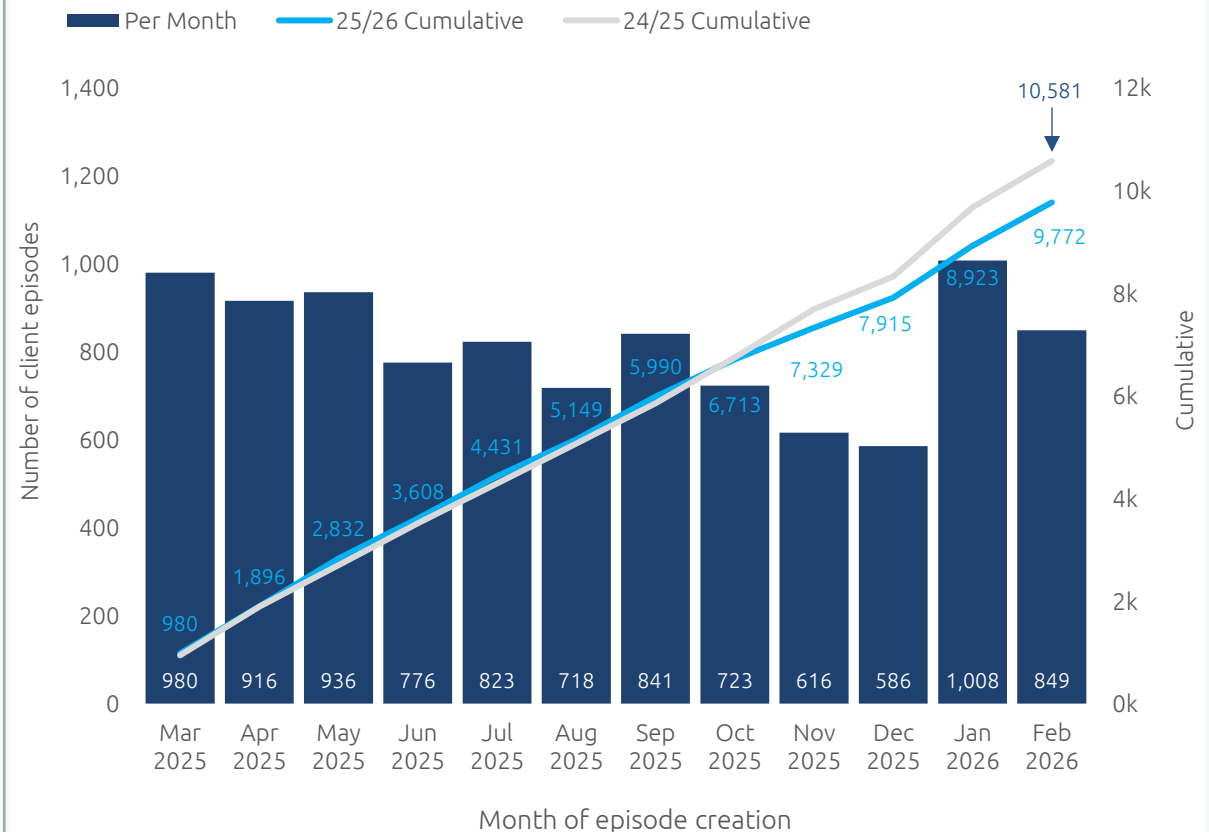
Help Me Quit

In February 2026, the Hub was responsible for contacting 1,267 new referrals, the Help Me Quit team handled 967 inbound calls (1,137 in February 2025) and the Hub created 849 new client episodes in February 2026 (908 in February 2025).

Timeliness of first contact: 94% received their first call attempt within two working days, exceeding the target of 90%. This was higher than reported for February 2025 (90%).

National Telephone Support Service (NTSS): The proportion of NTSS client episodes meeting the target of scheduling an assessment within 14 days of initial contact was 74%. This was slightly below the 75% target but higher than the same month last year (71%).

Number of client episodes created by the Hub



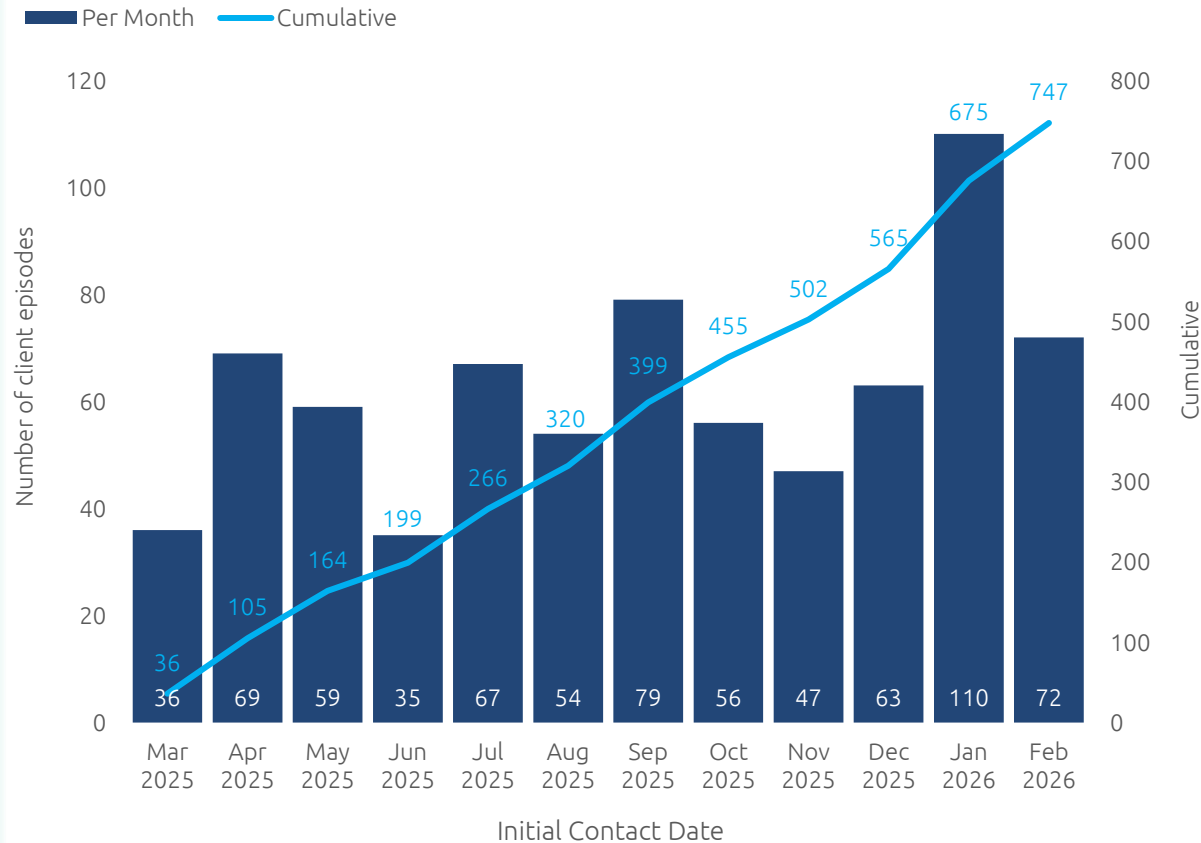


Health and Wellbeing

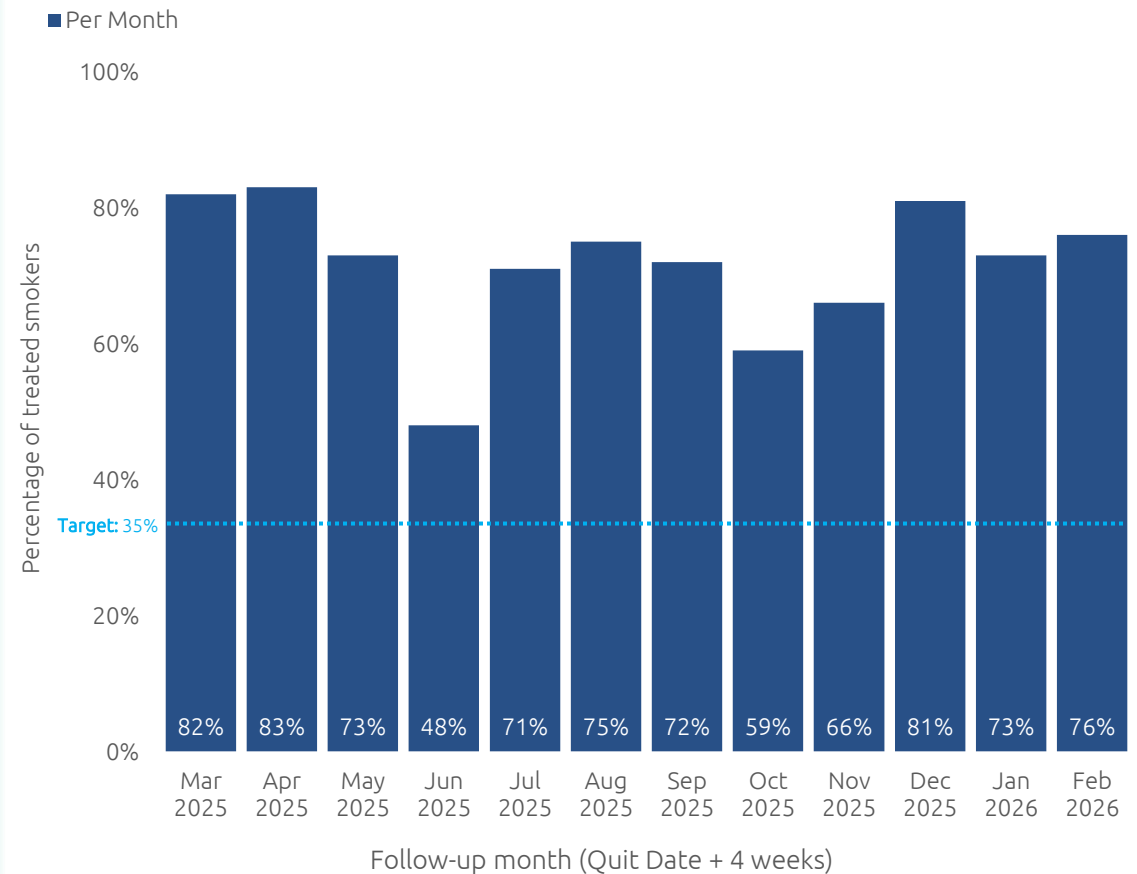


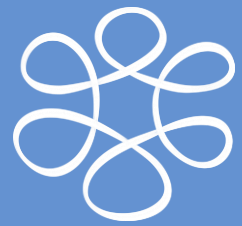
Help Me Quit

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	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Strategic Plan – Percentage of milestones currently green or complete		84.6%	96.1%	93.5%	91.8%	90.2%	89.3%	89.8%	88.5%	86.5%	85.2%	85.7%	84.4%	82.8%
Strategic Plan – Percentage of milestones currently red		3%	0.9%	1.2%	2.1%	2.1%	0.8%	2.9%	1.6%	1.2%	2.9%	0%	1.6%	6.2%
Request for Change (RFC) – Number of milestone changes submitted for approval		7	4	3	8	5	5	7	5	7	8	1	8	15
Strategic Priority 1 – Wider determinants		77.8%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Strategic Priority 2 – Promoting mental and social wellbeing		100%	100%	100%	81.8%	81.8%	81.8%	81.8%	81.8%	72.7%	72.7%	72.7%	72.7%	81.8%
Strategic Priority 3 – Promoting healthy behaviours		67.9%	94.1%	92.1%	89.5%	89.5%	86.8%	89.5%	86.8%	84.2%	84.2%	84.2%	84.2%	84.2%
Strategic Priority 4 – Sustainable health and care system		92.9%	100%	93%	93%	88.4%	88.4%	86%	91%	88%	91%	90.7%	90.7%	88.4%
Strategic Priority 5 – Excellent public health services		83.3%	91.1%	93%	93.1%	91.4%	91.4%	91.4%	82.8%	77.6%	77.6%	79.3%	79.3%	79.3%
Strategic Priority 6 – Climate change		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Enabling delivery of our plan		94.4%	97.2%	92.5%	91.3%	90%	88.8%	90%	91.3%	92.5%	87.5%	87.5%	83.8%	90.0%
Strategic Change Programmes – Percentage of milestones currently green/amber		62.5%	75%	100%	100%	88%	88%	88%	89%	89%	88%	88.9%	75%	N/A
Strategic Change Programmes – Percentage of milestones currently red		0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	N/A



Strategic Priority - Enabling Actions



Enabling action

Performance target

PHW Progress

Actions rolled over to 2026/27

Estate - ensure strengthened actions are taken to improve estate utilisation including the appropriate repurposing & disposal of under-utilised estate (Maximising Value for Money).

No performance target indicated

GREEN: All Public Health Wales actions are on track.

Ensure effective implementation of job planning policy, to include ensuring that > 90% of all Consultants have an agreed job plan in place at all times by 30 September 2026 and aligned to service demand and capacity plans

>90% of Consultants to have agreed job plan by 30/09/26

RED: As of 20 April 2026, 40% of Medical and Dental Consultants have a completed job plan. It is important to note that many job plans expire in April, and most are likely in progress of being developed.

Continue to deliver a further and sustained reduction in agency expenditure, with a target 30% reduction in 2026/27 from 2025/26 outturn and ensuring no off-contract expenditure (Workforce Productivity).

30% reduction in 2026/27 and no off-contract expenditure

GREEN: Planning for agency reduction is embedded in internal performance reporting, with agency spend at 0.9% of the total pay bill at month 12.

Fully implement the actions outlined in the Variable Pay & Agency Control Framework Welsh Health Circular (Workforce Productivity).

Implemented actions in Variable Pay & Agency Control Framework Welsh Health Circular

GREEN: Since January 2024, the organisation has been taking action to implement the requirements of WHC/2024/031 and WHC/2023/046 to support agency workforce reduction and broader workforce transformation.

Organisations who have achieved a reduction in agency spend on Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary staff to maintain that position. Organisations yet to deliver that position to deliver zero by 30th September 2026 (Workforce Productivity).

Zero by 30/09/26

RED: In March 2026, £154K was spent on agency staff, £97K of which was categorised as Admin and Clerical.



Strategic Priority - Enabling Actions



Enabling action

Performance target

PHW Progress

Actions rolled over to 2026/27

Ensure a reduction in sickness absence in 2026/27 in comparison to 2025/26, through maximising adherence to the requirements of agreed attendance at work policies and adhering to the all-Wales Occupational Health minimum service levels (Workforce Productivity).

Reduction in 2026/27 compared to 2025/26

RED: The organisational rolling 12-month sickness absence FTE % has fluctuated around 4% over the past three years. For March 2026, the rolling 12-month absence FTE % was 4.60% (4.02% in-month). For the equivalent period in 2025, it was 4.41%.

Actions rolled over to 2026/27 with re-defined action definition

Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme community-based falls response framework and, in support, implement a focus on prevention and early intervention in line with the policy statement on population health management (Timely Access to Care).

Delivered principles in the six goals

GREEN: All Public Health Wales actions are on track. However, there are a range of actions within the All Wales programmes which are outside of Public Health Wales' Remit.

Ensure progress of the focused Diabetes High Value High Impact pathway (Population Health & Prevention).

No performance target indicated

GREEN: All Public Health Wales actions are on track. However, there are a range of actions not in the gift of Public Health Wales, which need further action and accountability.

Eradicate unsupported systems and devices and ensure a clear cyber response plan for the organisation (Improving Value, Optimising Outcomes, & minimising Variation).

No performance target indicated

GREEN: All Public Health Wales actions are on track.



Strategic Plan Milestone Delivery



Strategic Priority Delivery Status

202
Completed
▲76

0
Green
▼80

0
Amber
▼8

15
Red
▲11

23
Paused
▲1

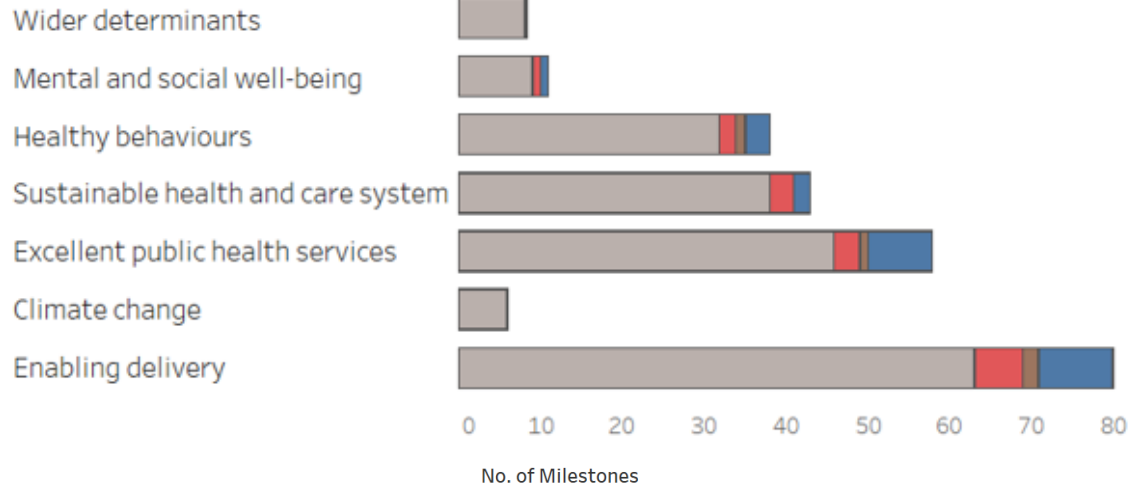
4
Closed
▲0

Request for Change

A total of 15 Request for Change were submitted for approval in March 2026.



By Strategic Priority



In March 2026, a further 76 milestones were delivered, which brings the 2025/26 total milestones delivered to over 200. This accounts to over 80% of the baseline plan, which is in line with delivery in 2024/25.

The 15 red milestones in March include 6 previously suspended milestones that were asked to update a final position for 2025/26. Reasons for the suspensions include re-prioritisation, external dependencies and funding delays. 2 of these milestones have requested to roll into the next financial year, and 4 have requested to close as they are already covered in next years' plan. More details can be found in the RFC Annex.

Of the remaining 9 Red milestones, 7 were reporting as Green in the previous month. Each one has submitted an RFC to extend the delivery date into next year, with one also requesting to amend the scope. The most common reason stated for the RFC's was slippage of the original deadline, with resource issues and further stakeholder engagement needed also mentioned.

The 23 paused milestones have all been moved into later financial years through the in-year RFC process.



Strategic Plan Milestone Delivery



Full Year Delivery Status

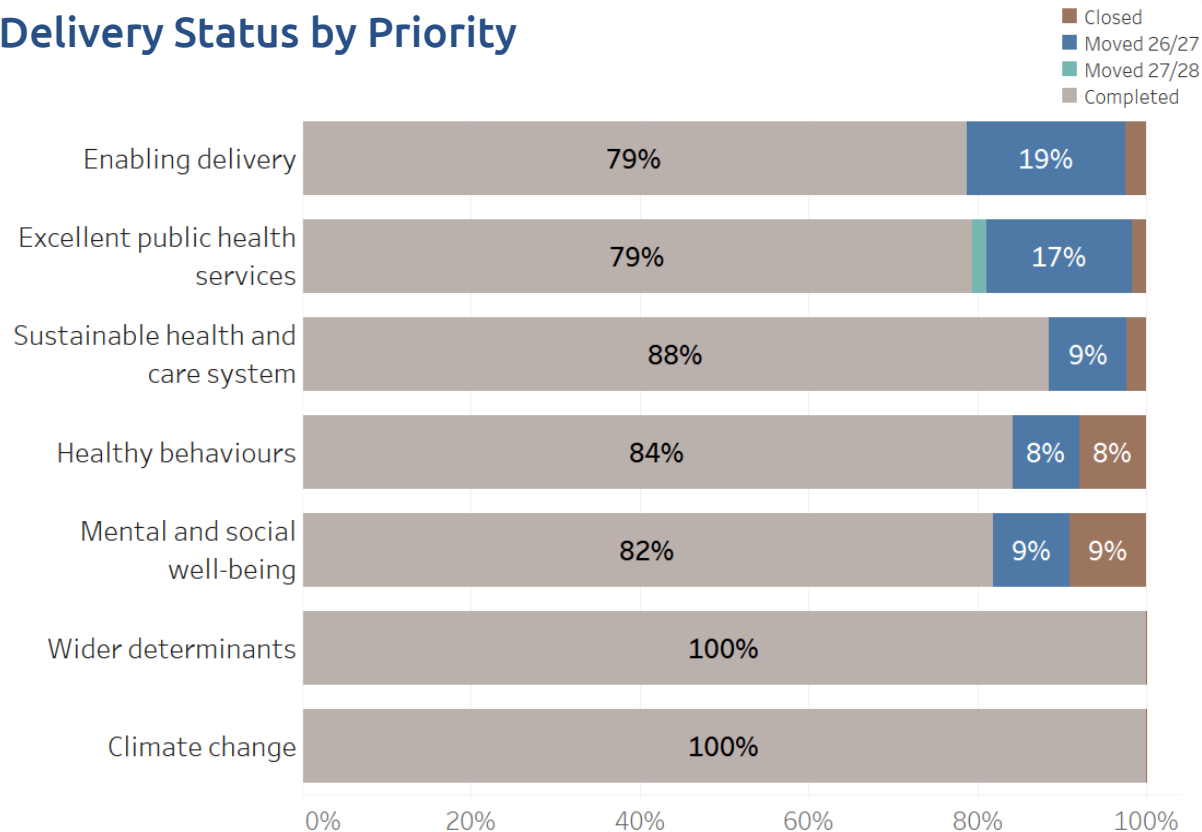
202
Completed
83%

33
Moved 26/27
14%

1
Moved 27/28
0%

8
Closed
3%

Delivery Status by Priority



Year end analysis assumes all RFC's agreed in M12. Subject to change following BET decisions.

In 2025/26, a total of 202 milestones were completed, representing 83% of all milestones in the baseline plan. This demonstrates significant progress towards the delivery of our strategy across each of our six strategic priorities and Welsh Government Priorities for 25/26.

A total of 34 milestones from the baseline plan have moved delivery to later years, with two thirds now scheduled for Q1 or Q2 of 2026/27. All rollover milestones will continue to be monitored through the established monthly performance process.

Throughout the year, 72% of milestones that reported red, were green in the previous month, bypassing early warning and opportunities for intervention.

87% of milestones associated with the Ministerial Template have completed in year. The Ministerial Template demonstrates our contribution to the Cabinet Secretaries priorities for 2025/26, submitted as part of the formal IMTP process. Of the 9 remaining milestones, 8 have been carried forwards into next years' plan. These relate to delivery around smoking harms, prison and inclusion health, cervical screening samples, LIMS 2 and the All-Wales TB action plan.



In Focus: IMTP 2025/26 – Changes to Baseline Plan



Requests for Change

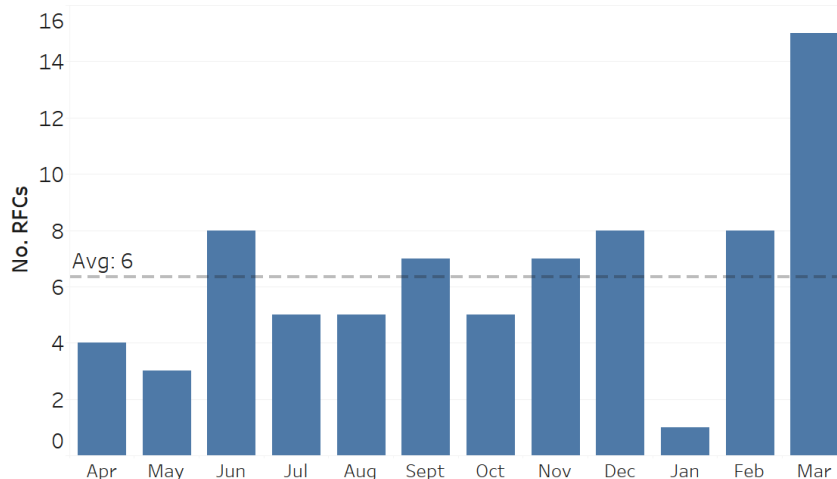


Figure 1. Requests for Change by Month

There has been a total of 76 RFC's submitted this year (exactly matching last year), impacting a total of 60 milestones or 25% of the plan. 13 milestones (5%) have submitted multiple RFC's.

Figure 1 shows RFCs by month, with peaks at the end of each quarter. The spike in March is largely driven by 6 suspended milestones requiring a planning decision at year end.

The majority of RFC's, approximately 80%, have been related to re-profiling, with 34 milestones moving into future years, two-thirds of which are now planned to deliver in the first half of 2026/27. One milestone has moved to Q3 2027/28 due to a dependency on UK Gov legislation being ratified.

External dependencies

18

Slippage of original
deadline

15

Resource issues

14

Other

11

Further stakeholder
engagement required

9

Re-prioritisation

7

Awaiting funding approval

2

Figure 2. Reasons for Change

Reasons for the changes are provided in figure 2 which include stakeholder dependencies, slippage, resourcing and re-prioritisation. This reflects the current dynamic operating environment we are delivering within.

External dependencies is the most common reason, with Welsh Government and DHCW cited the most.

11 milestones marked under 'other' relate to correction of initial data errors, further slippage and delays caused by Exercise Pegasus.



Strategic Plan Milestone Delivery



Strategic Priority 1 – Wider determinants

Current Delivery Status



By Directorate



Changes to Plan

No requests for change received in month 12

Strategic Priority Overview 2025/26

Healthier decisions across policies:

- Developed and promoted [5 evidence informed policy priorities](#); Informed [statutory HIA Regulations](#) and developed guidance

Healthier places:

- Developed [Planning healthy places guide](#) and informed local development plans; Identified policy priority areas to improve housing for families in poverty

People's experiences of poverty and work:

- Improving collaboration on [child poverty](#) and publishing [early years framework for action](#); Developed [Healthy Working Wales](#) employee offer and evidence-based advice to economic inactivity trailblazers

Conditions for long term action:

- Built [systems thinking capability](#) in Public Services Boards to take integrated action on wider determinants; workforce capability through the [Public Health Network Cymru](#); delivered international policy dialogues to support applying Well-being Economy (WBE)

Forward Look 2026/27

- Support Health Impact Assessment and develop economic modelling capability and contribute to Health Equity Wales/Marmot Nation
- Contribute to future Wales review, planning and cold homes advice
- Strengthen collaborative action on child poverty
- Support employers and action on economic inactivity
- Publish learning on systems thinking

Issues/Risks

- Scale of challenge with tight public sector finance, new programme for government expected



Strategic Plan Milestone Delivery



Strategic Priority 2 – Promoting mental and social wellbeing

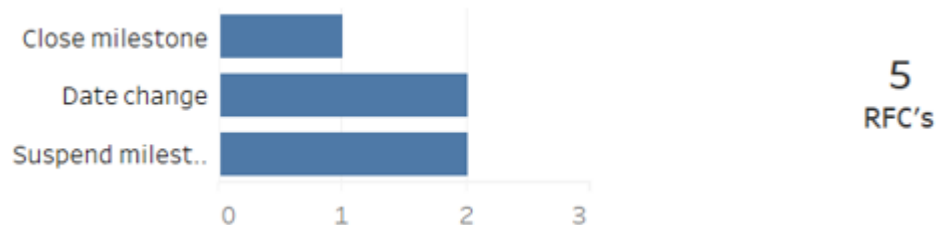
Current Delivery Status



By Directorate



Changes to Plan



Strategic Priority Overview 2025/26

25/26 delivered an increased system focus on mental and social wellbeing through:

- Strengthening the evidence-base on Babies, Children and Young People's mental health and wellbeing, determinants and what works;
- System guidance and engagement on actions for the early years;
- Action in all secondary schools to create supportive environments;
- Embedding trauma-informed approaches within communities;
- Wales-specific evidence on social isolation in older people;
- An enhanced offer to enable workplaces to support wellbeing;
- Public campaigns and capacity building with the voluntary and community sector, Hapus Partners and mental health services through Hapus.

Forward Look 2026/27

- 26/27 will see continued action to deliver on the MH&WB Strategy priorities, including support to professionals and settings working with babies, children and young people, employers, health services and the voluntary and community sector.

Issues/Risks

- Internal issues relating to process changes and cross-organisational demands on enabling functions and risks to delivery of programme plans. System risks relating to reducing and short-term funding for voluntary and community sector organisations to deliver wellbeing-activities.

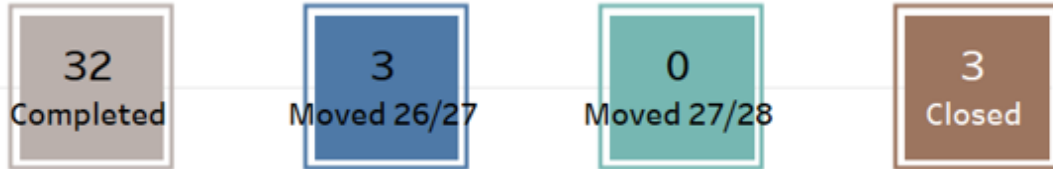


Strategic Plan Milestone Delivery

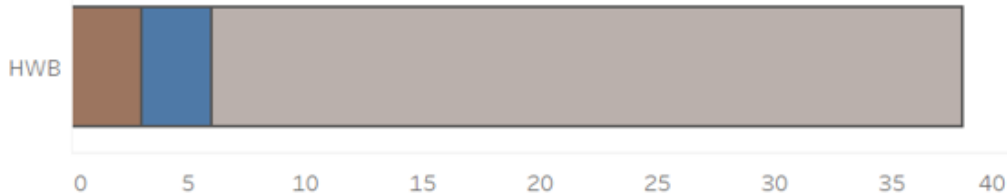


Strategic Priority 3 – Promoting healthy behaviours

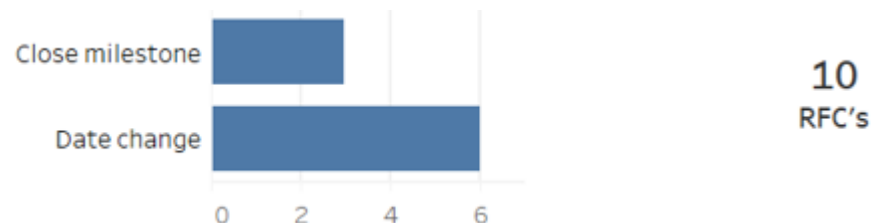
Current Delivery Status



By Directorate



Changes to Plan



Strategic Priority Overview 2025/26

- Supported implementation of legislation for healthier food environments, tobacco and vaping in Wales
- Increased uptake of smoking cessation through behaviour change campaigns, a new interactive quit tool and app with a noted reduction in Nat Survey smoking prevalence to 10%
- All Wales Engagement activity for Healthy Working Wales and ongoing development of NERS, NERS ROI study in progress.
- Updated the evidence base and enabled action for healthier food environments (OOH, retail food and public sector food environment) as part of a Whole Systems Approach
- Established a programme of work to reduce gambling related harm for the Gambling Levy funding.
- Delivered of proposals for Daily active whole school approach to Physical Activity and place-based approaches for active travel
- Supported and enabled the healthy weight pathway through successful Healthy Weight Healthy You Campaigns and web delivery and proposals for pathway innovation
- Development work for approaches for drugs and alcohol following publication of the needs assessment
- Supported school food Regulations in Wales and breastfeeding uptake

Forward Look 2026/27

- Development and strengthening of work for tobacco cessation, healthy weight systems approaches, support for implementing whole school approaches for Physical Activity, Healthy working Wales and Ners alongside Innovation development of healthy weight pathways

Issues/Risks

- Scale of challenge and capacity to deliver with current annual funding cycles for some programmes. New programme for government expected



Strategic Plan Milestone Delivery



Strategic Priority 4 – Supporting a sustainable health and care system

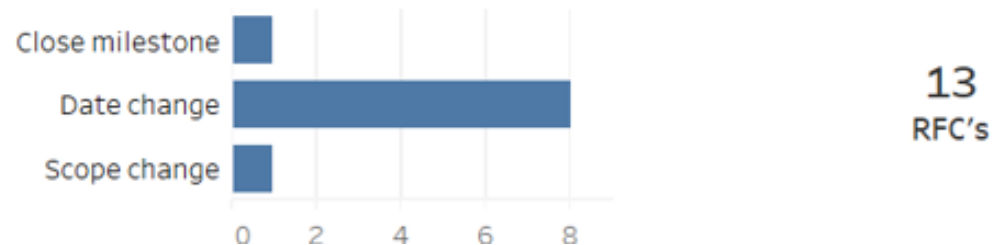
Current Delivery Status



By Directorate



Changes to Plan



Strategic Priority Overview 2025/26

- Increasing system focus on prevention in health and care:** Joint working with HEIW to embed prevention across the workforce; increasing uptake of MECC training (2,374 L1). [All Wales Diabetes Prevention Programme outcome evaluation](#) and published [Building the case for a national diabetes prevention initiative in Wales - Public Health Wales](#), [CVD prevention programme ABCD+](#) and hypertension QI project in GMS contract launched; an additional 30,687 people with hypertension treated to target. Post-natal contraception e-learning package.
- Sustainable health and care:** [A Public Health approach to Primary and Community Care by 2035](#) and PCMW evaluation work informing national Community by Design Programme. Year 3 of Greener Primary Care delivered. PHW sponsored two sustainable healthcare awards.
- Reducing Inequalities in health and care:** [Teg I Bawb / Fair for All Strategic Action Plan to address health inequalities through Primary Care](#) launched. Actions across five priority areas: leadership & culture, data & population health management, finance & resources, workforce, and community involvement. [Health Inequalities dashboard](#) & [Reducing Health Inequalities through Primary Care Resources](#) developed.
- Dental Public health:** [Mouth Cancer Incidence in Wales 2025](#) - 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. Completion of the [evaluation report of the Designed to Smile digital consent pilot](#)
- National Safeguarding week:** Developed a programme of train-the-trainer events and [associated resources](#) designed to support reflective, high-impact safeguarding learning across agencies in Wales.
- Well-being Economics and Value (WEAVE) Team and Programme Launched:** The WEAVE team applies health economics, modelling and social value to support investment in prevention towards building well-being economies in Wales and globally.

Forward Look 2026/27

- Lead Prevention & Population Health Management pillar of the Community by Design programme
- Continue to embed our approach to prevention in health and care, environmentally sustainable health and care and complete delivery of the Tackling Diabetes Together programme.
- Deliver PCMW evaluation plan; embed Teg I Bawb and share learning. Deliver Dental programme.
- Continue to coordinate national safeguarding in Wales.

Issues/Risks:

- Scale of challenge and capacity to deliver with current annual funding cycles for some programmes. New programme for government expected



Strategic Plan Milestone Delivery

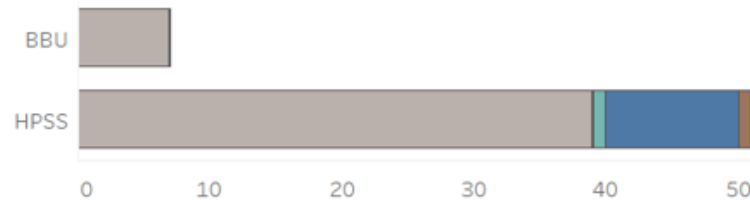


Strategic Priority 5 – Delivering excellent public health services

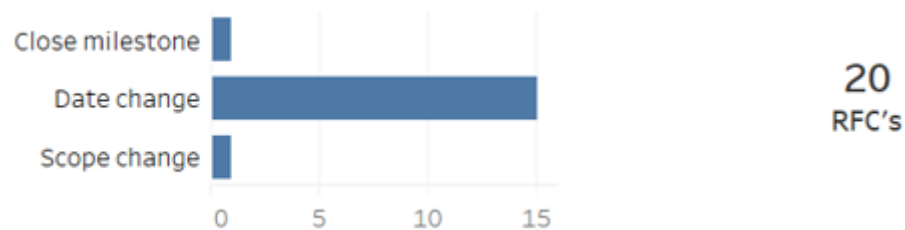
Current Delivery Status



By Directorate



Changes to Plan



Strategic Priority Overview 2025/26

- We have engaged with enabling colleagues regarding their inclusion in monitoring delivery of the Excellent Public Health Services (EPHS) strategic plan.
- Within HPSS we have undertaken analysis of our IMTP milestones to align delivery with our EPHS Route Map. This is embedded in divisional planning.
- All 15 infection laboratories achieved ISO 15189:2022 accreditation, providing strong assurance on quality, safety and national consistency.
- Progress was made towards Wales' first national lung cancer screening programme, with approval from Welsh Government secured for delivery in 2028.
- Incorporating lessons learned from the COVID-19 public inquiry and our leadership role in Exercise Pegasus, pandemic response planning continues to be embedded within cross-organisation emergency planning activity.
- The Vaccine Preventable Disease Programme successfully supported the introduction of a targeted gonorrhoea vaccination programme for GBMSM at highest risk.

Forward Look 2026/27

- Supported Phase 1 delivery and helped develop 2 of the Digital Health Protection Programme towards a validated national platform phase.
- Review and appraise options the potential to test additional gastrointestinal pathogens on existing platforms to improve diagnostics that directly relate to patient care.
- Deliver the year one improvement actions for BSW, BTW and DESW.
- Established Public Health Wales as a Local Education Provider with robust infrastructure and governance for public health and microbiology / Infectious disease training.
- The HARP team developed a national respiratory antibiotic prescribing indicator, with a 75% target to 2028.

Issues/Risks

- ❖ Financial constraints may limit the ability to deliver our plan.
- ❖ The successful delivery of the EPHS strategic plan is heavily reliant on both internal and external dependencies.



Strategic Plan Milestone Delivery



Strategic Priority 6 – Climate change

Current Delivery Status



By Directorate



Changes to Plan

No requests for change received in month 12

Strategic Priority Overview 2025/26

Strengthened evidence on climate-related health impacts:

- Including publication of the Heat Morbidity Annual Report 2024, which showed a small yet statistically significant increase in heat-associated deaths during extreme heat events in Wales.

Completed our organisational carbon footprint assessment for 2024/25:

- Building on our 2021/22 baseline and enabling systematic monitoring of direct and indirect emissions in line with NHS Wales net zero ambitions.

Evaluated the Decarbonisation and Sustainability Action Plan (2024–26):

- Using a mixed-methods approach to identify key barriers, cultural impacts, and priority actions needed to accelerate progress towards net zero.

Developed new carbon-emissions dashboards:

- To improve the quality, consistency, and real-time use of data across the organisation, directly informing priority areas in our Climate Response Plan (2026–28).

Expanded the Healthy Travel programme across Wales:

- With Healthy Travel Charters now established nationally and enhanced through the introduction of a Business Charter and a Level 2 Charter to support deeper organisational commitment.

Strengthened national collaboration and research capability:

- Including the launch of the Climate and Health Research Network for Wales, improved alignment of climate-health metrics across the public health system, and joint working with partners on climate risk assessments.

Forward Look 2026/27

- Publication of our cold morbidity and mortality annual reports
- Further development of our strategic research partnerships

Issues/Risks

- Capacity to deliver at the scale required remains a significant challenge, particularly in our decarbonisation workstream and within Environmental Public Health.



Strategic Plan Milestone Delivery

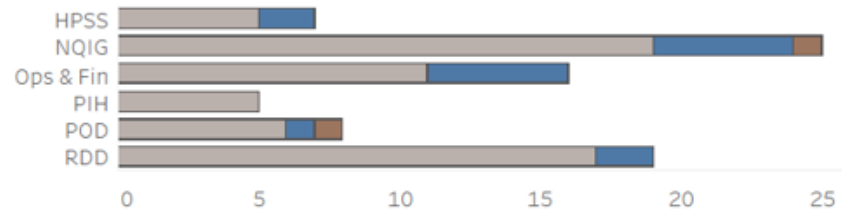


Enabling delivery of our plan

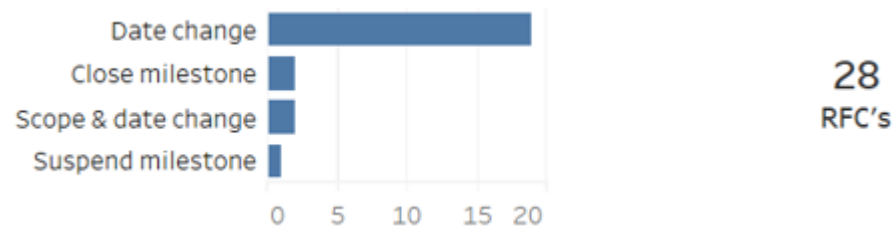
Current Delivery Status



By Directorate



Changes to Plan





Portfolio Assurance: Change Delivery



- Overall delivery confidence for the overall portfolio is assessed at **Amber**.
- Four programmes are continuing to face challenges due to different factors, such as technical complexity and DHCW dependencies (DARC), agreeing programme delivery with the wider system (Gambling), lack of programme resources (DESW), and level of ambition exceeding programme ability to deliver (Tackling Diabetes).

Key Information

Gambling Related Harm Reduction has moved from Green-Amber to Amber, reflecting delays in agreeing a local programme offer with Directors of Public Health, and complexities in developing a competitive grant scheme.

DESW Transformation remains on Amber-Red, reflecting the continuing lack of programme and project management capacity and a range of digital dependencies.

Tackling Diabetes Together continues to make good progress in relation to exit strategy, evaluation and specific quality initiatives. It is continuing to report Amber-Red against broader achievement of diabetes outcomes.

DARC (Data, Analysis, Registers, Cloud) remains at Amber due to varying progress across workstreams, with good progress in relation to Azure Cloud development and analytical data migration to NDAP Cloud, although specific delays are reported by CDSC. The Registers workstream is also under-resourced currently. There are several DHCW dependencies which may require escalation to unblock.

Digital Health Protection (DHP) is fully on track for completion of Phase 1 and the overall programme. The status remains at amber due to the need to strengthen user engagement in PHW and local authorities.

Lung Screening has now secured full revenue and capital approval from Welsh Government and is now mobilising strongly for implementation. Continuing risks in relation to cohort identification and downstream capacity justify the continuing Amber status.

Web Transformation has improved to Green-Amber due to successfully achieving 'public Beta' phase on schedule and is on course to achieve full go-live for the web estate by 12th May pending final content submission and achievement of go/ no-go acceptance criteria.

Programme DCA Detail

	Programme Name.	Jan	Feb	Mar
1	Diabetic Eye Screening Transformation	A/R	A/R	A/R
	Digital Health Protection	A	A	A
	National Targeted Lung Cancer Screening	G/A	G/A	G/A
	Tackling Diabetes Together	G/A	A/R	A/R
2	Data, Analytics, Registers, Cloud	A	A	A
	Gambling Related Harm Reduction	G/A	G/A	A
	North Wales Estate	G	G	G
	Web Transformation	A	A	G/A

Further detail on the individual Programme DCA and commentary can be found on the individual programme slides that follow.



Inequalities



Summary of activity in 2025/26

Organisational Approach to Health Inequalities

- Public Health Wales has established a shared organisational narrative and governance structures to strengthen consistent action on health inequalities.
- Through a cross-directorate steering group, agreed definitions and improved coordination of data, evidence and evaluation, this approach builds organisational capability.
- It supports stronger alignment across strategy, delivery and monitoring of inequality-focused work.

Health Inequalities Framework and Tools

- The Health Inequalities Framework provides practical, evidence-based guidance to support teams across PHW to identify, consider and address inequalities in their work.
- Developed through co-production and engagement, it offers tools, case studies and equity prompts to inform planning and decision-making.
- Its implementation supports more consistent and impactful action on inequalities across programmes.

Healthy Life Expectancy

- Analysis of healthy life expectancy highlights stark and persistent [inequalities by deprivation](#).
- Mortality, hospital admissions and risk factors for chronic conditions remain higher in more deprived areas, contributing significantly to unequal years lived in good health.
- Ongoing analytical work supports clearer interpretation of trends and inequalities, reinforcing the importance of prevention and long-term action on underlying social and economic drivers of poor health.

Public Health Outcomes Framework – Inequality Insights

- Updates to the [Public Health Outcomes Framework](#) dashboard continue to show wide inequalities across a range of indicators, including injury-related deaths, non-communicable disease outcomes, health behaviours and avoidable mortality.
- In many cases, gaps linked to deprivation, gender and age persist or widen over time.
- These findings reinforce the need for proportionate universalism, with targeted prevention and support for communities experiencing the greatest disadvantage.



Inequalities



Summary of activity in 2025/26

Screening Equity – Understanding Inequality

- Public Health Wales' screening equity work identifies variation in inequalities in screening uptake across Wales, linked to deprivation, age, gender and geography.
- Evidence from the [Screening Inequality Reports](#) shows that people in more deprived communities, younger age groups and men are less likely to take up screening offers, and previous participation strongly predicts future uptake.
- This insight identified five key action areas – communication; community engagement; collaboration; service delivery and data and monitoring.

Screening Equity Strategy

- The [Screening Equity Strategy](#) translates evidence into practical change across the screening system, this strategy is being updated and will be launched in June.
- Actions focus on behaviourally informed communications, accessible information formats, community engagement and improved collaboration with health boards and the third sector.
- This work strengthens health literacy, trust and responsiveness while supporting more consistent, equitable service delivery across screening programmes.

Cancer and Long-Term Condition Inequalities

- Analyses of cancer, respiratory disease and other long-term conditions show enduring inequalities by deprivation in incidence, stage at diagnosis, mortality and service use.
- These patterns reflect unequal exposure to preventable risk factors and differences in early detection and access to care.
- The work supports a stronger focus on prevention, early diagnosis and addressing social and wider determinants of health.

Drug-Related Deaths and Harm Reduction

- Drug-related deaths remain one of the most pronounced expressions of health inequality in Wales, with strong links to deprivation, geography and gender.
- Harm-reduction approaches such as Take-Home Naloxone demonstrate clear impact in preventing fatal outcomes, but evidence highlights the need for wider reach and continued system-wide action.
- This work supports targeted, equity-focused responses across health, social care and community settings and supports our organisational work programme on drugs and alcohol.



Inequalities



Summary of activity in 2025/26

Best Start in Life

- The programme aims to set strategic direction and strengthen systems for early years policy which supporting babies, children and families.
- The programme has strengthened leadership in the early years system, through improving evidence and data; developing tools and materials; and improving access to high quality data.
- It also supports families and prevention through practical delivery, including parent information resources and healthy weight behavioural interventions.

Welsh Health Equity Status Report Initiative (WHESRi)

- [WHESRi](#) provides a national platform for sharing data, tools and evidence to support health equity action in Wales and internationally.
- The programme combines policy dialogue, knowledge mobilisation and international collaboration to influence system-level change.
- Its work strengthens understanding of intersectionality, gender equity and the wellbeing economy, supporting informed and equitable decision-making, through its web-based activities and international webinars.

Teg i Bawb / Fair for All Primary Care Programme

- The Teg i Bawb programme strengthens the role of primary care in reducing health inequalities through inclusion-focused system leadership.
- By combining advocacy, training, improved data, workforce development and collaboration, it supports primary care to better meet the needs of inclusion health groups.
- Ongoing work focuses on continuity of care, justice-involved populations, lived-experience engagement and embedding equity into everyday practice.

Embedding the Well-being of Future Generations Act to Tackle Inequalities

- Embedding the Well-being of Future Generations Act is central to PHW's inequalities approach, strengthening prevention, long-term thinking, collaboration and integration.
- Work focuses on improving governance, leadership capability and practical application of the five ways of working across services and corporate functions.
- This supports sustained action on the root causes of inequality and long-term population wellbeing.



Section 4 Outcomes Measurement



Outcomes Measurement



Strategic Priority	Indicator	Latest value	Time period	Change since last measure	Most deprived fifth	Least deprived fifth	Change in deprivation gap since last measure	Baseline	
Overarching outcomes	Healthy life expectancy – males	59.2 years	2022-2024	↓	49.7 years	67.8 years	↑	61.3 (2017-2019)	
	Healthy life expectancy – females	58.5 years	2022-2024	↓	47.3 years	66.3 years	↑	61.9 (2017-2019)	Updated
Mental wellbeing	Average mental wellbeing score – adults	48.4	2024/25	↑	46.1	50.0	↑	51.4 (2018/19)	Updated
	Average mental wellbeing score – adolescents	23.5	2023	↑	22.1	24.1	↑	24.0 (2017)	
	Feel a sense of community	57.8%	2024/25	↓	47.5%	63.9%	↑	52.2% (2018/19)	
Healthy behaviours	Smoking prevalence – adults	10.0%	2024/25	↓	21.8% **	7.5% **	↓	17.1% (2018/19)	
	Smoking prevalence – adolescents*	2.6%	2023	↓	4.0%	2.1%	↓	3.6% (2017)	
	Healthy weight – adults	36.1%	2024/25	▬	33.7% **	39.5% **	↓	39.0% (2018/19)	
	Healthy weight – adolescents aged 11-16*	65.0%	2021	No previous measure available	71% ***	82% ***	No previous measure available	No previous measures available	
	Healthy weight – children aged 4-5	73.5%	2023/24	↓	70.4%	78.6%	▬	72.4% (2018/19)	
	Meeting physical activity guidelines – adults	59.2%	2024/25	↑	47.7% **	61.4% **	↓	51.5% (2018/19)	
	Meeting physical activity guidelines – adolescents*	18.3%	2023	↑	15.3%	20.4%	↑	18.3% (2017)	
	Alcohol consumption above guidelines – adults	15.4%	2024/25	↓	14.6% **	21.3% **	↑	18.7% (2018/19)	
	Alcohol consumption– adolescents*	35.6%	2023	↓	32.4%	37.6%	↓	46.3% (2017)	

Notes: *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	Change since last measure	Most deprived fifth	Least deprived fifth	Change in deprivation gap since last measure	Baseline	
Sustainable health and care system	Avoidable mortality rate	274 per 100,000	2022-2024	↓	In development	In development	In development	266 per 100,000 (2017-2019)	
	Preventable mortality rate	178 per 100,000	2022-2024	↓	In development	In development	In development	168 per 100,000 (2017-2019)	Updated
	Treatable mortality rate	96 per 100,000	2022-2024	—	In development	In development	In development	98 per 100,000 (2017-2019)	Updated
	Prevalence of heart failure	1,213 per 100,000	2024	↑	Awaiting dataset updates*	Awaiting dataset updates*	Awaiting dataset updates*	1,141 per 100,000 (2023)	Updated
	Prevalence of atrial fibrillation	2,354 per 100,000	2024	↑	Awaiting dataset updates*	Awaiting dataset updates*	Awaiting dataset updates*	2,302 per 100,000 (2023)	
	Prevalence of stroke/TIA	2,021 per 100,000	2024	↑	Awaiting dataset updates*	Awaiting dataset updates*	Awaiting dataset updates*	2,005 per 100,000 (2023)	
	Prevalence of hypertension	15,008 per 100,000	2024	↑	Awaiting dataset updates*	Awaiting dataset updates*	Awaiting dataset updates*	14,815 per 100,000 (2023)	
	Prevalence of diabetes (ages 17+)	7,872 per 100,000	2024	↑	Awaiting dataset updates*	Awaiting dataset updates*	Awaiting dataset updates*	7,694 per 100,000 (2023)	
	Prevalence of asthma (ages 16+)	7,010 per 100,000	2024	↓	Awaiting dataset updates*	Awaiting dataset updates*	Awaiting dataset updates*	7,090 per 100,000 (2023)	
	Prevalence of COPD	2,127 per 100,000	2024	↑	Awaiting dataset updates*	Awaiting dataset updates*	Awaiting dataset updates*	2,086 per 100,000 (2023)	
	Prevalence of all cancers	3,349 per 100,000	2024	↑	Awaiting dataset updates*	Awaiting dataset updates*	Awaiting dataset updates*	3,268 per 100,000 (2023)	

Notes: All indicators shown here are European age-standardised rates. *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	Change since last measure	Most deprived fifth	Least deprived fifth	Change in deprivation gap since last measure	Baseline
Excellent public health services	'6 in 1' vaccination coverage at age 1	94.1%	2024/25	↓	Not available	Not available	Not available	95.4% (2018/19)
	MMR coverage at age 2	93.0%	2024/25	↑	Not available	Not available	Not available	94.5% (2018/19)
	HPV coverage at age 15	73.1%	2024/25	↓	Not available	Not available	Not available	74.1% (2023/24)
	All routine immunisations coverage at age 1	93.3%	2024/25	↑	90.4%	94.7%	↓	94.5% (2018/19)
	All routine immunisations coverage at age 2	91.2%	2024/25	↑	87.4%	94.5%	↑	92.6% (2018/19)
	All routine immunisations coverage at age 4	85.3%	2024/25	↑	79.7%	90.7%	↓	87.2% (2018/19)
	All routine immunisations coverage at age 5	87.6%	2024/25	↓	82.5%	92.2%	↑	90.4% (2018/19)
	All routine immunisations coverage at age 15	60.7%	2024/25	↓	48.1%	71.3%	↑	77.4% (2018/19)
	Early-stage cancer diagnosis – all cancers	46.1%	2022	↑	42.9%	49.0%	↓	45.5% (2019)
	Early-stage cancer diagnosis – female breast cancer	71.9%	2022	↓	73.7%	73.1%	↓	71.6% (2019)
	Early-stage cancer diagnosis – colorectal cancer	41.2%	2022	↑	39.9%	44.0%	↓	38.6% (2019)
	Early-stage cancer diagnosis – cervical cancer	57.0%	2022	↑	59.0%	66.7%	↓	60.7% (2019)



Outcomes Measurement



Strategic Priority	Indicator	Latest value	Time period	Change since last measure	Most deprived fifth	Least deprived fifth	Change in deprivation gap since last measure	Baseline
Climate change	PHW carbon emissions – direct emissions (kgCO ₂ e)	245,021	2024/25	↓	Not applicable	Not applicable	Not applicable	303,700 (2023/24)
	PHW carbon emissions – indirect emissions from energy (kgCO ₂ e)	288,009	2024/25	↑	Not applicable	Not applicable	Not applicable	236,199 (2023/24)
	PHW carbon emissions – indirect emissions (kgCO ₂ e)	11,909,698	2024/25	↑	Not applicable	Not applicable	Not applicable	10,007,535 (2023/24)
	All-cause heat-associated deaths	557	2024	No previous measure available	105	97	No previous measure available	No previous measures available
	Difference in average daily deaths during heat episodes compared to non-heat period days	+9	2024	No previous measure available	Not available	Not available	Not available	No previous measures available
	Deaths from all causes occurring in summer months	10,310	2024	↑*	Not available	Not available	Not available	No previous measures available

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



Outcomes Measurement



Summary of activity in 2025/26

IMTP Measurement System and Approach

- The IMTP measurement system brings together strategic outcome indicators aligned to our strategic priority areas, performance indicators, policy modelling, and evaluation, to monitor our progress and impact on health in Wales.
- It improves consistency, transparency and alignment between strategy, service delivery and governance.
- We have developed new indicators, including early-stage cancer detection, avoidable mortality, and heat-related mortality and morbidity
- We have reported on these regularly, including baseline statistics, and international comparisons
- Our approach has supported developing analysis of healthy life expectancy, focused on identifying areas for action
- We are delivering impact modelling work, and have identified areas for collaboration with academia
- Continued development of reporting tools, policy and impact modelling, and evaluation capability will enhance evidence-informed decision-making across Public Health Wales
- We are working to better integrate the measurement system into IMTP planning and delivery, and we are developing a programme of policy and implementation modelling for key programmes and objectives in the IMTP

Measuring Impact through Evaluation

- Evaluation is a core component of the measurement system, enabling assessment of if and how programmes contribute to improved health outcomes.
- By applying robust evaluation approaches, PHW strengthens its ability to demonstrate effectiveness, accountability and value.
- This approach supports learning and continuous improvement across prevention and service delivery.
- We delivered evaluations of the All-Wales Diabetes Prevention Programme and CVUHB Cancer prehabilitation
- We have a draft programme of evaluation for 2026/27 focused on inequalities, including evaluation of Hapus, Tackling Diabetes Together, and the Welsh Network of Health Promoting Schools



Outcomes Measurement



Summary of activity in 2025/26

Healthy Life Expectancy

- Healthy life expectancy is our organisational outcome indicator, and it was agreed this year that our ambition is to return healthy life expectancy to pre-pandemic levels and reduce the gap between the most and least deprived areas.
- Healthy life expectancy continues to decline in Wales, and there are persistent inequalities, closely linked to deprivation.
- This reinforces the need for prevention-focused approaches and action on the wider determinants of health to reduce inequalities.

PHW Decarbonisation and Climate Measurement

- Work on decarbonisation establishes a clearer framework for understanding and monitoring the environmental impact of Public Health Wales activity.
- It supports accountability, alignment with national climate commitments, and more informed organisational decision-making.
- These indicators provides a foundation for embedding climate considerations into public health planning and practice.

Heat-Related Mortality and Morbidity

- Evidence on heat-related mortality and morbidity demonstrates the tangible health impacts of extreme weather events.
- The findings show increased pressure on health and emergency services during heat periods and highlight vulnerable populations at greater risk.
- This reinforces the importance of climate adaptation, preparedness and preventative public health action.



Outcomes Measurement



Summary of activity in 2025/26

Evaluation of National Wellbeing and Prevention Programmes

- A coordinated programme of evaluation supports understanding of reach, equity, implementation and outcomes across major national wellbeing and prevention initiatives.
- This strengthens accountability while ensuring learning is fed back into programme improvement.
- The approach supports more effective, equitable and sustainable public health interventions.

Avoidable Mortality and Early Cancer Detection

- Analysis of avoidable mortality and early cancer detection provide insight into where earlier intervention and improved services could reduce premature deaths.
- The findings highlight shifts in causes of avoidable mortality and the ongoing importance of prevention, early diagnosis and system effectiveness.
- This supports targeted action to improve outcomes and reduce inequalities.

Children and Young People's Mental Health and Wellbeing

- Population-level evidence shows worsening mental health and emotional wellbeing among children and young people, with clear inequalities linked to gender and socio-economic circumstances.
- The findings underline the need for early intervention, whole-system approaches and action on key protective factors such as sleep, school environments and family support.
- This evidence informs national strategies and partnership working.



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