GIG CYMRU NHS WALES
Iechyd Cyhoeddus Cymru
Public Health Wales

Performance and Insight Report

August 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

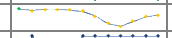
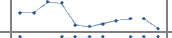
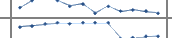
This section provides information and assurance for the delivery of our strategic plan including **IMTP Milestone Delivery**, progress against our **Strategic Change Programmes** and updates for our **six strategic priorities**. The section also includes an update on **Inequalities** which is reported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

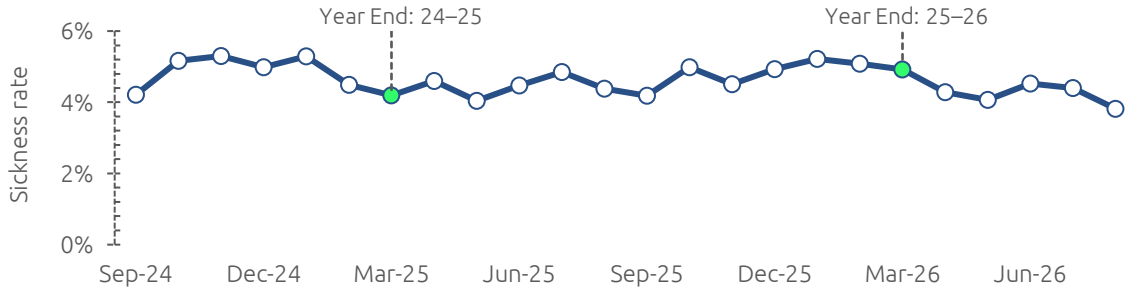
People Governance	Target	12 Month Look Back	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26
12m Rolling Sickness Absence FTE %	YoY Reduction		4.58%	4.57%	4.52%	4.58%	4.46%	4.52%	4.60%	4.64%	4.63%	4.60%	4.57%	4.58%
Statutory and Mandatory Training	85%		93%	92.9%	92.9%	92.9%	92.9%	92.8%	92.3%	92.4%	92.5%	92.5%	92.5%	92.3%
Appraisal Compliance	85%		86.8%	86%	86.5%	86.5%	86.0%	85.7%	83.4%	79.9%	78.6%	81.0%	83.1%	83.8%
Diversity ESR Data	N/A		77%	78%	77%	77%	77%	78%	78%	78%	78%	78%	78%	78%
Agency Spend	30% YoY Reduction		1,042m	1,120m	1,180m	1,270m	1,379m	1,491m	1,645m	113k	218k	316k	436k	479k
Admin and Clerical Agency Spend	£0 Spend		82k	68k	22k	40k	49k	71k	97k	51k	47k	39k	53k	26k
Financial Governance														
Revenue Position YTD	Breakeven		-£0.016m	-£0.002m	-£0.040m	-£0.069m	-£0.034m	-£0.054m	-£0.088m	-£5k	-0.002m	-0.089m	-0.312m	Breakeven
Revenue Position Forecast	Breakeven		£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
Capital Year-End Variance	Breakeven		£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
Public Sector Payment Policy (PSPP) In-Month	95%		96.72%	97.24%	97.03%	97.34%	97.14%	96.74%	97.42%	97.00%	95.96%	96.91%	97.31%	96.88%
Public Sector Payment Policy (PSPP) Cumulative			97.41%	97.38%	97.34%	97.34%	97.32%	97.27%	97.29%	97.00%	96.55%	96.70%	96.85%	96.86%
Information Governance														
Freedom of Information Request Response*	Within 20-Days		1	1	0	0	1	0	1	2	1	3	2	
Subject Access Request Response*	1 Month Avg		0	0	0	1	0	1	1	0	1	0	1	
Personal Data Breaches Reported	N/A		2	1	3	3	4	2	2	3	3	4	5	
Personal Data Breaches Reported - Escalated			0	1	2	0	1	0	0	1	0	0	1	
Mandatory Information Governance Training	85%		91%	91%	90%	90%	90%	95%	89%	89%	89%	88%	88%	87%
Clinical Governance														
Moderate or above harm incidents - Monthly	N/A		2	1	2	7	6	6	22	4	6	6	8	4
Moderate or above harm incidents - YTD 26/27			25	26	28	35	41	47	69	4	10	17	25	28
Number of externally reported incidents (NRI's, EWI, RIDDOR, IRMER) - In Month	N/A		3	1	0	4	1	0	1	0	0	0	0	0
Number of externally reported incidents (NRI's, EWI, RIDDOR, IRMER) - Rolling 12m			15	13	13	20	24	24	23	26	26	25	24	20
Incident Closure Compliance*	85% PHW		79%	86%	85%	71%	70%	72%	74%	75%	75%	69%		
Formal Complaints - Acknowledged within 5 working days**	75% WG 95% PHW		75% (4)	50% (4)	100% (5)	100% (2)	100% (3)	100% (4)	67% (3)	100% (2)	100% (2)	100% (4)		
Formal Complaints – Responded to within 30 working days**	75% WG 95% PHW		50% (4)	75% (4)	60% (5)	100% (2)	100% (3)	75% (4)	100% (3)	100% (2)	50% (2)	25% (4)		
Early Resolution Complaints – In Month***	75%		7	11	14	11	8	9	4	8	5	6	5	4
Early Resolution Complaints – YTD***	N/A		85	91	103	109	105	108	110	111	13	19	24	28
Appropriate complaints resolved through early resolution	40%										100%	100%	100%	100%
Early Resolution Complaints - Acknowledged in 5 working days	75%										100% (5)	100% (6)	100% (5)	
Early Resolution Complaints - Responded to in 10 working days	75%										100% (5)	83% (5)	100% (5)	
Nationally reportable incidents open over 12 months	0 NRIs		0	0	0	0	0	0	0	0	0	0	0	0
Number of never events	0 Never Events		0	0	0	0	0	0	0	0	0	0	0	0

*Note: Incidents and Complaints require 30 working days for closure, therefore this data pertains to June 2026
**Note: Figure in brackets refer to total complaint numbers received.

***Note: Early Resolution Complaints was previously reported as Informal Complaints and is now presented as a percentage rather than a count. This change reflects new regulations introduced on 1 April 2026

People Governance

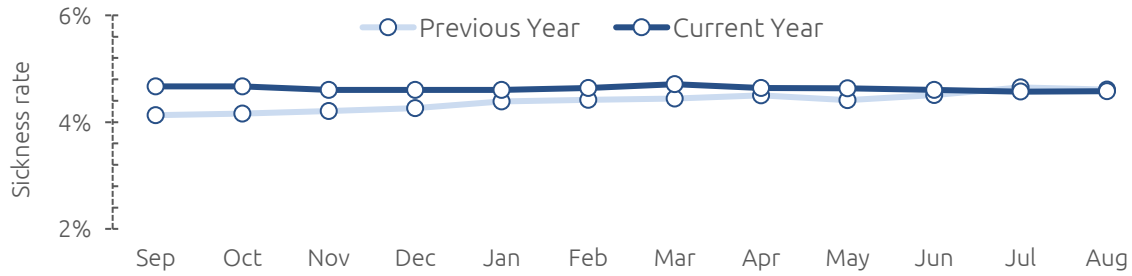
Sickness Absence



3.82%

Decreased by **0.58%** in August 2026.

12 Month Rolling Absence



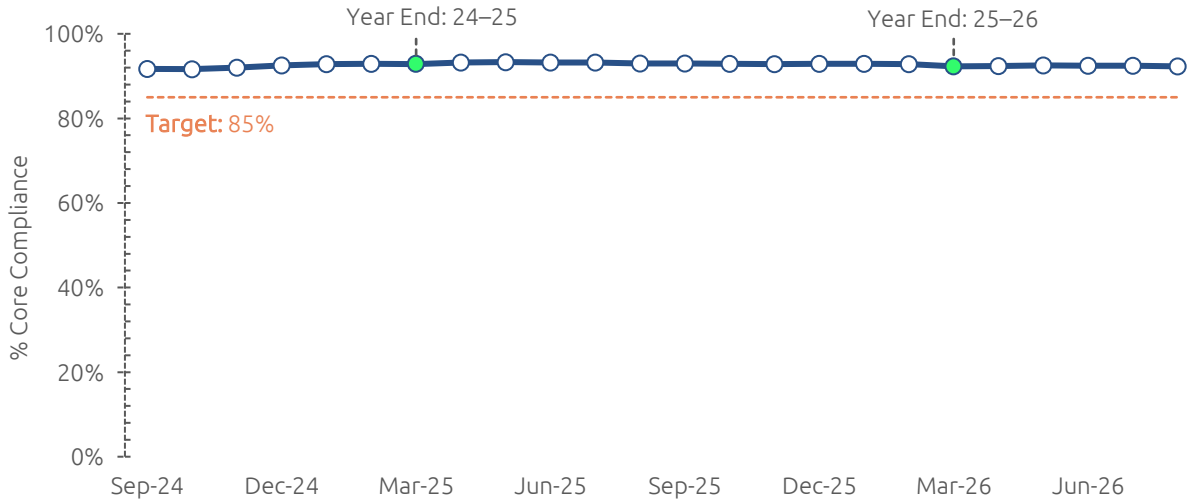
4.58%

-0.03% Year on Year

Currently achieving the year-on year reduction target - has fluctuated around 4% over the past three years.

Additional assurance is provided in the focus area on page 6

Statutory and Mandatory Training



85%

92.3%

Remains **above** target in August 2026.

All Directorates continue to **exceed target** within the financial year with the exception of Board and Corporate (82.6%).

The module reporting lowest completion is Welsh Language Awareness (84.4%).

In Focus: Sickness Absence

Key Insights

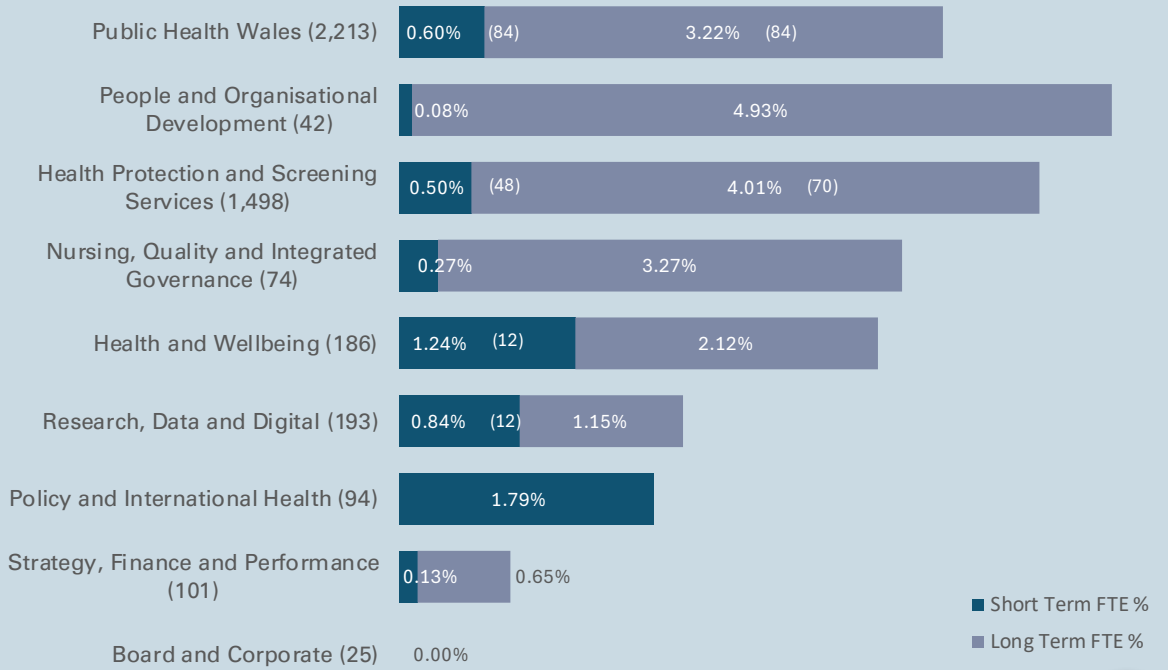
- Overall sickness absence reduced to 3.82% in August 2026, compared with 4.4% in July 2026, and is at its lowest level in the current financial year.
- Long-term absence remains the principal driver, accounting for 83% of FTE days lost, indicating that sustained improvement is likely to depend on supporting those with more complex and prolonged health conditions.
- Mental health-related absence continues to be the most frequently reported reason for sickness absence, consistent with wider NHS and UK-wide workforce trends.

Assurance and Actions

- People and OD continue to work with directorates to support the effective management of sickness absence, with a particular focus on long-term cases which remain the main driver of overall absence levels.
- Improvement efforts remain focused on ensuring timely review meetings, appropriate Occupational Health referrals and the consistent application of the Managing Attendance at Work (MAAW) Policy.
- Targeted support is being provided to areas with higher absence levels to strengthen case management, facilitate earlier interventions and support sustainable returns to work.
- Manager development continues through HR Clinics and MAAW training, helping to build confidence in managing complex cases and supporting employee wellbeing.

Sickness Absence by Directorate

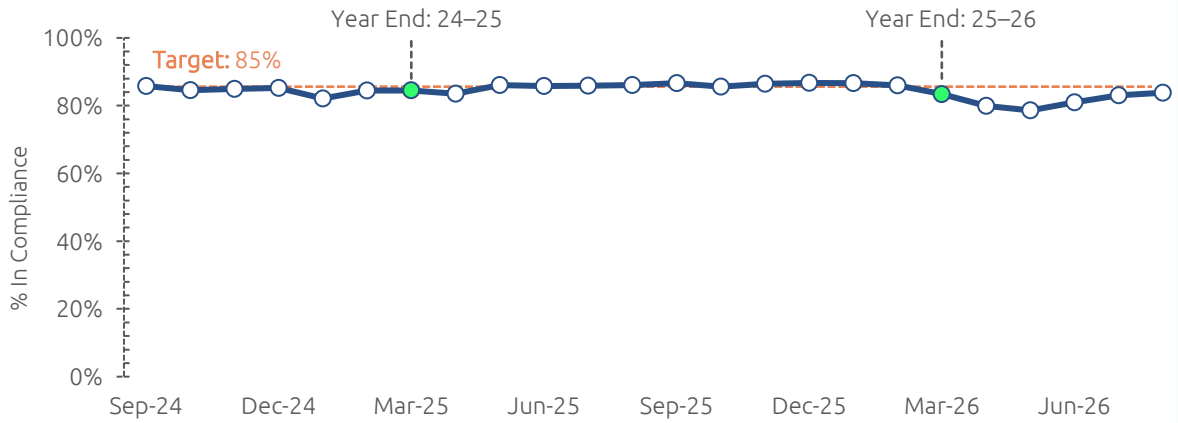
The breakdown of Directorate level sickness absence for August 2026 is provided below, split by Short-Term (less than 28 days) and Long-Term (28 days or more) Absence FTE %.



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

People Governance

Appraisal and Development Reviews



85% | 83.8%

Appraisal compliance has slightly increased but remains **below** the 85% target. HPSS is below target at 79.9% with Health & Wellbeing at 86.8%

Compliance may decline over the next three months if appraisals are not completed in a timely manner. People and OD continue to support improvement and address barriers to completion.

**Reported retrospectively taking into account updated data being reported following the monthly refresh. Previous reports may therefore demonstrate minor variances in monthly performance data.*

Additional assurance is provided in the focus area on page 8

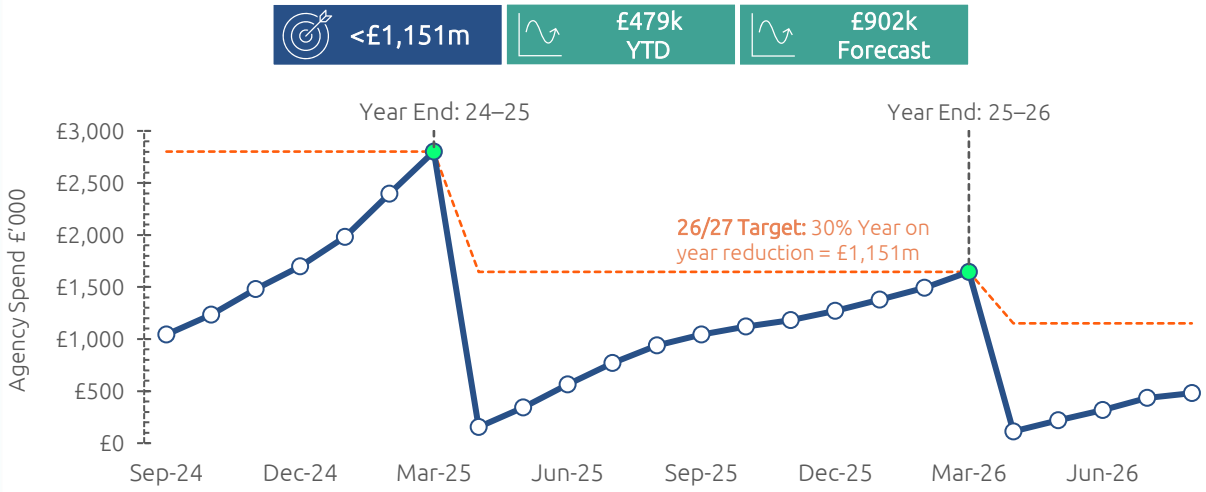
Equality and Diversity

78%

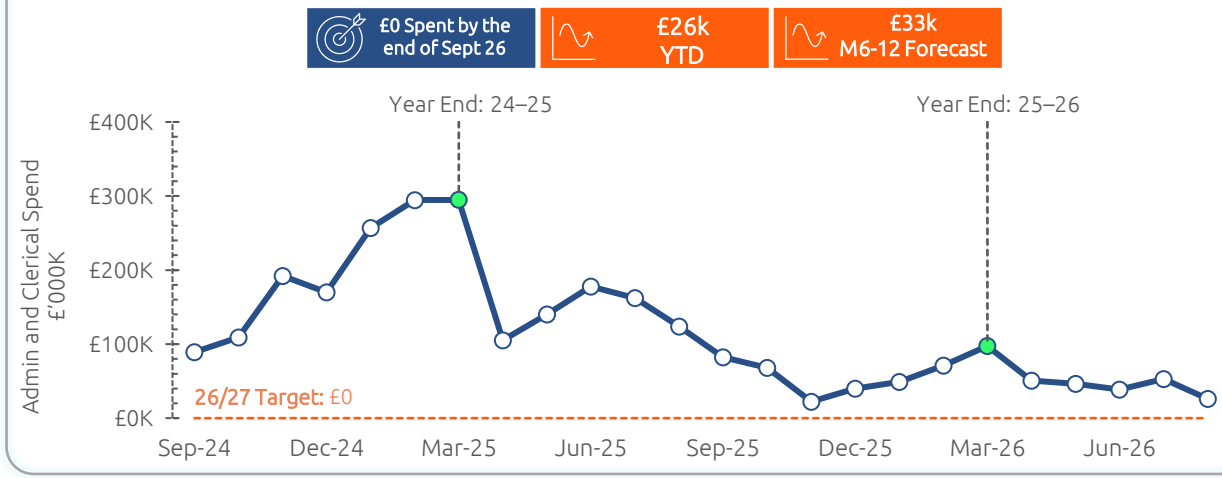
We encourage all staff to record their diversity data in ESR so that we can use the data effectively and ensure we are meeting the needs of our workforce.

Our current Diversity data completeness has steadily improved over the last four years

Agency Spend



Admin and Clerical Agency Spend



In Focus: Appraisal and Development Reviews

Improvement Actions

- My Contribution remains a key component of our Corporate Induction resources, including the People Manager Induction Pathway and the Developing People Managers offer.
- We have an IMTP commitment to develop and commence delivery of foundational leadership and management learning to increase leadership and management skills, capacity, and confidence. Managing performance and My Contribution form an important part of this work.
- The My Contribution Policy has recently been reviewed and consulted on and is now in the approval phase.
- Further activity is underway and planned to drive improvements in My Contribution compliance, including:

Communications about mid-year reviews (September 2026)

Communications about mid-year reviews are planned for the week commencing 14 September 2026. This will include information on the My Contribution Toolkit and SharePoint pages, as well as details of the drop-in sessions available to support colleagues through the My Contribution process.

Light Touch Review of the My Contribution Toolkit (starting in October 2026)

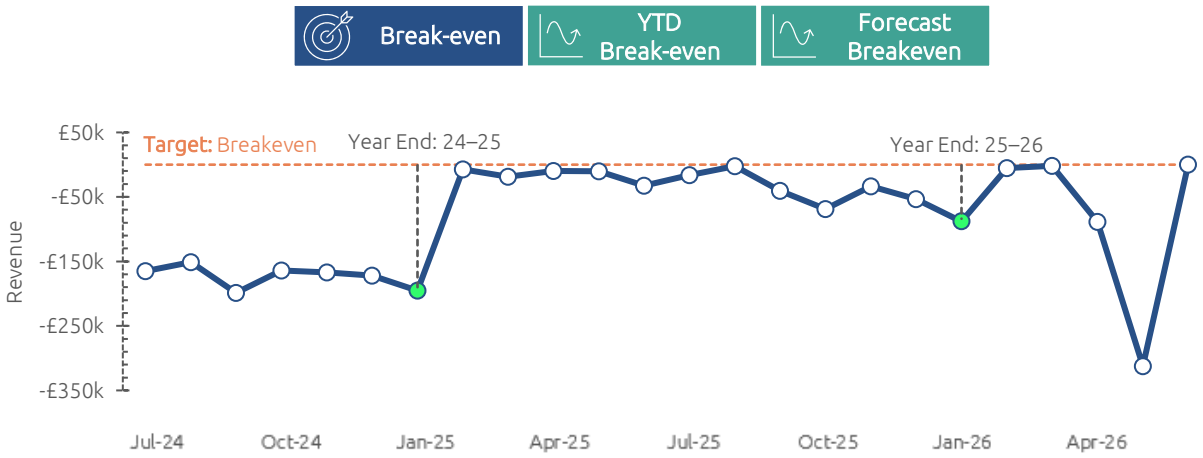
Using insights gathered through the My Contribution Policy review workshop, a light-touch review of the My Contribution Toolkit will be undertaken to ensure the content remains relevant and fit for purpose. Any required improvements, including the development of new resources, will be implemented over the coming months.

Directorate engagement

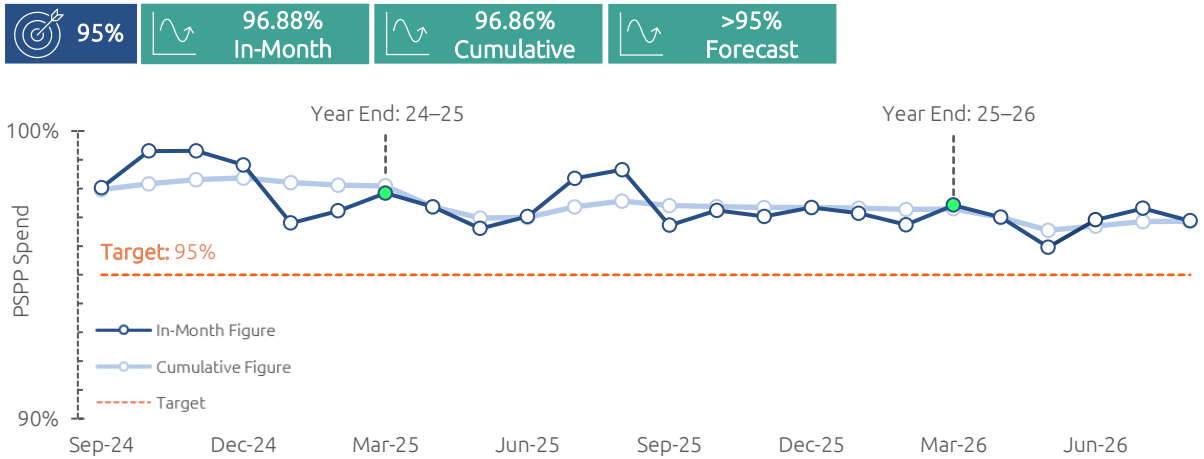
The Partnering Team will continue to monitor compliance through the Workforce Compliance Dashboard and engage with Directorates where compliance levels are low to better understand contributory factors. This will help inform any further action required to support line managers and their direct reports with the My Contribution process.

Financial Governance

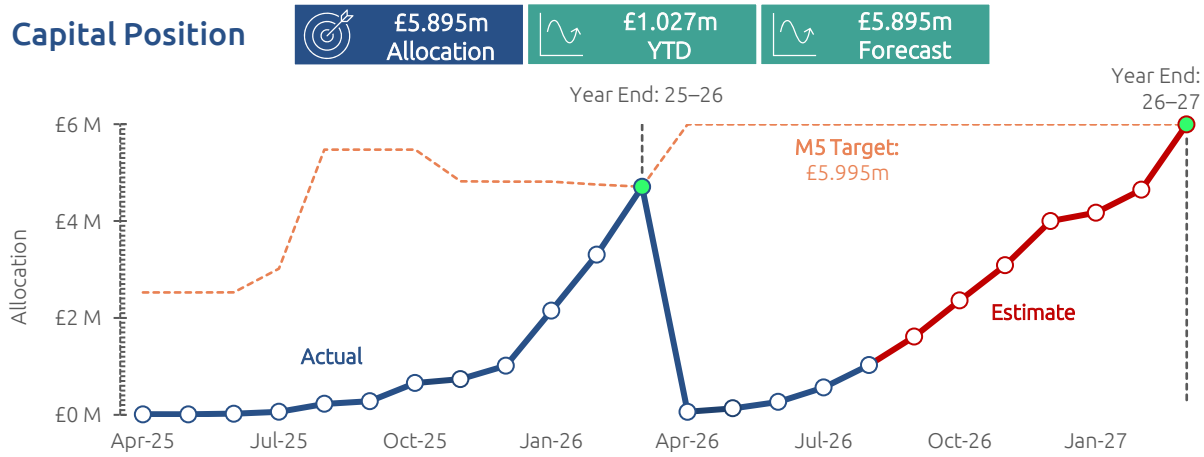
Revenue Position



Public Sector Payment Policy (PSPP)



Capital Position



The Capital position is forecast **breakeven**. PHW capital funding is made up of a discretionary allocation of £1.809m and a strategic allocation of £4.086m.

As at month 5, Public Health Wales is reporting a year-to-date breakeven position. In Month 4, we reported that budgets had been fixed for the remainder of the year and that the monthly monitoring return forecast would be based on forecast actuals rather than budget.

This approach was further refined in Month 5 following feedback from Welsh Government, which indicated that organisations should not report a year-to-date surplus or month-to-month fluctuations where a full-year breakeven position is planned. As a result, the £312k surplus reported in Month 4 has been adjusted, and the reported Month 5 position has been restated as breakeven.

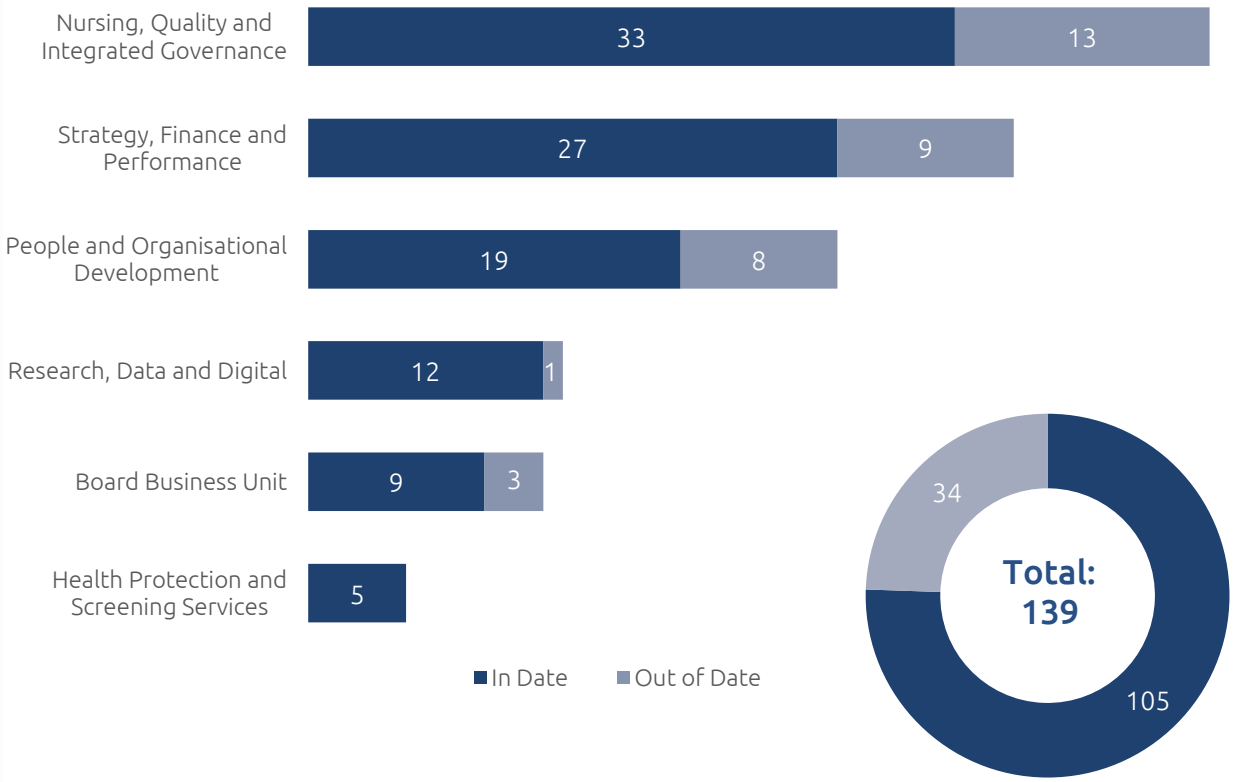
This approach removes the fluctuations reported in Month 4 and more accurately reflects the underlying financial position, demonstrating forecast break-even performance in line with our planned year-end position.

For further information, please see the Month 5 Finance Board report.

Corporate and Information Governance

Corporate Governance:

Corporate Policies Compliance



In August 2026:

- 4 policies were approved in the Nursing, Quality and integrated Governance Directorate

In date Policies

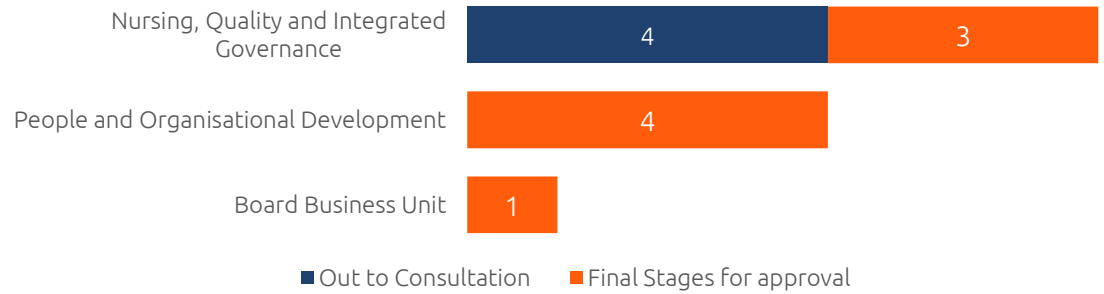
- 3 in date policies are in the final review stages.
- 0 in date policies are out for consultation

New Policies being developed

- 1 new policy is in development.

Review of Policies - Out of date

- Of the 34 Policies out of date, 12 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).

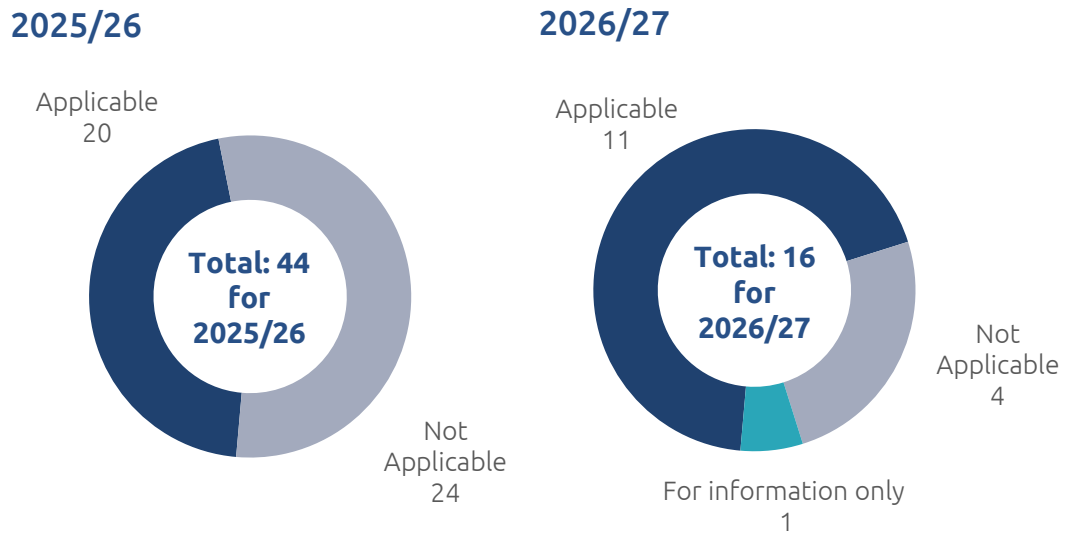


- The remaining 22 out of date policies are subject to quarterly monitoring and oversight by the Leadership team, with the most recent review undertaken in July 2026. All have been assessed as low risk to the organisation.
- Delays are primarily due to dependencies on national guidance and legislative developments, alongside operational capacity constraints, drafting pressures, and the need to align policies with wider organisational developments. Directorates recognise the importance of progressing these policies, with a significant number scheduled for consultation and/or approval in the coming months. Several are also expected to be considered by the Quality, Safety & Improvement Committee and the Health & Safety Group.

Corporate and Information Governance

Corporate Governance

Welsh Health Circular (WHC) Compliance



For the Period 1 – 31 August 2026:

1 WHC received and was considered For Information Only:

- **WHC 2026 (027)** – Safety netting discharge leaflets for adults and children

WHCs currently In Progress update:

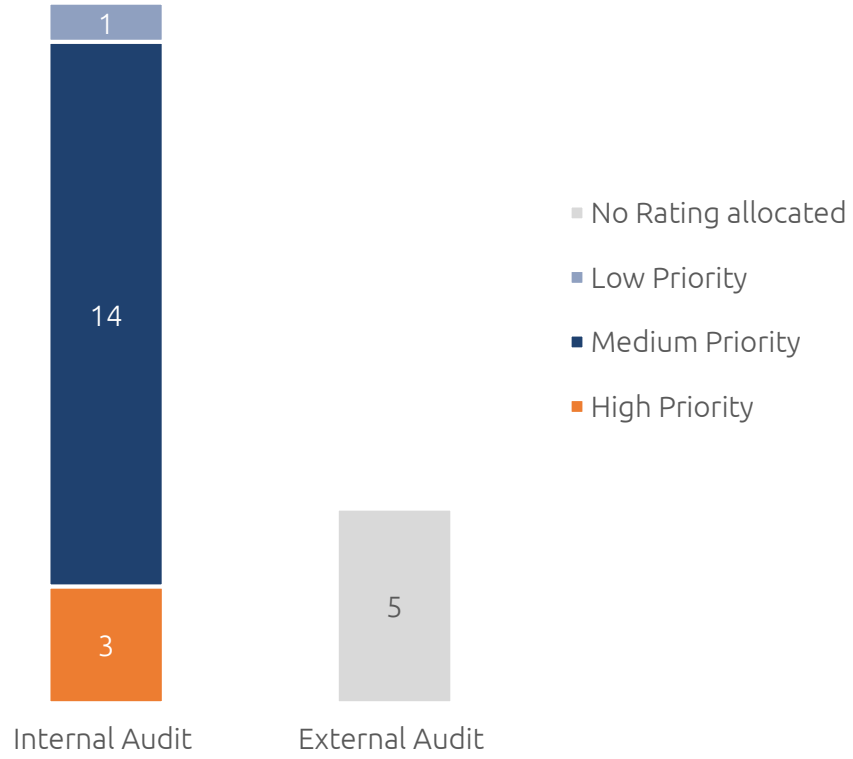
- **WHC 2026 (038)** – All-Wales NHS Accessible Communication and Information Standards (received September 2025). An Organisation-wide review has been completed, NQIG have commenced a programme to support the implementation of these standards with a view to completion in 2027.
- **WHC 2026 (004)** – Refreshed Intellectual Property (IP) guidance and policies for NHS Wales organisations (received March 2026). Action 1 (of 5) was completed on 16 July; the remaining 4 actions are scheduled for completion before 20 December 2026.
- **WHC 2026 (008)** – NHS Research and Development Finance Policy 2026 (received March 2026). An internal review is underway and an action plan developed.

Corporate and Information Governance

Corporate Governance: Audit Tracker

Position Last Reported to ACGC:

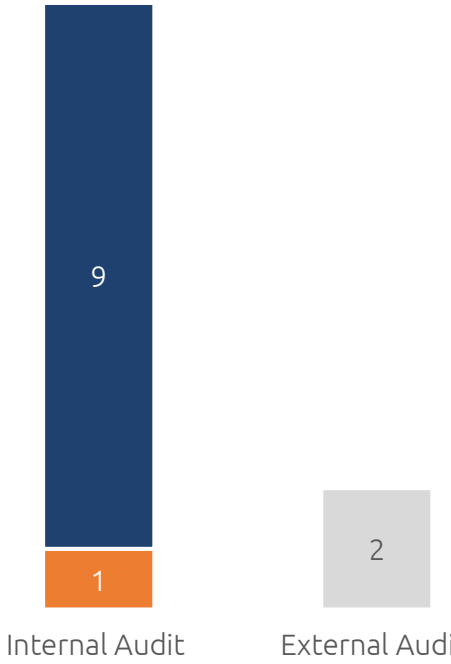
All Open Actions as of 7 May 2026:



Total: 23

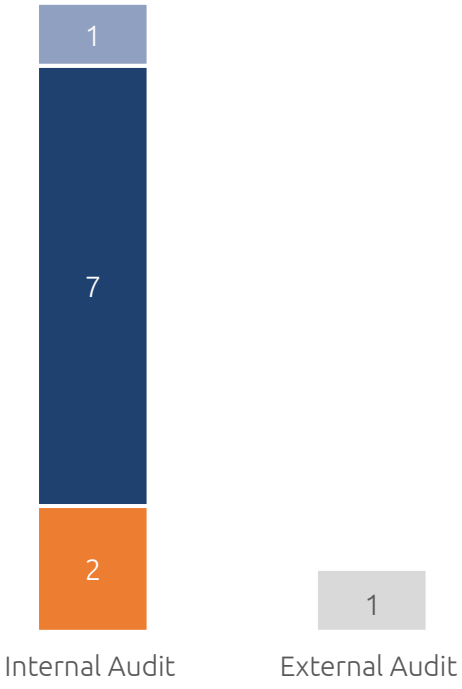
Position Reported to ACGC in September 2026 (as of 20 August):

Overall Open actions as of 20 August 2026:



Total: 12

Actions Closed this period:



Total: 11

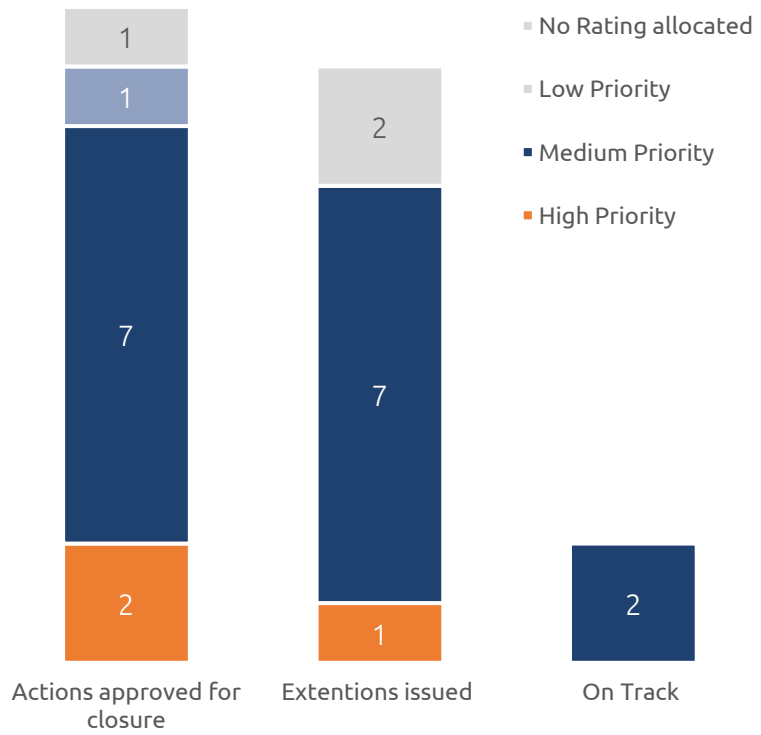
Corporate and Information Governance

Corporate Governance: Audit Tracker – Review by Leadership Team

The Leadership Team considered updates at its meeting on 20 August 2026. This is the summary of the requests approved at the meeting:

Overall Position of Actions

(Broken down by Priority rating of the action)

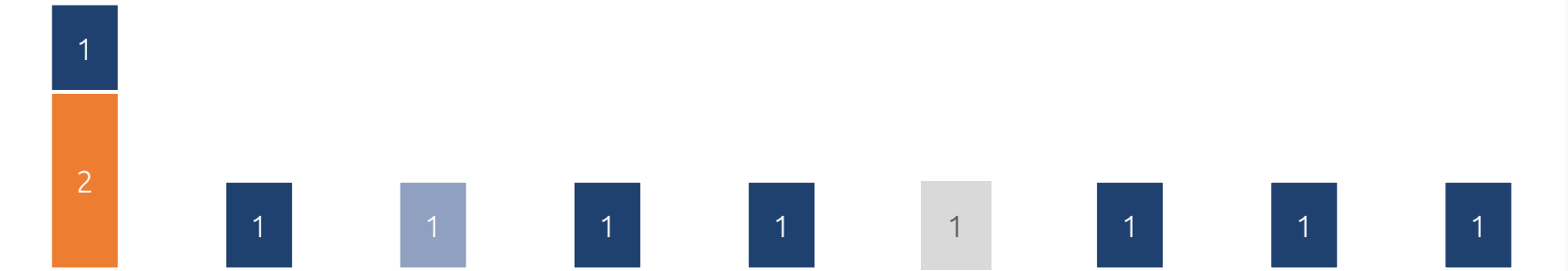


Total: 23

Breakdown of Extension Issued

Total: 10

Breakdown of Closures



Total: 11

Corporate and Information Governance

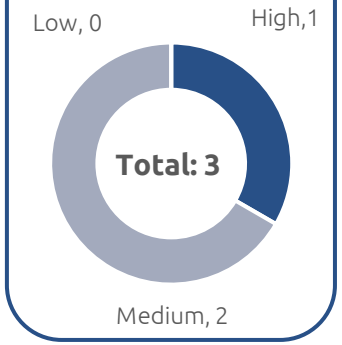
Corporate Governance: Audit Tracker – Actions Received at September Audit and Corporate Governance Committee Meeting

Audit Tracker

Internal Audit

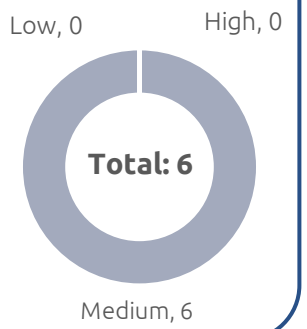
Business Continuity Planning

Management Actions:



Communication and Engagement

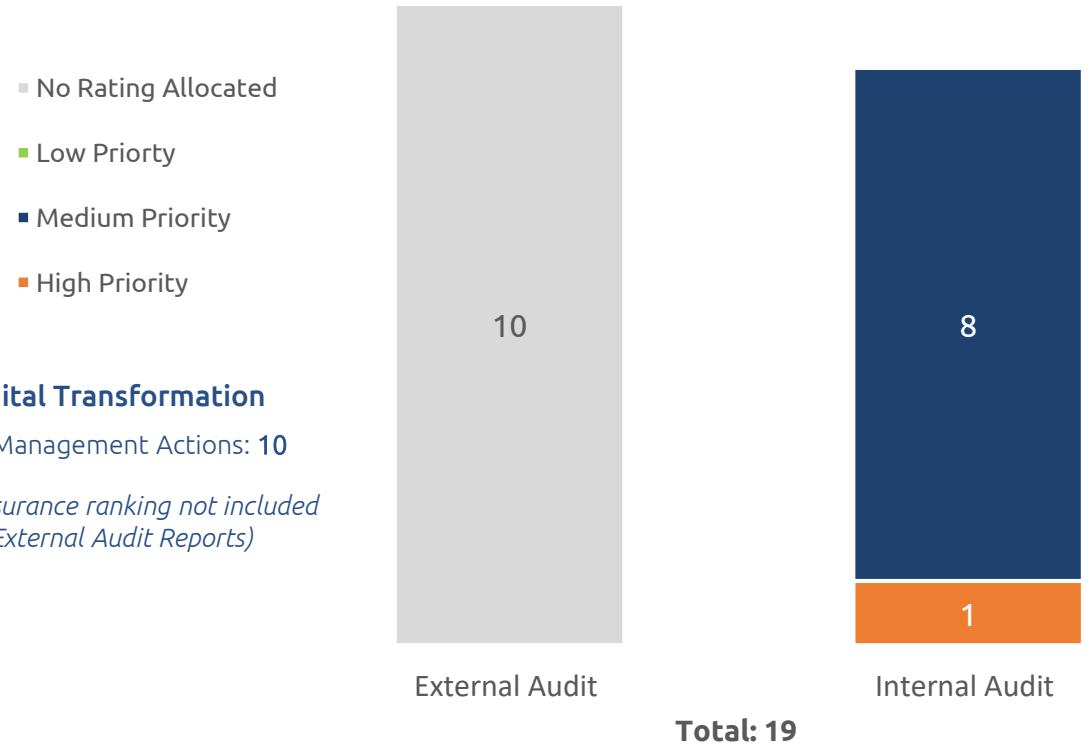
Management Actions:



External Audit

Following the last Committee meeting: **19** New Recommendations were added to the Audit Tracker

(Broken down by Priority rating of the action)



Digital Transformation

- Management Actions: **10**

(Assurance ranking not included on External Audit Reports)

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.

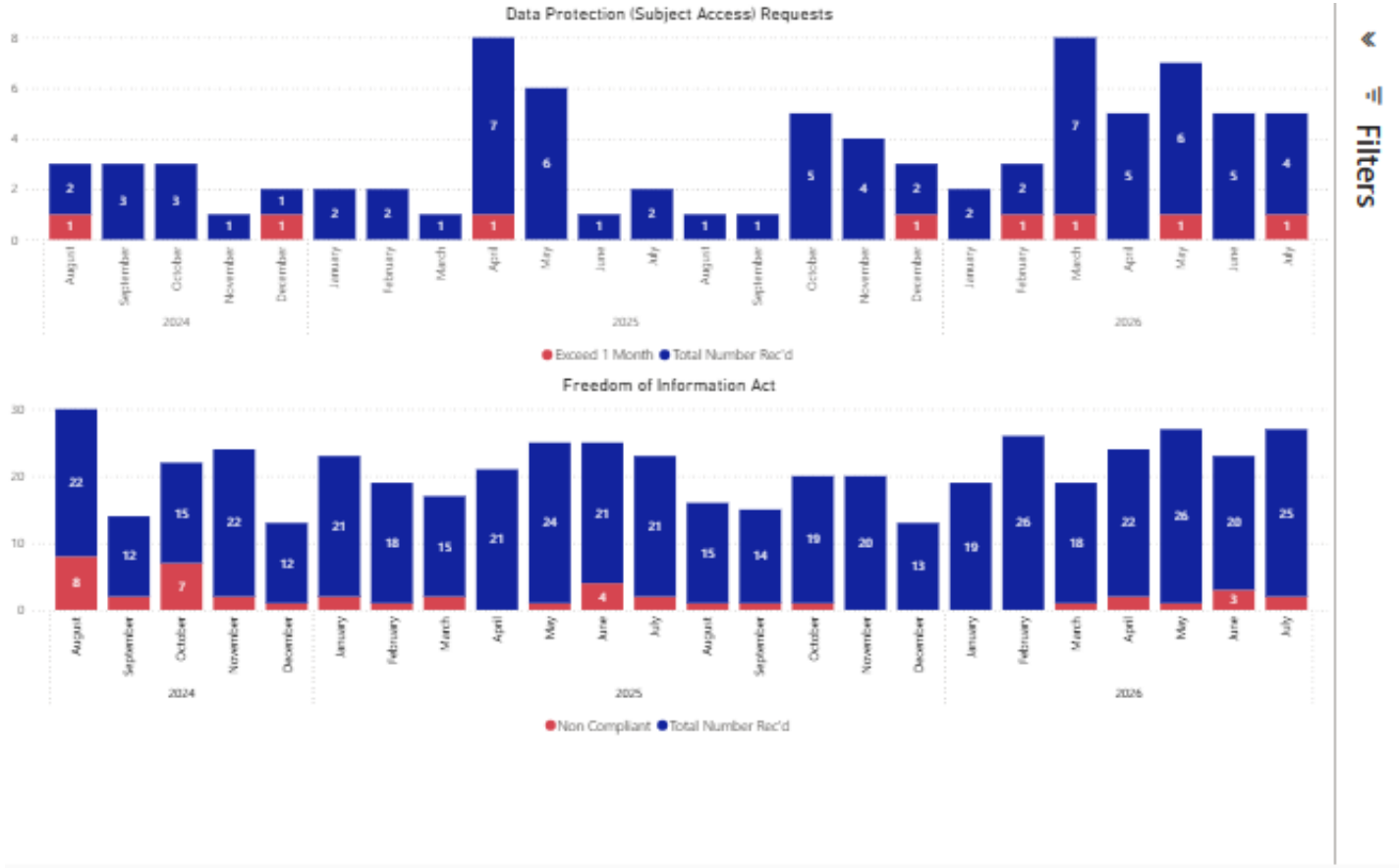
4 Received

1 Month

1 Exceeded

In **July 2026, 4 Data Subject Access Requests** were registered.

1 was answered in time
1 is awaiting ID verification
1 has yet to expire
1 is out of compliance and due to be answered.
The latter includes a request for IT access data only held in an audit form by Digital.



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.

25 Received

20 days

2 Non-Compliant

25 FOI requests received in **July 2026.**

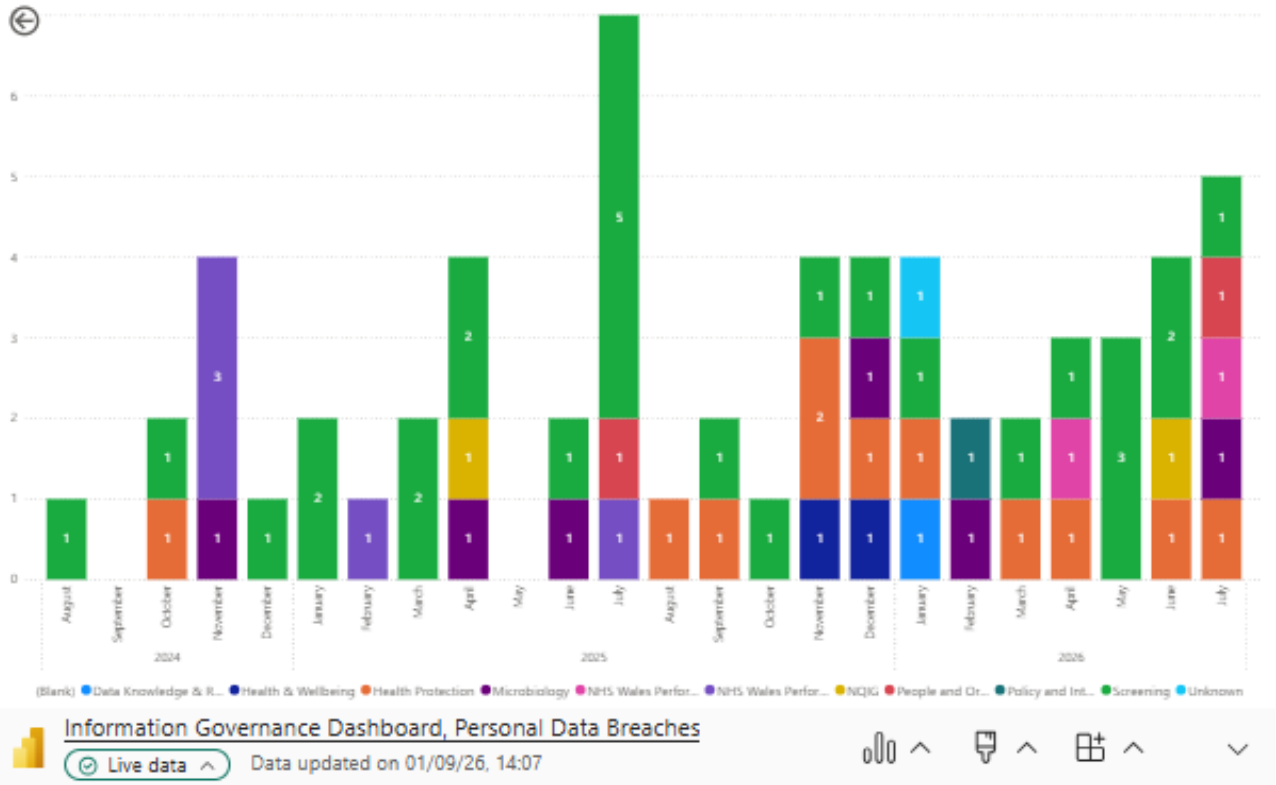
Of these 25, there are **2** over the 20-working day target and out of compliance. These are both out of compliance as they are complex requests involving liaising with third parties with further discussions within PHW/NHSWP&I.

The data within this slide reflects a point-in-time position and is inherently subject to change.
Therefore, variances between this data and subsequent quarterly or annual reports are expected in relation to FOI, SARs, and PDB activity, where records remain live and are updated until formal closure.

Corporate and Information Governance

Information Governance

Personal Data Breaches



Information Governance Dashboard, Personal Data Breaches
Live data
Data updated on 01/09/26, 14:07

Reported	Escalated
5	1

There were **5** PDBs recorded in July 2026:

- **Return to Work Form:** A return-to-work form was created using a previous form belonging to another staff member. This resulted in a data breach involving 1 data subject, which was reported to the ICO.
- **Personal Information**: Email sent with an attachment containing another member of staff's personal information 1 data subject involved.
- **Email Distribution Error:** The "To" field was used instead of "BCC", resulting in the disclosure of email addresses belonging to 19 members of the public.
- **Misdirected Sexual Health Results Email:** Sexual health test results were sent to the incorrect Health Board.
- **Microbiology Result Disclosure :** A microbiology result was disclosed to the Welsh Ambulance Services NHS Trust in error.

Mandatory Information Governance Training

85%
87%

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

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

Clinical Governance, Quality, Safety and Improvement

Externally Reportable Incidents - August update

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

Further Information

Early Warning (EW) & Nationally Reportable Incident (NRI)

0 Early Warning (EW) or Nationally Reportable Incidents (NRI's) reported in August.

Initially Reported Moderate or above harm incidents

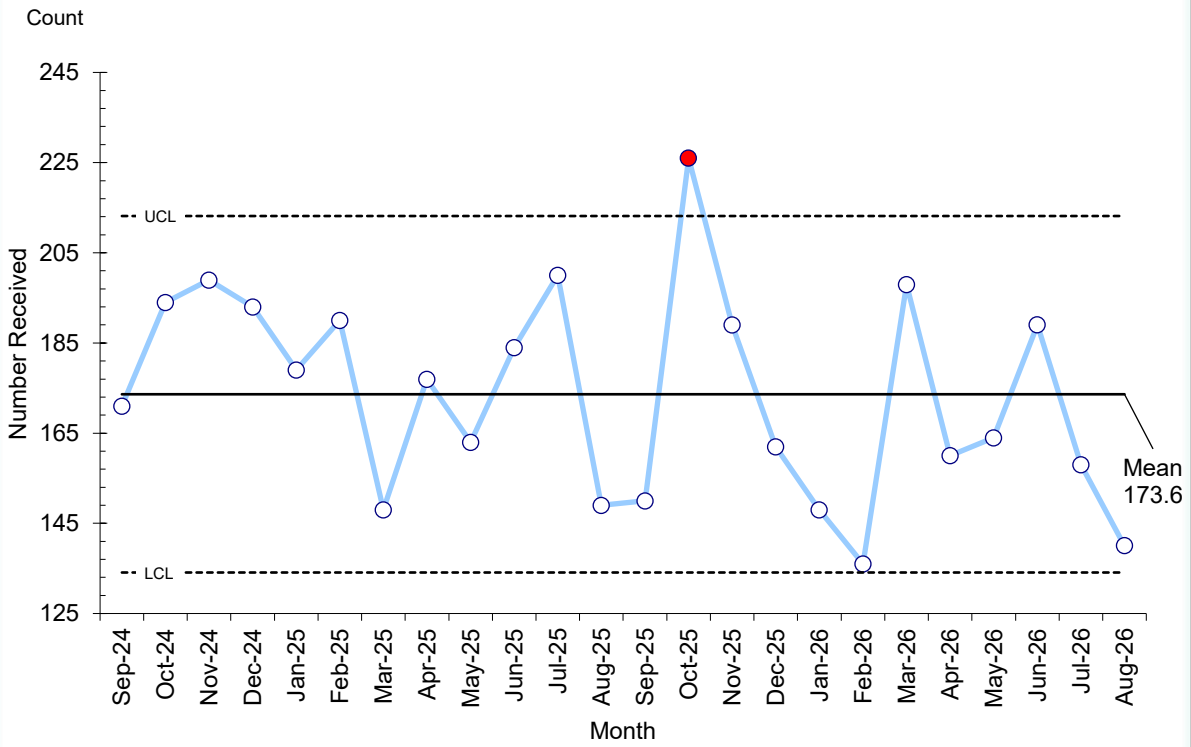
4 Incidents initially reported as moderate or above harm in August. All 4 have since been revised to low or no harm following investigation.

Incidents investigated and closed as Moderate harm or above

0 were closed with moderate or above harm level in August.

Clinical Governance, Quality, Safety and Improvement

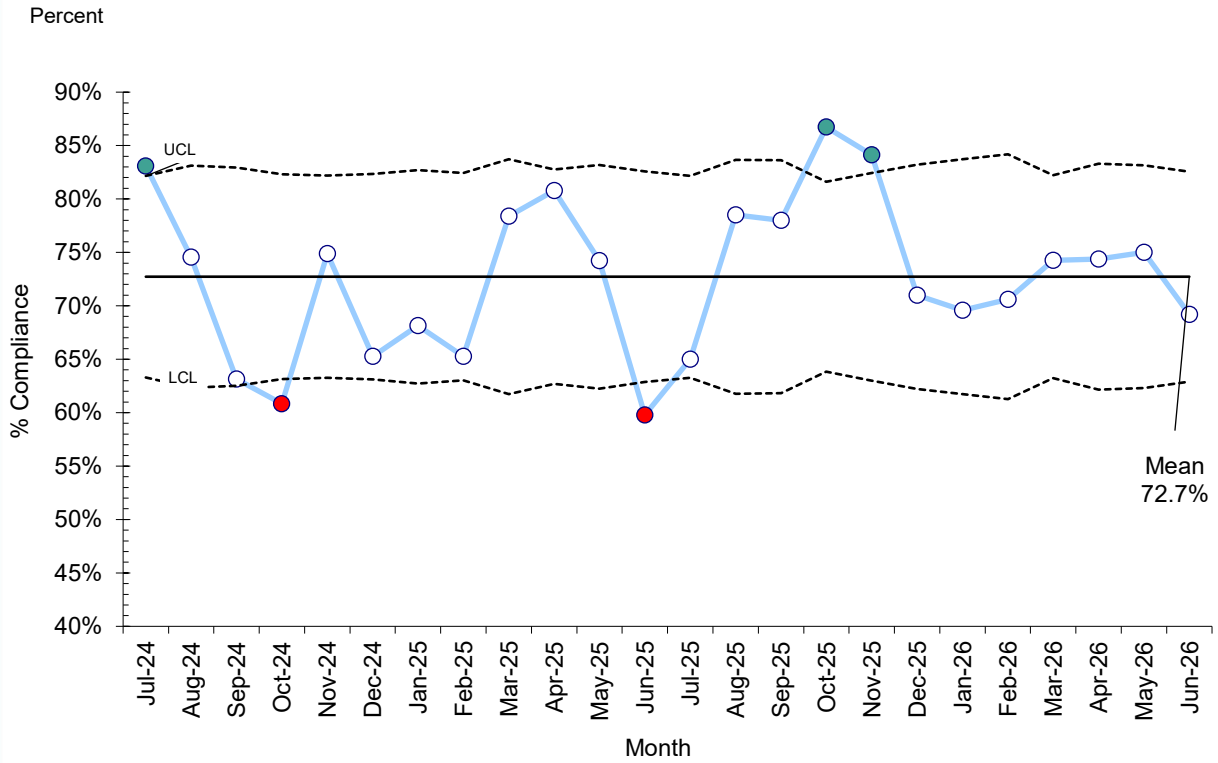
Number of Incidents Reported Over Time (C Chart)



No special cause variation noted.

Please refer to the In Focus slide for an update regarding variation in the July 26 reporting on page 22

Percentage of Incidents Closed within 30 Working Days (P Chart)

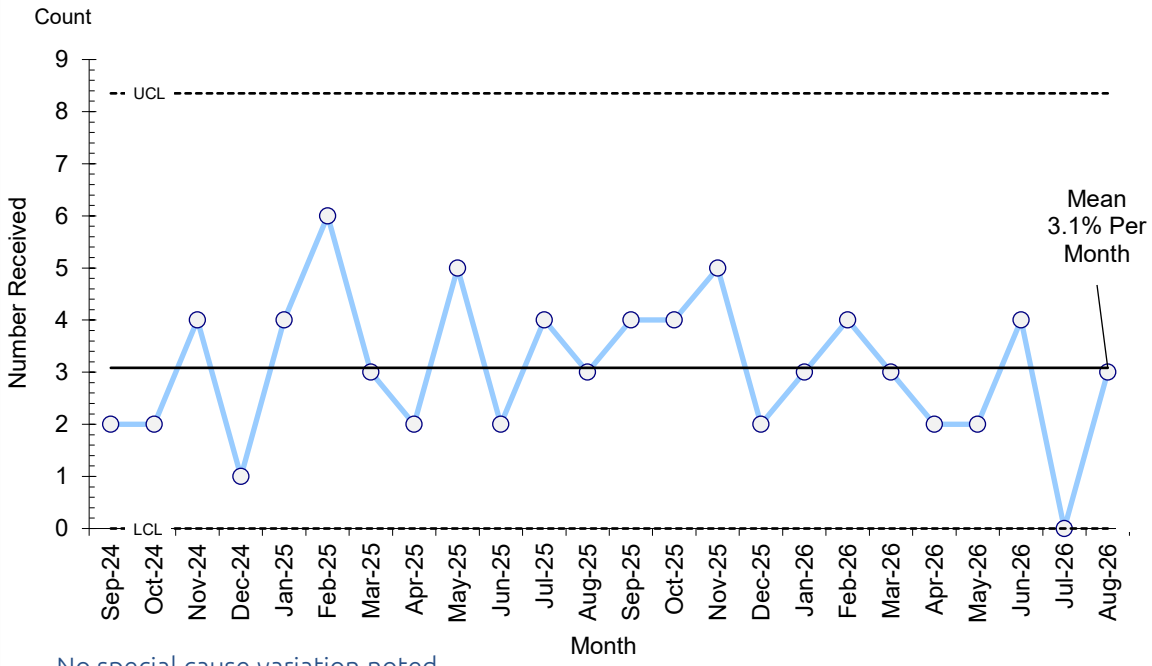


No special cause variation noted.

Please Note: Incidents require 30 working days for closure, therefore this data pertains to June 2026.

Clinical Governance, Quality, Safety and Improvement

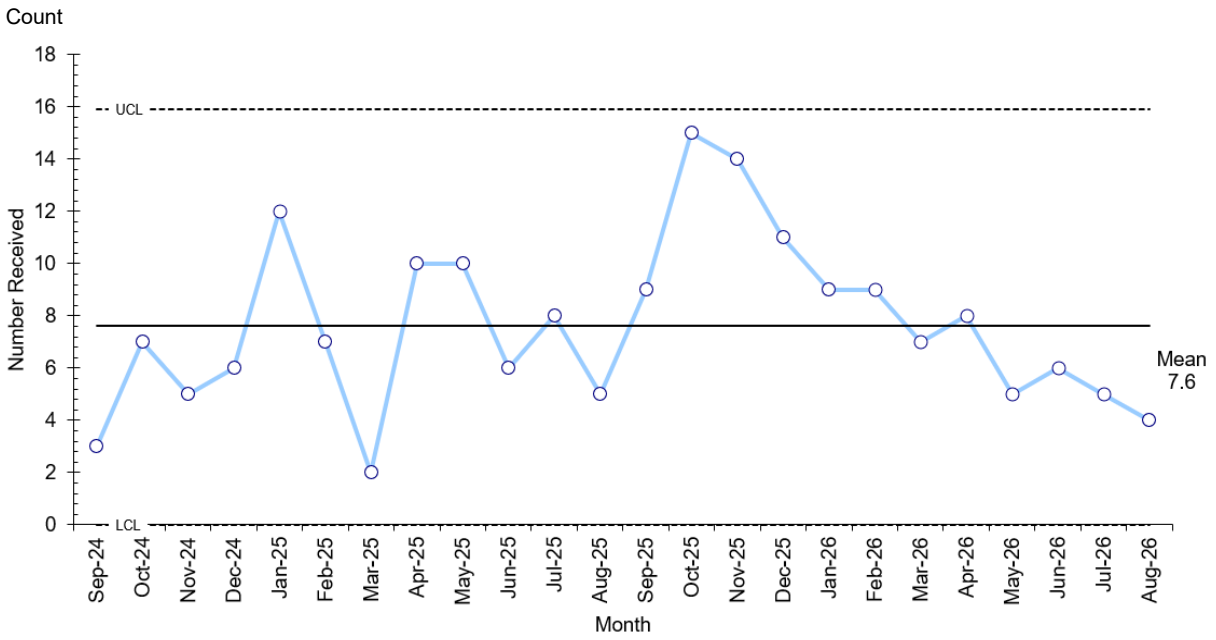
Number of Formal Complaints Received (C Chart)



No special cause variation noted.

** All complaints received since the 1st April 2026 are now managed via the Listening to People regulations.*

Number of Informal/ Early Resolution Complaints Received (C Chart)



In August, no special cause variation identified.

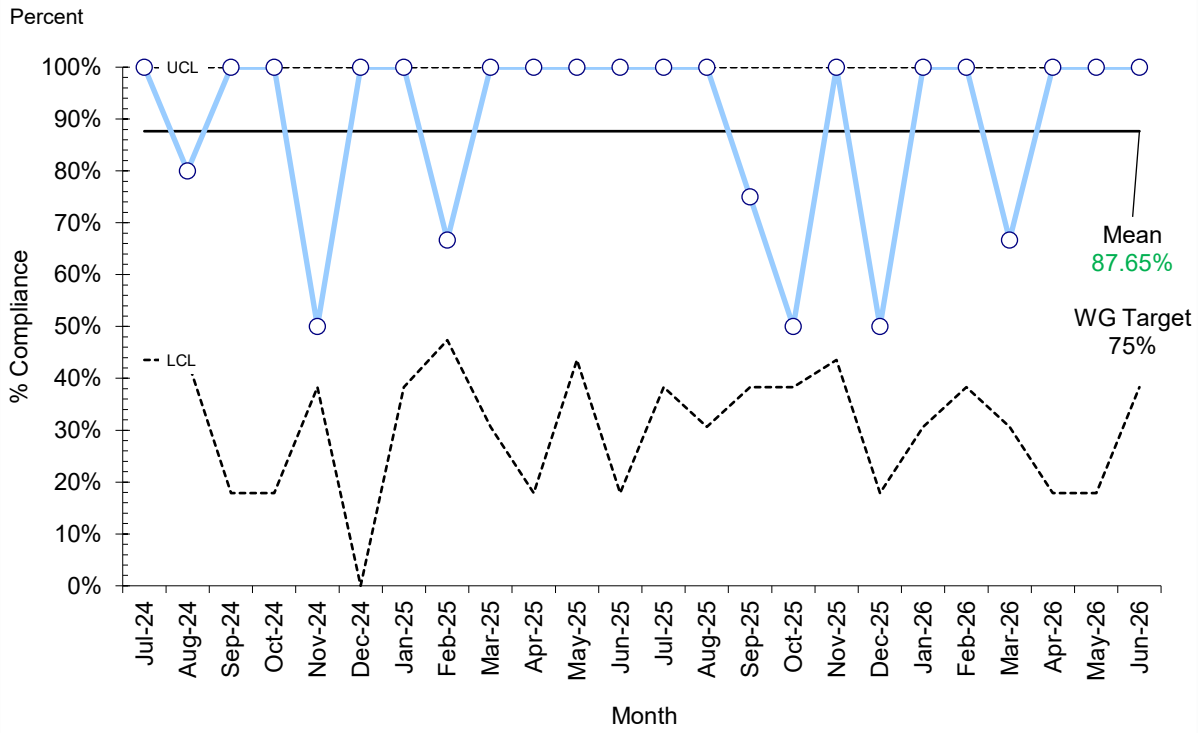
In July, in terms of compliance, 5 Listening to People (LtP) Early Resolution complaints received in, 100% acknowledged within the 5 working days target. Of these, all 5 (100%) were responded to on time within the 10-working day target in line with LtP legislation.

Please note insufficient data points currently available for Statistical Process Control (SPC) compliance charts since implementation of LtP legislation.

Please refer to the In Focus slide on page 22

Clinical Governance, Quality, Safety and Improvement

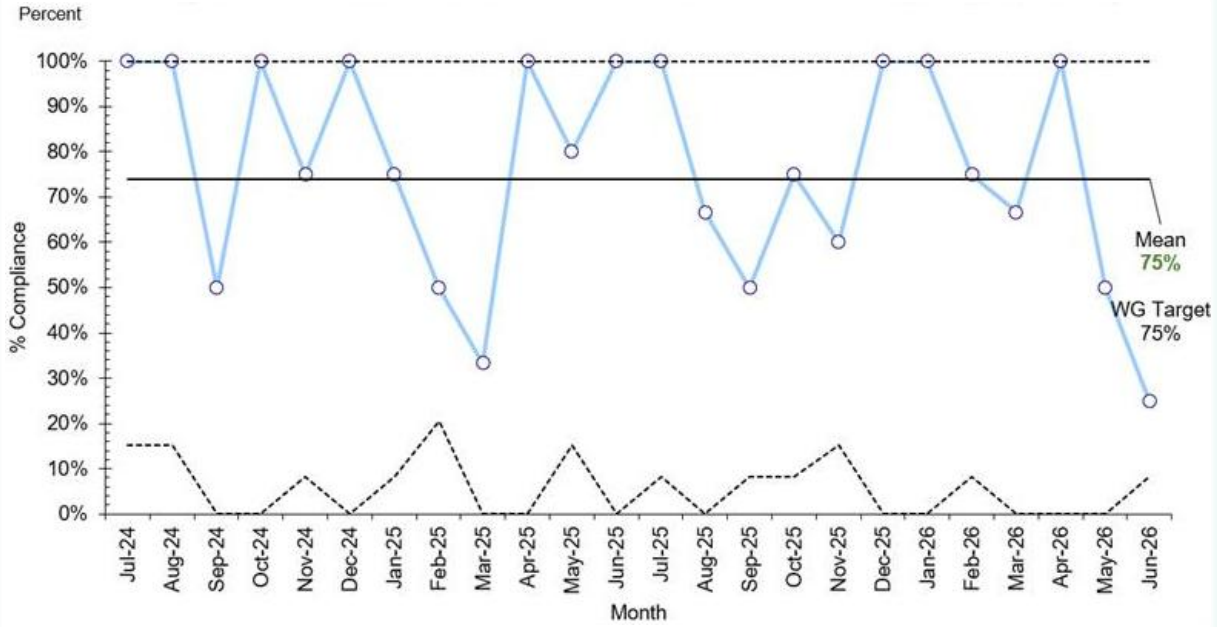
Formal Complaints Compliance Acknowledged on time – 5 Working Days (P Chart)



No special cause variation noted. Above Welsh Government performance target.

** All complaints received since the 1st April 2026 are now managed via the Listening to People regulations.*

Formal Complaints Compliance Responded on time – 30 Working Days (P Chart)



In June 2026, there was a reduction in the number of formal complaints responded to within 30 working days. 3 of the 4 Breast Test Wales complaints exceeded the response timeframe due to the complexity of Interval Cancer Reviews and the investigations into delays across the patient pathway that were not possible to conclude within 30 working days. Delays also occurred due to requests for amendments during the quality assurance sign-off process.

However, the chart demonstrates that the overall mean performance continues to meet the Welsh Government target over time.

Please refer to the In Focus slide on page 22

Clinical Governance, Quality, Safety and Improvement

Themes and Service Areas – August 2026

4 of the 7 complaints received in August were received by Breast Test Wales, with complaints relating to staff attitude and communication issues.
3 Formal complaints and 4 Early Resolution complaints received in August.

Please note: All complaints received since the 1st April 2026 are now managed via the Listening to People regulations.

Claims

August 2026

2

2 new potential claims received in August.
1 previously closed potential claim was also re-opened as a confirmed claim.

Of the 38 ongoing claims, 29 are confirmed and 9 are currently potential claims.

Redress

August 2026

0

No new Redress cases were reported in August.

There are 9 ongoing Redress cases, 5 in CSW and 4 in BTW.

All Redress cases are being progressed in line with the Putting Things Right and Listening to People Regulations.

In Focus: Formal Complaints and Incidents

Formal Complaints – Responded to within 30 working days

3 of the 4 Breast Test Wales complaints exceeded the response timeframe due to the complexity of Interval Cancer Reviews and the investigations into delays across the patient pathway that were not possible to conclude within 30 working days.

Delays also occurred due to requests for amendments during the quality assurance sign-off process.

It is important to note that from now on all Interval Cancer Reviews and complex investigations will be given a 60-day response timeframe as per the Listening to People regulations. This extended timeframe will support the completion of the required complex investigation and help ensure compliance with response deadlines.

Incidents initially reported as Moderate or above harm

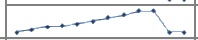
The YTD figure has decreased by 1 compared with last month's figure, as one incident has been rejected since the previous reporting period.

Number of Incidents Reported Over Time

Please note the variation in July 2026 reporting compared with previous months. During August, CSW reviewed and rejected 13 sample-related incidents that had originally been reported in July. As a result, the total number of incidents reported for July has been revised from 171 to 158.

Section 2
Service Delivery

Key Performance Indicator Summary

Screening Services	Target	12 Month Look Back	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26
Bowel Screening Wales – Waiting time for index colonoscopy (4 weeks) (Health Board Delivery)	90%		10.5%	19.7%	22.5%	28.5%	18.8%	24.1%	22.3%	11.8%	22%	24.1%	29.9%	
Cervical Screening Wales – Waiting time for colposcopy appointment (8 weeks) (Health Board Delivery)	90%		95.3%	98%	98.3%	98.9%	98.7%	99.0%	97.1%	98.2%	98.2%	99.5%	97.7%	
Breast Test Wales – Assessment invitations (3 weeks)	90%		31.6%	17.4%	41%	28.3%	13.5%	10.6%	45.7%	50.1%	23%	28.6%	16.2%	34.3%
Diabetic Eye Screening Wales – Coverage (12 Months)	80%		39.6%	39.6%	38.4%	38.4%	38.9%	39.5%	39.7%	39.8%	38.8%	38.9%	38.4%	38%
Abdominal Aortic Aneurysm – Timely referral to elective vascular network (MTD)	100%		100%	100%	100%	100%	83.3%	100%	100%	83.3%	100%	80%	75%	100%
Infection Services														
Total Microbiology Rejection Rates	<5%		4.8%	4.8%	4.8%	5%	5%	4.8%	4.8%	4.7%	5.0%	5.1%	4.8%	
Total Microbiology Diagnostic Sample Requests	*N/A		168,719	184,730	167,313	164.861	172,196	157,115	171,858	162,373	155,236	167,749	178,894	
Blood Culture - Collected to Incubation SMI <4hrs	>95%		68.3%	70.3%	69.9%	67.8%	69.7%	69.0%	68.4%	67.7%	65.8%	67.8%	64%	
Blood Culture - Received (PHW Laboratory) to Incubation <4hrs	>95%		99.6%	99.3%	99.2%	99.7%	99.7%	99.4%	98.3%	96.0%	96.5%	99.0%	97.2%	
Health Protection														
Test and Post (STI self-sampling) – Test Turnaround Times (Less than 7 days)	99%		99.97%	99.97%	100%	99.89%	99.98%	99.98%	99.92%	99.20%	99.87%	99.96%	99.95%	
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%		87%	79%	95%	92%	95%	87%	94%	91%	78%	91%	97%	70%
Health & Wellbeing														
JUSTB – Number of Schools with 2-day training completed by month**	40-50 Schools in total		1	4	5	1	4	5	6	5	7	1	N/A	N/A
JUSTB – Number of Schools with 2-day training completed YTD**			1	5	10	11	15	20	26	31	38	39	N/A	N/A
Whole School Approach – Percentage of schools with an Action in Place (All schools)	80%		89%	90%	92%	93%	96%	96%	96%	97%	97%	97%	98%	N/A
Whole School Approach – Percentage of schools with an Action in Place (Secondary schools)	100%		99%	99%	99%	99%	100%	100%	100%	100%	100%	100%	100%	N/A
Help Me Quit - Benchmark for timely first contact (NTSS)	90%		93%	95%	95%	94%	94%	94%	79%	96%	72%	96%	95%	
Help Me Quit – 4-week self-reporting quit rate (NTSS)	35%		72%	59%	66%	81%	73%	76%	69%	74%	65%	76%	67%	
Research Data & Digital			Quarter 3 (25/26)			Quarter 4 (25/26)			Quarter 1 (26/27)			Quarter 2 (26/27)		
Number of Major Breaches	0 Major Breaches		0 Breaches			1 Breach			0 Breach			0 Breach		
Percentage of publications without breaches	100%		76%			76%			76%			76%		
Percentage of user follow up to RD&D products	100%		33%			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 (August 2026)

In August 2026 on an All-Wales level **34.3%** of women were given an assessment invitation within three weeks of screen against the standard of **>90%**.

On a regional level, 1.8% of invitations were given within three weeks of screen in North Wales. In the South East region, there was an increase in the number of assessment invitations given within three weeks of screen, from 16.5% in July to 38.1% in August. In the West Wales region, there was also an increase in the number of assessment invitations given within three weeks of screen, from 49.3% in July to 62.6% in August.

71.9% of women had normal 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.

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

90% | 34.3%

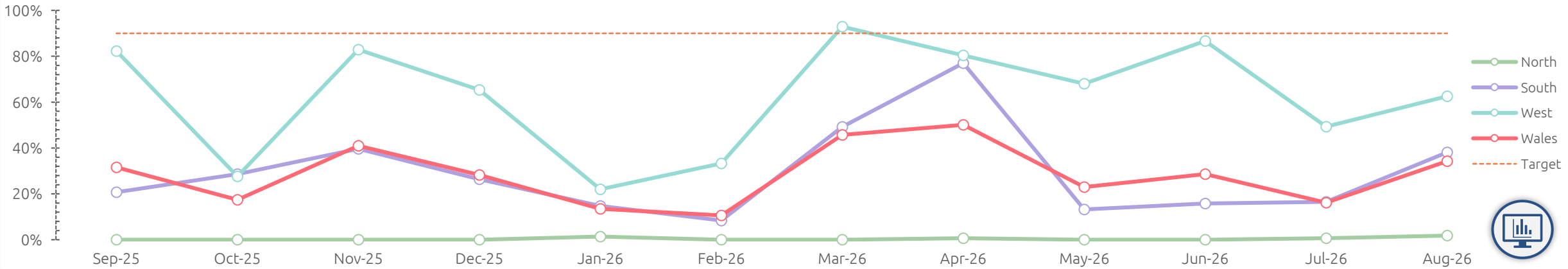
Breast Test Wales - Improvement plan

In August 2026, North Wales reading timeliness remains under significant pressure, with the South and West regions continuing to provide support. Weekly monitoring will continue, supported by improved backlog visibility, while sustainable recovery remains dependent on additional capacity, continued reader development and longer-term workforce resilience.

Assessment timeliness remains the principal operational risk. North Wales remains most challenged, with sustainable recovery requiring additional clinic capacity, continued locum and radiology-led cover, cross-regional deployment where deliverable, and resolution of longer-term surgical, nursing and theatre dependencies.

Round length recovery remains off trajectory despite improvement in July. Recovery continues to be constrained by maternity leave, vacancies, bank-staff reliance, wider workforce shortages and mobile reliability. Datix reporting projects the loss of more than 3,300 appointments, representing around 22% of activity. Further work is required to validate the calculation methodology, identify genuine longest waits, establish realistic regional recovery plans and strengthen the evidence supporting workforce and funding decisions.

Uptake remains below standard, with July rolling annual uptake at 69.1% overall and 65.8% for prevalent screening, against the 70% standard. Uptake and inequalities work continues through the dedicated group, including targeted reminder calls and engagement informed by DNA and inequality insights. Any increase in attendance will need to be aligned with available screening, reading and assessment capacity to avoid additional downstream pressure.



Health Protection and Screening Services

Bowel Screening Wales (July/August 2026)

In August 2026, Bowel screening uptake and coverage both remain **above** the standard of >60%, reporting **67.2% and 61.8%,** respectively.

In July, **29.9%** of participants were offered an appointment within 4 weeks in comparison with 24.1% of participants were offered an appointment within 4 weeks in June.

As of 28th August 2026, the average waiting time for a screening colonoscopy is at 6 weeks. Waiting times range from 2 to 16 weeks across the 14 screening centres. Average Specialist Screening Practitioner waiting time is 6 days, which is within standard.

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

90%

29.9%

Bowel Screening Wales - Improvement plan

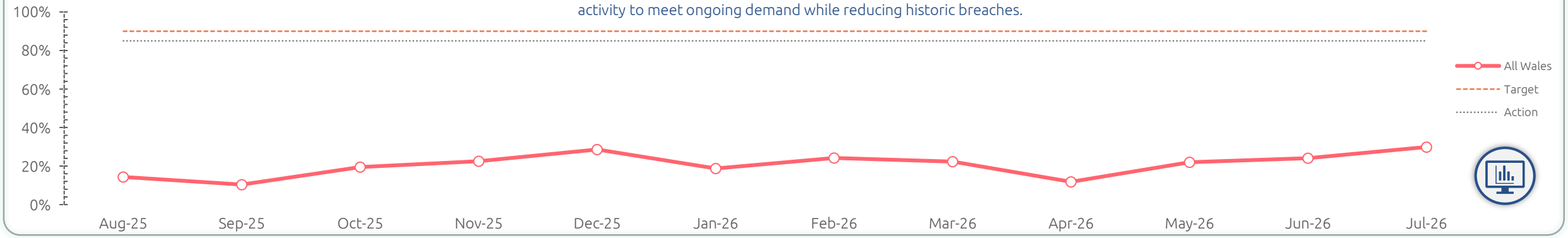
In August 2026, the Screening Colonoscopy Improvement Programme (SCIP) has moved beyond mobilisation into active implementation. All five workstreams remain operational, although formal meetings were intentionally paused during August because of peak annual leave, with priority activity continuing outside the meeting cycle. Governance and assurance arrangements are established, and the programme retains an overall Amber assurance rating: the direction of travel is improving, but sustainable and consistent recovery has not yet been secured across Wales.

Early performance is ahead of the All-Wales trajectory. The number of participants waiting 28 days or more reduced from 666 in April to 437 in August, against an August planned position of 562. The average prospective pathway wait remains approximately seven weeks, compared with around 11 weeks in the previous year, while Specialist Screening Practitioner waits have reduced to approximately seven days. These measures indicate improvement, but validated compliance and backlog measures provide different perspectives and should continue to be considered together.

Recovery planning has matured. Plans have been received from all Health Boards and transferred into a standard national format, with recovery trajectories identified and monthly monitoring under way. Most Health Boards have agreed their trajectories, with further work required to secure full agreement and complete consistent implementation of the All-Wales methodology. Monitoring is increasingly focused on compliance, backlog, long waits, delivered capacity and confidence in local recovery. Workforce development also continues, including an accreditation assessment arranged for two candidates.

Significant Health Board variation remains. Some Health Boards are materially ahead of their backlog trajectories, while others remain behind, and individual Health Boards may perform well against current compliance while continuing to carry historic breaches. The principal risks remain workforce capacity, financial constraints, limited availability of accredited screening colonoscopists, reliance on insourcing, downstream pathology demand, variable local recovery capability and the sustainability of quality assurance and clinical audit arrangements. Stronger executive ownership is required in some Health Boards to support consistent delivery of recovery plans and national recommendations.

The next phase will focus on regular variance review, targeted support and confirming that Health Board plans provide sufficient additional activity to meet ongoing demand while reducing historic breaches.



Health Protection and Screening Services

Diabetic Eye Screening Wales (August 2026)

Coverage at 12 months for annual recall remains below standard of **>80%** at **38%** in August 26. Over a 24-month period coverage in the same month is **66.2%**,which is significantly higher but below the standard of **>80%**. Coverage for 24-month Low Risk Recall Pathway is **82.7%.**

Uptake of eye screening is above the 80% standard at **81.7%** this month with positive service user experience elicited through the SMS (text message) pilot.

The number of inadequate images captured has increased in last three months, **9%** against the standard of **<3%** in August 26. This has been impacted by a change in the criteria used to define an inadequate result. Work is underway to review the implications and deliver targeted training.

DESW-001:Coverage 12 Months

80%

38.0%

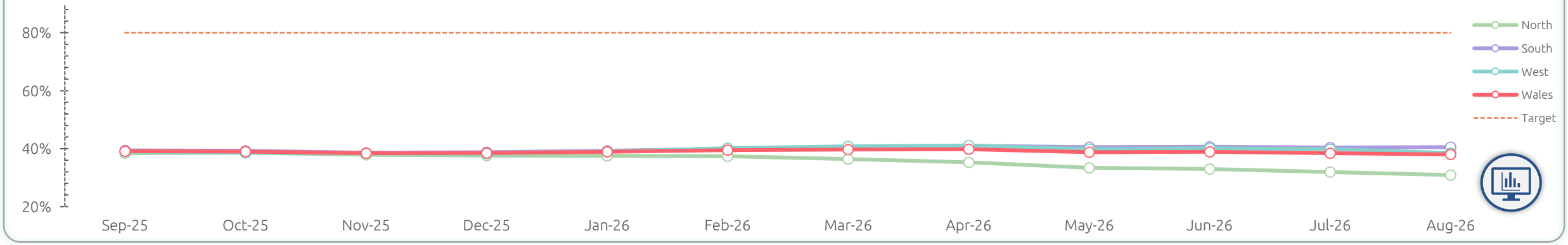
Diabetic Eye Screening Wales - Improvement plan

In August 2026, the DESW Improvement Plan is progressing across its main workstreams, with positive movement in clinic capacity, utilisation and the Low-Risk Recall Pathway (LRRP). In August, 8,505 appointments were available and clinic utilisation averaged 96.1%, exceeding the 95% aspirational target throughout the month.

The additional Drop-In and LRRP clinic models delivered around 710 extra appointments during August, increasing overall programme capacity by 9%. LRRP performance remains above target, with 37.6% of eligible participants receiving a two-year recall outcome, and the automated coding solution has now been implemented.

The principal constraint remains workforce capacity. Staff sickness resulted in an average of seven clinic cancellations each week during August, with screeners and graders particularly affected. Administrative capacity also limits the Drop-In model to approximately 400 appointments per month, while workforce and cultural development activity has been delayed.

The next key dependency is the retinal imaging evaluation. Interim quantitative findings are expected in September and full analysis in October; these will determine whether a staged mydriatic approach can be implemented and whether the 80% coverage ambition remains achievable through the current plan. September priorities are therefore to model future clinic options, review the coverage metric methodology, progress attendance and culture actions, and consider further capacity options through Screening Division SMT.



Health Protection and Screening Services

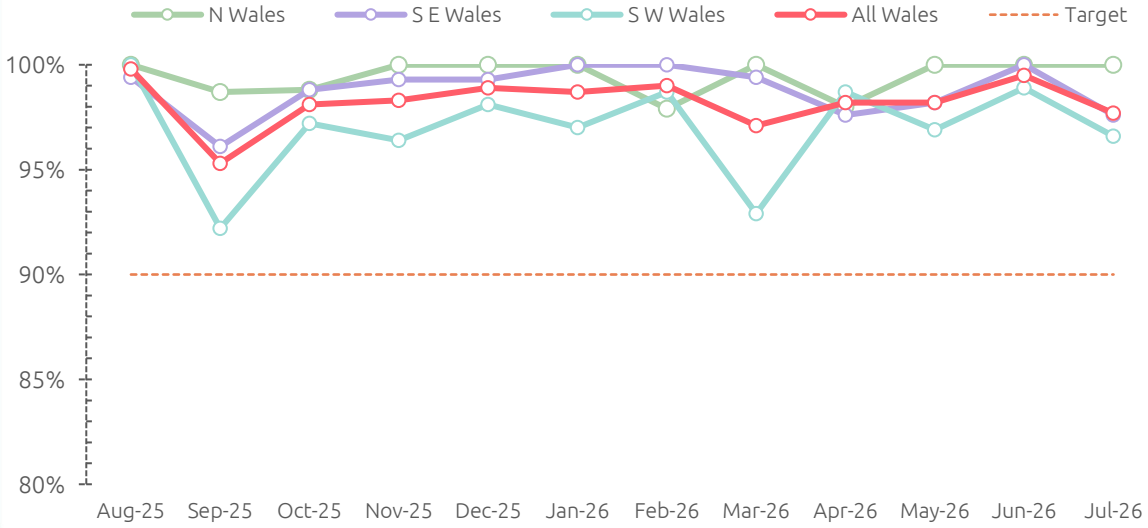
Cervical Screening Wales (July/August 26)

Over the previous 12 months 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 **61.6%** against a standard of >80%. 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.

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

90% | 97.7%



Abdominal Aortic Screening Wales (August 2026)

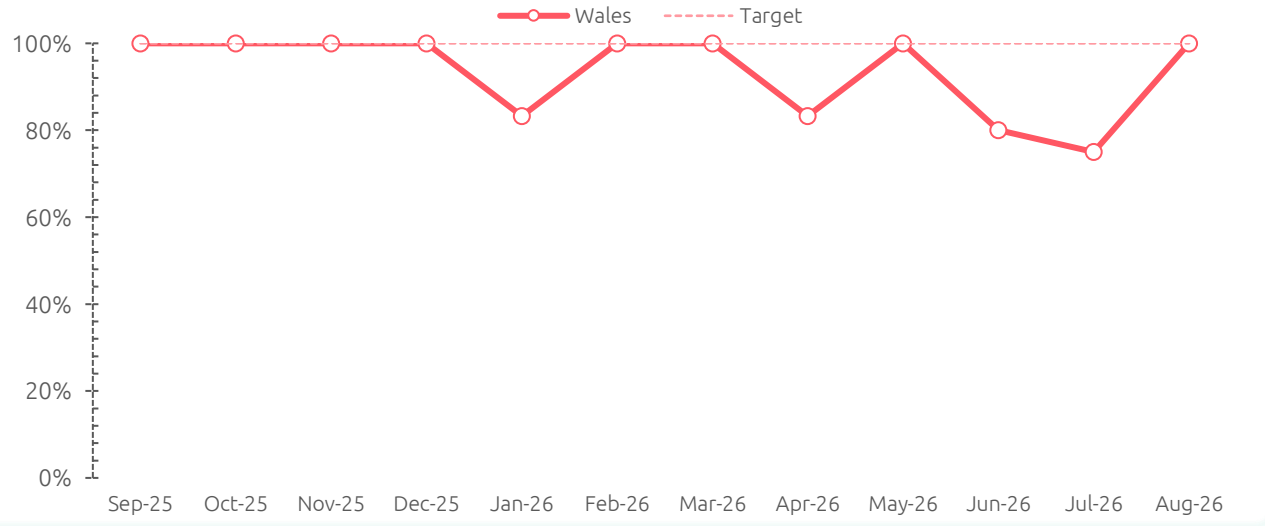
In August 2026, **100%** of men were referred to the elective vascular network MDT by the end of the following working day or same day.

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 Health Protection 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%. Over the latest 4 months, 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.

AAA-005: Timely referral to Elective Vascular Network Multidisciplinary Team (MDT) – All Wales

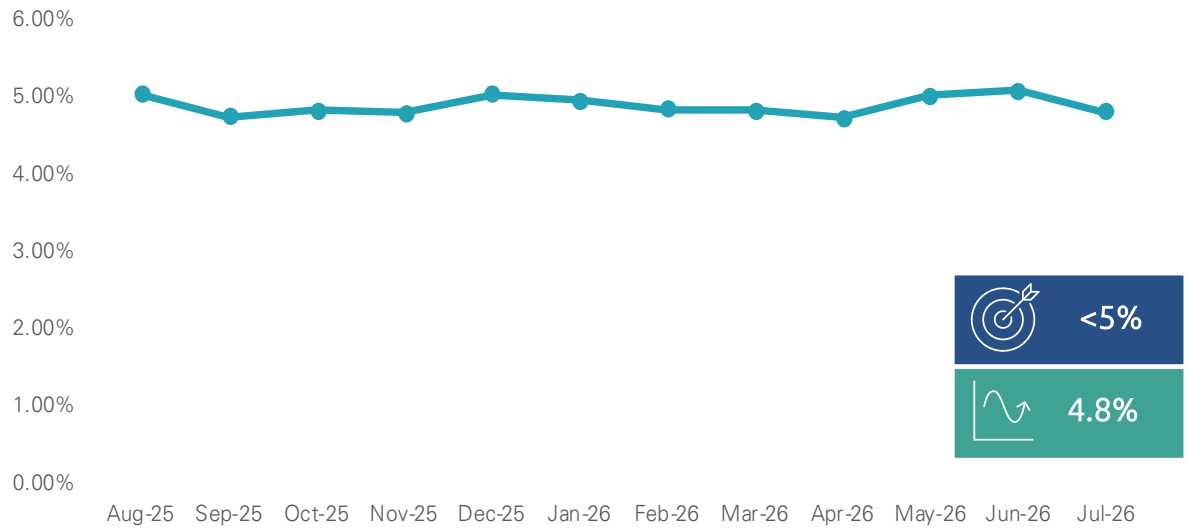
100% | 100%



Health Protection and Screening Services

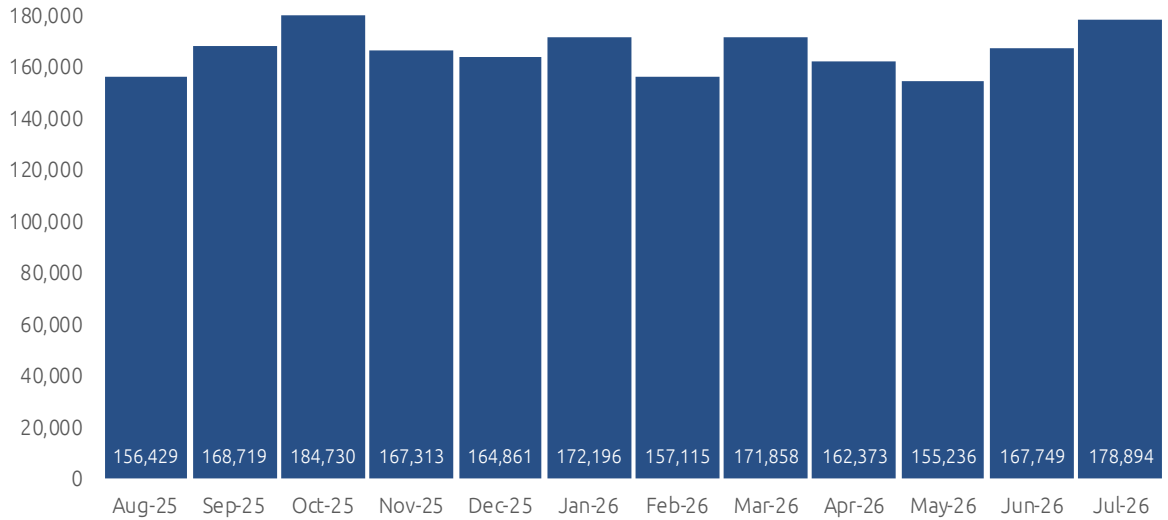
Infection Services

Total Microbiology Rejection Rates



- In July, 4.81% of 178,894 diagnostic sample requests were rejected. There are no defined targets for rejection rates but 5% is considered acceptable based on sample numbers and the percentage is below.
- Most rejections are due to damaged or improperly contained specimens. Rejection rates vary by health board, with no main cause identified but the Quality team constantly monitor, and review rejected samples to identify trends. The Specimen Acceptance Policy ensures accuracy in patient results.
- Infection work with service users to facilitate improvement in practices via health board portals and newsletters, with more targeted work where needed. LIMS 2.0 is in the early stages of implementation so we will review the new test sets when the system is past the initial go live stage.

Total Microbiology Diagnostic Sample Requests



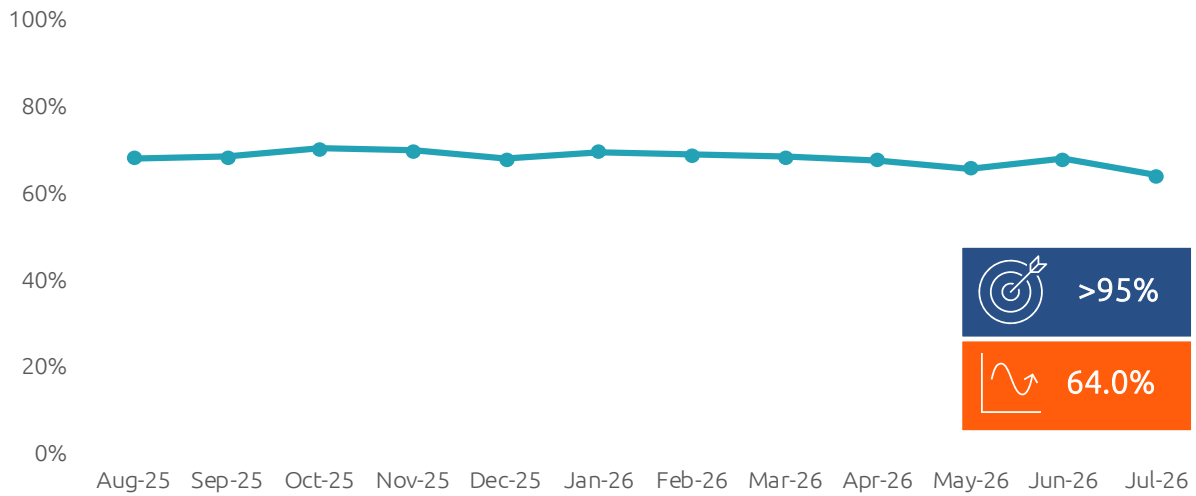
- In July 2026 178,894 samples were processed. We have constantly exceeded 155,000 samples in the last 12 months and saw an increase in samples over the last few months.
- Request volumes frequently fluctuate due to seasonal factors and outbreaks. The division is a demand led service meaning the division has little influence over the sample numbers that come in. Proactive planning and flexible resource management are essential to meet changing demands but leaves forecasting challenging. Our service is ready to respond as needed throughout the year.
- PHW want to ensure tests are clinically justified to ensure a justified use of resources while maintaining a high-quality service. Health Boards oversee specimen collection and submission, and we work with Health Board colleagues on targeted initiatives to try and achieve this.

*Target not applicable

Health Protection and Screening Services

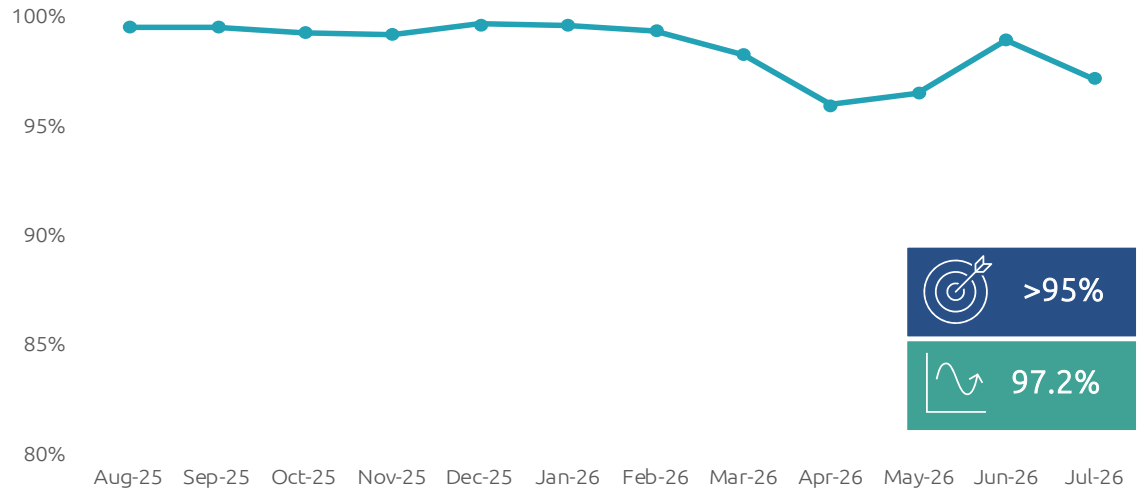
Infection Services

Blood Culture - Collected to Incubation SMI <4hrs



- The UK SMI requires blood culture samples to be incubated within four hours of collection. In July 2026, compliance has decreased from 67.83% the previous month to 63.97%. The compliance to this SMI is wholly dependant on Health Board transport and portering services.
- Meeting the 4-hour limit is crucial for accurate diagnosis, particularly in sepsis cases. Efficient transport procedures within Health Boards are needed but can be challenging to maintain.
- Operational issues are reviewed with stakeholders and addressed through educational programmes, retraining to reinforce compliance and are monitored by the Infection Quality Team.

Blood Culture - Received (PHW Laboratory) to Incubation



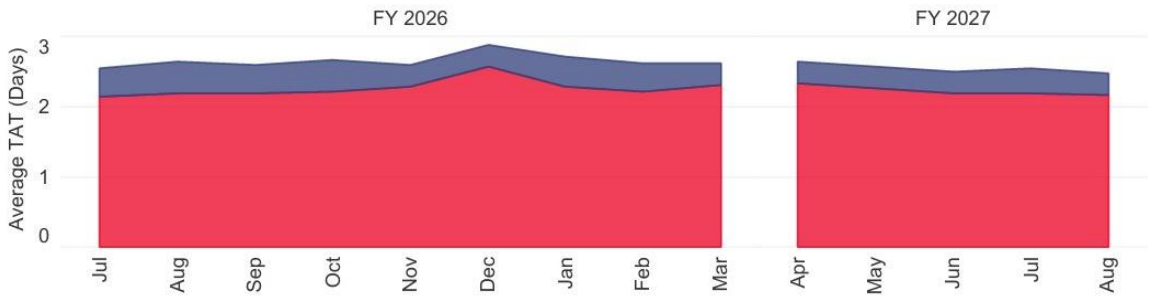
- Compliance with the four-hour incubation target for blood cultures is measured from lab receipt to analyser loading. In July 2026, the rate has decreased from 98.99% to 97.21% the previous month.
- The lab's scheduling and staffing support the timeliness of loading bottles. Timely specimen transport from wards remains the main challenge, but once specimens arrive, protocols are reliably followed.
- Additional transport that runs between UHL and UHW will have improved the received to incubation time in this service.
- Verification of new analysers requiring some samples to be transported to different sites has impacted the time to loading bottles in July.

Health Protection and Screening Services

Health Protection

Test and Post – STI self-sampling

Test Turnaround Times



- In July, Turnaround times for STI testing are important in identifying infection as soon as possible so that it can be treated to prevent damage to the individual's health and onward transmission to partners.
- In July 2026, 99.95% met the 7-day turnaround standard.
- 3 request(s) of 6,049 total requests (0.05%) did not meet the 7-day TAT standard.
- 6,049 total requests equated to 35,076 tests being undertaken.

99%

99.95%

Actions to improve:
- Ongoing monthly monitoring
- LGV TAT – Secondary Testing

AWARe Response Times by Priority

Urgent (<4 hours)	High (<24 hrs)	Medium (<48 hrs)
90%	90%	90%
100%	100%	100%

- In July, our response to cases of communicable diseases 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.

Compliance to Surveillance Reporting Schedules (%)

90%

70%

- We have not achieved target this month for August.
- This is due to widespread data issues where duplicate records were appearing in Tarian and Lab Reports which were investigated by IT.
- This investigation and resolution work took considerable time.

Research, Data and Digital

Statistical and Analytical Publications - Quarterly

Quality and compliance with the Code of Practice for Statistics

	2024/25			2025/26				2026/27	
	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2*
Number of publications	7	7	5	7	4	5	5	3	2
Number of major breaches	0	0	0	0	0	0	1	0	0
Number of minor breaches	0	1	0	1	0	1	3	1	1

*provisional – Q2 not yet finalised

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.

0 Major Breaches

0 Breach

Satisfaction and Impact

67%

Of external users rated their experience with us as 7/10 or above (based on data from June 2024; target 100%)

76%

Of external users reported some positive impact of our knowledge and information products on decision (based on data from June 2024; target 100%)

100%

33%

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				2026/27	
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2*
No. research grant applications submitted (PHW is Chief Investigator or partner)	6	9	11	9	3	4	11	
Research grant income to PHW (£)	369K	66K	112K	21K	378K	1.79M	316K	
No. personal development research awards	0	2	2	0	0	0	0	
No. peer reviewed publications (PHW affiliated)	24	24	23	30	45	21	20	
No. evaluations completed.	1	2	2	1	3	2	0	

*provisional Q2 figures not yet available

Policy and International Health

Our Approach to Health Inequalities and the Welsh Health Equity Platform

Strategic Priority: *Influencing the wider determinants of health*

Overview

- Our Approach to Health Inequalities aims to deliver a more coordinated and impactful organisational response to health inequalities, strengthening the integration of health equity into planning, decision-making and service delivery, while promoting the sharing of international good practice and learning. The Welsh Health Equity Solutions Platform (WHESP) brings together evidence, data and practical resources to support health equity, and is used by health boards, local authorities and international stakeholders.

Our Impact:

Our narrative, framework and checklist has improved our routine consideration of health equity in planning and decision-making, for example:

- Supported the development of the Health Protection Best Practice Guidance and the recently published Screening Equity Strategy.
- Supported route map development, IMTP planning
- Shared at the PHW Staff conference
- The Data Subgroup identified opportunities for learning and coordination across PHW, including the NHS Wales App and Healthy Life Expectancy data.

The WHESP has:

- Increasing access to and use of health equity evidence, data, tools and practical solutions:
  - **41K** views and **147K** event counts since launch in 2023 (to August 2026)
  - **2** recent Spotlight Feature blogs on the HIA regulations as a mechanism for advancing health equity and exploring how behavioural science can support action on health inequalities.
- Strengthened national and international recognition through:
  - **Policy:** Our publications, such as the Decomposition Analysis have been cited in the Chief Medical Officer annual report 2024-25 and WHO's Country deep dive on the well-being economy: Wales.
  - **Conferences: 2** abstracts accepted for the 2026 European Public Health Conference.
  - **Partnerships:** Contributed to the WHO HESRi2 report/case studies and collaboration with Wales Council for Voluntary Action to publish a blog on 'Better health: Solutions for health equity in Wales'.

Ongoing and future work to build impact

- Increase engagement and knowledge sharing to improve the use of health equity evidence, tools and approaches, including supporting Health Equity Wales and as a tool, to support HIA regulations.
- Develop and share evidence on gender equity, intersectionality and the wider determinants of health to inform policy and practice.
- Use WHESP to capture and share learning from Health Equity Wales with local authorities across Wales.

Policy and International Health

The wider social and economic value of immunisation - A pioneering global public health programme

Strategic Priority: Delivering excellent public health services

Overview

- Immunisation is a core pillar of public health, but evidence of its wider societal value is limited. The Well-being Economics and Value (WEAVE) team has been commissioned by the Pan American Health Organization (PAHO) to develop and apply a novel social value approach to immunisation, generating insights and learning that can be applied in Wales.

Our Impact

Pioneered a social value approach to assess the wider economic, societal and ecological outcomes and impacts of immunisation through a global partnership.

- Developed and publishing a first of its kind Social Return on Investment (SROI) framework for immunisation.
- Strengthened the evidence base on the social value of immunisation.
- Generated around $450,000 (over £300,000) in income during 2025-27, alongside expertise and staff development opportunities.
- Provided practical tools to support policy, practice and investment decisions for PAHO and Ecuador with learning to be applied in Wales.
- Reinforced Wales' position as a leader in applying social value methods to public health programmes.
- Fostered international collaboration, knowledge exchange, future research and income generating opportunities.
- Identified barriers and enablers to maternal influenza vaccination through the real-life application of SROI in Ecuador.
- Strengthened relationships with key stakeholders for immunisation policy and delivery in Wales, including the PHW Vaccine Preventable Disease Programme (VPDP), and internationally.
- Drew on international learning and practical experience to identify approaches that can be adapted in Wales, supporting evidence-informed policy and practice, reducing vaccine hesitancy and inequalities, and maximising value for money for families, society and the economy.

Ongoing and future work to build impact

- Informing future SROI application in Wales and globally: Generating insights and experience to inform future work, strengthen outcome measurement, and enhance international and national recognition and partnership.
- Regional (Americas region) social value study of childhood immunisations: Showcasing how social value can be applied to immunisation programmes and detangle what data sources are required to replicate the work.
- Embed the social value approach within policy and practice: Demonstrating how consideration of wider societal benefits can support more effective prioritisation, investment, and resource allocation decisions.
- Identify and secure funding opportunities: Exploring further sources of funding, building on existing partnerships and developing new ones in the UK and globally.

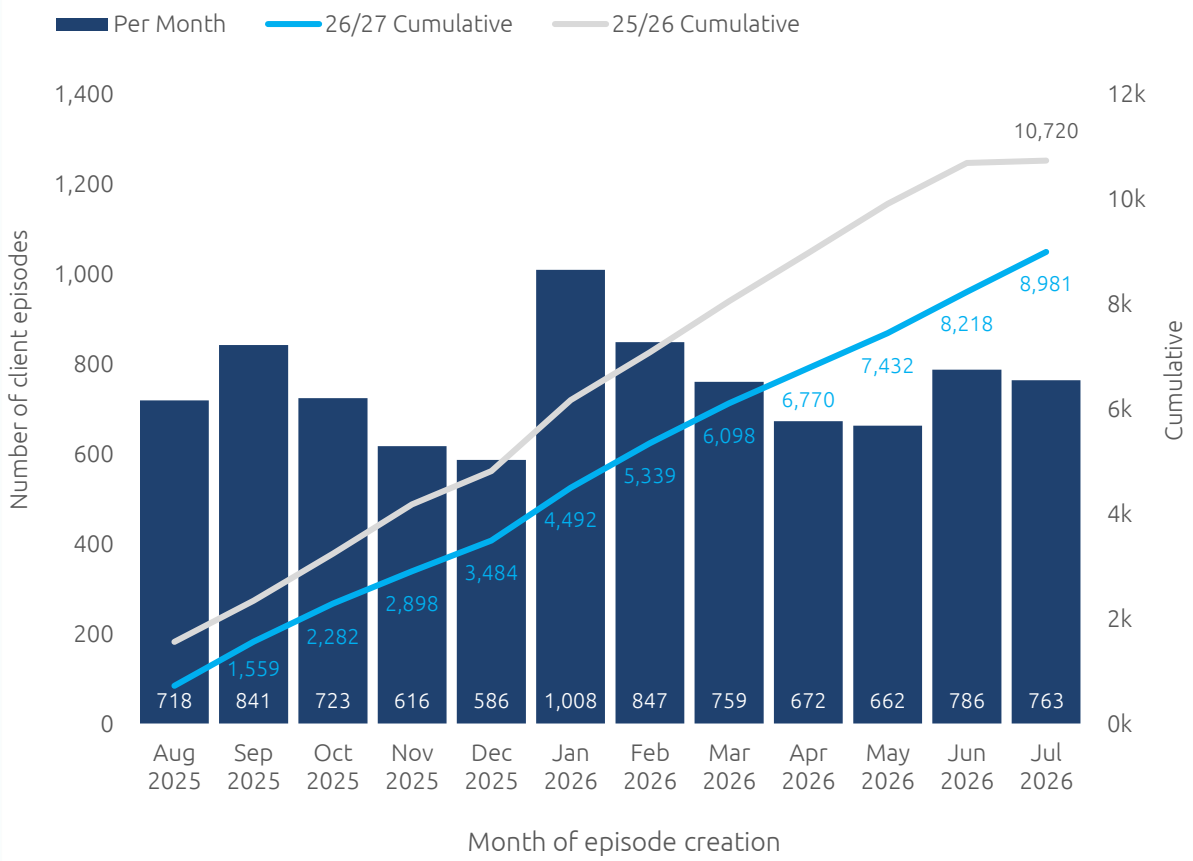
Health and Wellbeing

Help Me Quit

In July 2026, the Hub was responsible for contacting 1,367 new referrals compared with 1,045 in the same month of the previous year. The Help Me Quit Hub handled 783 inbound calls (855 in July 2025), and the Hub created 763 new client episodes in July 2026 (776 in July 2025).

Timeliness of first contact: 95% received their first call attempt within two working days which is above the 90% target.

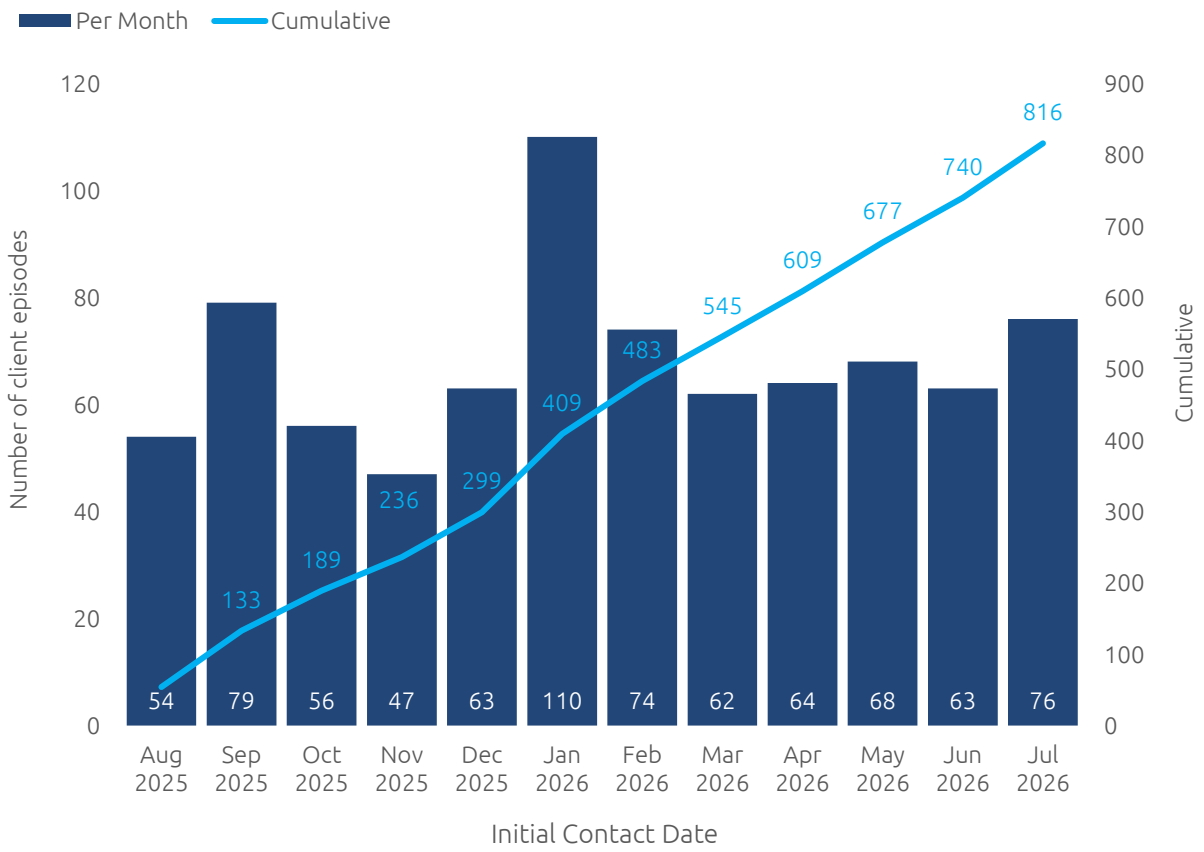
National Telephone Support Service (NTSS): The proportion of NTSS client episodes meeting the target of scheduling an assessment within 14 days of initial contact was 100% compared with 90% last month and 69% in the same month of the previous year. The median waiting time was 6 days compared with 12 days in the same month last year.



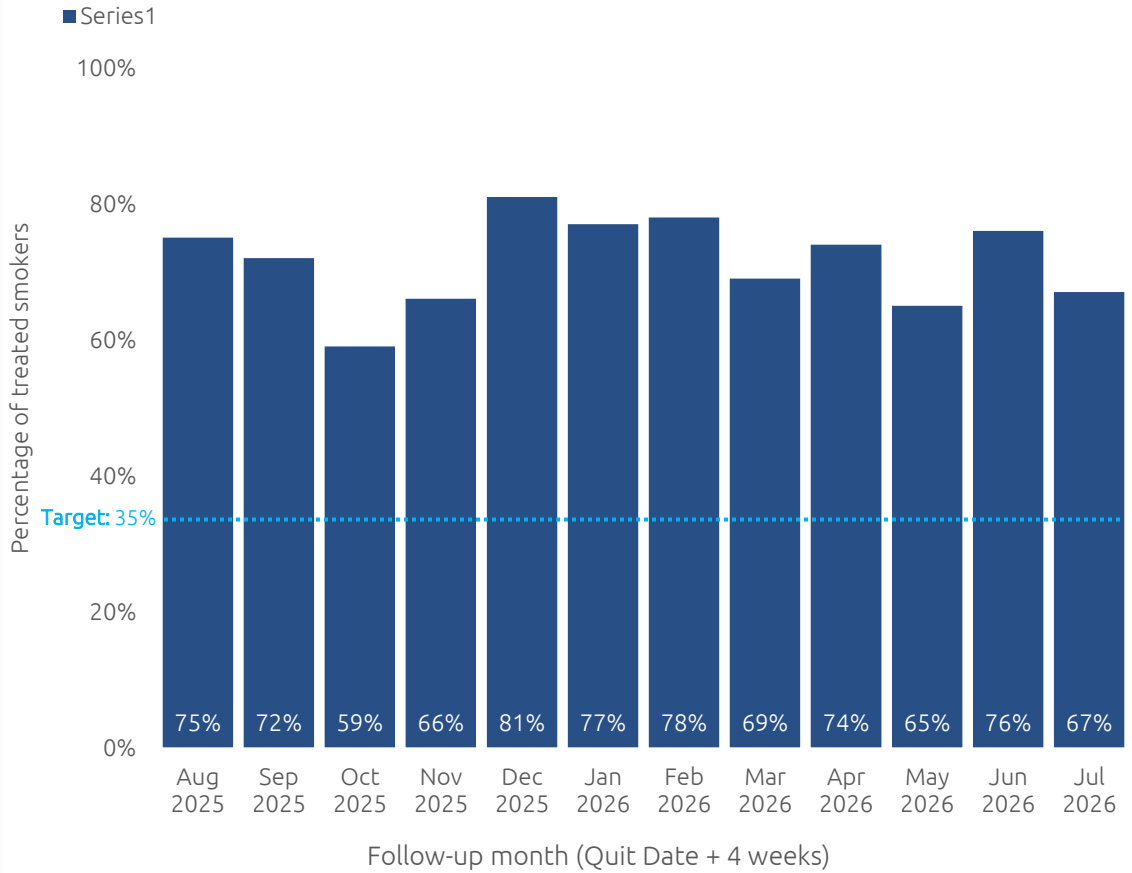
Health and Wellbeing

Help Me Quit

Number of clients who attend an assessment session (NTSS)



4-week self-reporting quit rate (NTSS)



Section 3
Strategy Delivery

Key Performance Indicator Summary

Strategic Plan	12 Month Look Back	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26
Strategic Plan – Percentage of milestones currently green or complete		89.8%	88.5%	86.5%	85.2%	85.7%	84.4%	82.8%	94.5%	90.5%	85.7%	87.1%	86.7%
Strategic Plan – Percentage of milestones currently red		2.9%	1.6%	1.2%	2.9%	0%	1.6%	6.2%	0.0%	3.0%	4.9%	3.9%	2.6%
Request for Change (RFC) – Number of milestone changes submitted for approval		7	5	7	8	1	8	15	2	9	7	10	6
Strategic Priority 1 – Wider determinants		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Strategic Priority 2 – Promoting mental and social wellbeing		81.8%	81.8%	72.7%	72.7%	72.7%	72.7%	81.8%	100%	100%	94.2%	82.4%	82.4%
Strategic Priority 3 – Promoting healthy behaviours		89.5%	86.8%	84.2%	84.2%	84.2%	84.2%	84.2%	94.4%	94.1%	91.2%	88.2%	88.2%
Strategic Priority 4 – Sustainable health and care system		86%	91%	88%	91%	90.7%	90.7%	88.4%	100%	90%	90%	90%	95%
Strategic Priority 5 – Excellent public health services		91.4%	82.8%	77.6%	77.6%	79.3%	79.3%	79.3%	88%	84%	76%	86%	80%
Strategic Priority 6 – Climate change		100%	100%	100%	100%	100%	100%	100%	100%	100%	92%	100%	100%
Enabling delivery of our plan		90%	91.3%	92.5%	87.5%	87.5%	83.8%	90.0%	93.0%	88.6%	84.5%	83.1%	83.1%
Strategic Change Programmes – Percentage of milestones currently green/amber		88%	89%	89%	88%	88.9%	75%	N/A	63%	75%	75%	75%	56%
Strategic Change Programmes – Percentage of milestones currently red		0%	0%	0%	0%	0%	0%	N/A	0%	0%	0%	0%	0%

Cabinet Secretary Enabling Actions

This section has been introduced to the Performance and Insight Report to provide regular updates on the mandated Cabinet Secretary Enabling Actions that form part of our formal accountability arrangements with Welsh Government. Monitoring and reporting of delivery against the Cabinet Secretary enabling actions will continue to be strengthened to provide the necessary levels of assurance.

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 the Job Planning Policy, including maintaining agreed job plans for more than 90% of Consultants at all times by 30 September 2026, aligned to service demand and capacity plans.	>90% of Consultants to have agreed job plan by 30/09/26	RED: As of 1 September 2026, 41% of Medical and Dental Consultants have a completed job plan (compared to 46% in July 2026). This figure is based on the records provided to the Office for the Medical Director; either taken from the electronic job planning platform (Allocate) or where paper-based job plans have been sent to the Office for the Medical Director for assurance. The Office for the Medical Director has prepared a paper for BET which contains recommendations to strengthen and improve our job planning compliance - currently going through the Medical Director's process for approval.
Continue to deliver a further and sustained reduction in agency expenditure, with a target 30% reduction in 2026/27 from 2025/26 outturn, ensuring no off-contract expenditure (Workforce Productivity).	Agency expenditure below £1.151m (30% year-on-year reduction target) and no off-contract expenditure.	GREEN: Planning for agency reduction is embedded in internal performance reporting. Our cumulative year-to-date agency spend is £479k at month 5 with a forecast year-end position of £902k – expected to achieve the year-on-year reduction target by year-end.
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 August 2026, £44K was spent on agency staff, £26K of which was categorised as Admin and Clerical with a further £33k forecast for M6-M12. The use of agency staff remains under scrutiny, with all requests subject to review and early consultation, ensuring decisions balance operational risk, workforce capacity and financial control. The nature and duration of the roles undertaken by such colleagues is a key barrier to further reduction.

Cabinet Secretary 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	GREEN: The organisational rolling 12-month sickness absence FTE % has fluctuated around 4% over the past three years. For August 2026, the rolling 12-month absence FTE % was 4.58% (3.82% in-month). For the equivalent period in 2025, it was 4.61%.
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, 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 with further reduction in unsupported systems and the cyber incident response plan has been completed.

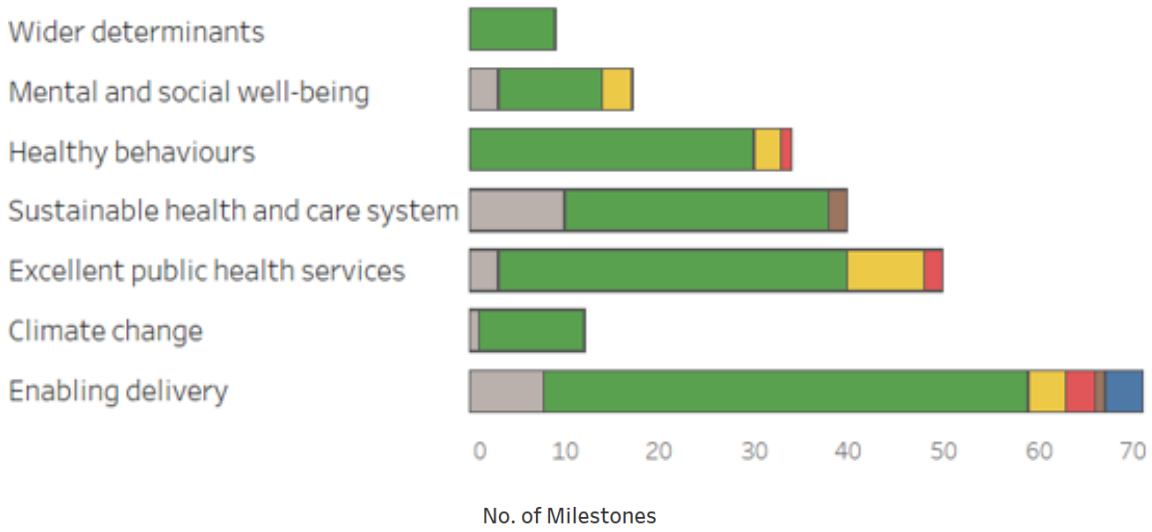
Strategic Plan Milestone Delivery

Strategic Priority Delivery Status	25 Completed ▲4	177 Green ▼5	18 Amber ▲0	6 Red ▼3	4 Paused ▼2	3 Closed ▲0

Request for Change

A total of 6 Request for Change were requested in August 2026.

By Strategic Priority



Month 5 Reporting

As at month 5, 87% of milestones are on track to be delivered as planned. The number of amber and red milestones remain high, with 1/3 linked to the ongoing discussions with Welsh Government around the IMTP addendum, and 1/2 linked to the ministerial templates submitted to Welsh Government as part of our IMTP.

Four screening-related milestones are reporting early warnings this month due to delays to finalising the BTW and Screening Equity Strategy action plans, NBSS scoping resourcing challenges, and a Welsh Health Circular submitted to health boards impacting implementation of Antenatal screening standards to enable uptake by protected characteristics (outside of PHW's control).

Six requests for change were submitted for approval this month, with the most common reason being internal dependencies, including delay in approvals and widening stakeholder engagement. 2 milestones requested delivery date extension until March 2027, and 2 more until March 2028. The remaining RFCs requested scope changes to better reflect the work being undertaken.

Two of the RFCs relate to strategic change programmes. Gambling Related Harm Reduction requested a six-month extension to complete the licensing guidance for local authorities and public health teams on gambling and alcohol, while a one-year extension was requested for DARC to deliver the programme due to resource constraints arising from the previous pause in NDR funding.

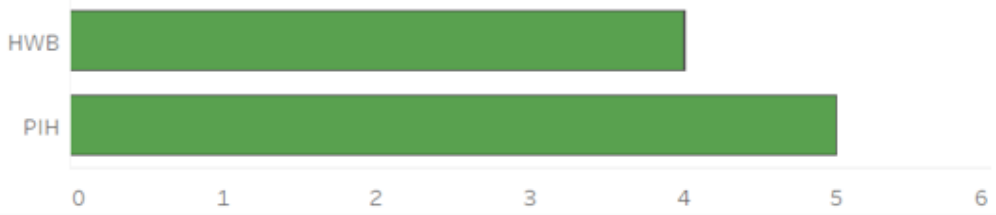
Strategic Plan Milestone Delivery

Strategic Priority 1 – Wider determinants

Current Delivery Status

0	9	0	0
Completed ▲0	Green ▲0	Amber ▲0	Red ▲0

By Directorate



Changes to Plan

No requests for change received in month 5

Strategic Priority Overview

Early years, education, work and income

- Healthy Working Wales breastfeeding toolkit launched and webinar with 48 attendees.
- Healthy Working Wales Peer Mentoring Programme launched with 6 employers.
- Briefing for Welsh Government on how reducing child poverty is a key investment in prevention and health improvement, and the role PHW and the health sector can play.
- Published report exploring women's economic inactivity in Wales through a gender equity lens.

Healthy places

- Responding to consultation on a new National Development Framework for Wales.
- Housing and child poverty workshop planned for November 2026.

Policy and health impact assessment

- Published "How does Wales' planning system impact on the health and wellbeing of the population?" in collaboration with the NHS Confederation.
- Launched a rolling programme of HIA training to public bodies in Wales.
- Economic policy modelling scoping report, including engagement with Health Foundation, Kings Fund, Nuffield, OHID and Scottish Government underway.
- Exploring policy modelling options with Welsh Government to generate evidence on the impacts of child poverty reduction strategies in Wales.

Working better together

- Hosted Local Authority Marmot peer learning event (20th July) for 7 Welsh LAs, with sharing of Welsh, Scottish and English experiences. This is informing a learning needs assessment as a first step to co-design a Health Equity Wales Learning System.
- Developing end of programme evaluation for Shaping Places for Well-being in Wales.

Route map

- Routemap review to reflect the priorities of the new government.

Issues/Risks

- WDoH priorities of government is an opportunity and a challenge within existing capacity.
- Demonstrating impact challenging where we contribute to system change

Strategic Plan Milestone Delivery

Strategic Priority 2 – Promoting mental and social wellbeing

Current Delivery Status

3	11	3	0
Completed ▲0	Green ▲0	Amber ▲0	Red ▲0

By Directorate

Changes to Plan

No requests for change received in month 5

Strategic Priority Overview

- **Mental and Social Wellbeing Co-ordinating Group:** The group has been established to build awareness of cross-organisational activity and opportunities to strengthen cross-organisational planning for 27/28.
- **Developing capacity with the Voluntary Sector (HWB238):** PHW and WCVA are collaborating to deliver a series of workshops (Oct-Jan) for the voluntary and community sector to build knowledge, skills and confidence in monitoring and evaluating impacts on wellbeing.
- **Supporting Young People in Employment (HWB 082):** Guides for employers and for young people starting employment have been published, with further work planned to deliver workshops for 16–24-year-olds to prepare them for employment and looking after their health and wellbeing in work.
- **Cynefin: A Creative Health Review for Wales:** The series of learning events are gaining profile across the system and shaping recommendations for strengthening arts for health and wellbeing in Wales. The Minister for Culture has been secured to speak at the second event on 9th September.

Issues/Risks:

- Proposed amendments to IMTP milestones have been shared with Welsh Government but to be confirmed. Whilst work continues against most existing milestones HWB091 has been paused at the request of WG policy officials with work re-focusing on supporting the CMO's Health Outcomes Framework.

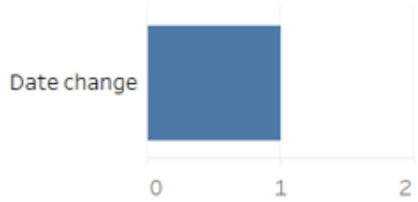
Strategic Plan Milestone Delivery

Strategic Priority 3 – Promoting healthy behaviours

Current Delivery Status

By Directorate

Changes to Plan



1
Total RFC's YTD 2026/27

1
RFC submitted in August

Strategic Priority Overview

- **Tobacco**: Led all-Wales consultation responses on tobacco and vaping policy, progressed implementation of an enhanced vaping pathway for children and young people, upgraded the Health Manager system to improve service delivery, and supported in Q1, over 3,900 referrals and 2,100 client episodes through Help Me Quit services.
- **Healthy Weight:** Establishment of the programme of work for Obesity Pathway Innovation work across organisations. Consulting with stakeholders on case for action and planned approach for healthier Out of Home Food.
- **Physical Activity:** Content development for the Daily Active 8 Domains digital resource commenced. Response to 'Commission for information 1: Daily Active delivery through the WNHWPS' completed for Welsh Government. Active Mile (Wales) workshop facilitated by the Physical Activity Programme, with key strategic partners in attendance.
- **Gambling, and Substance misuse:** The voluntary sector grant programme to reduce gambling harms was launched in partnership with WCVA. The drug and alcohol team established a lived experience panel to continue to advise on the work programme.
- **Children's and Early years:** Continued to progress programmes of work for breastfeeding, Early Years Nutrition and School Food.
- **Healthy Working Wales:** Strengthened workplace wellbeing through employer engagement, including the 'HWW Live!' event and national webinars. Launched a breastfeeding toolkit and recognition badge, workplace nature wellbeing resources, and the first Healthy Working Wales peer mentoring cohort.

Issues/Risks:

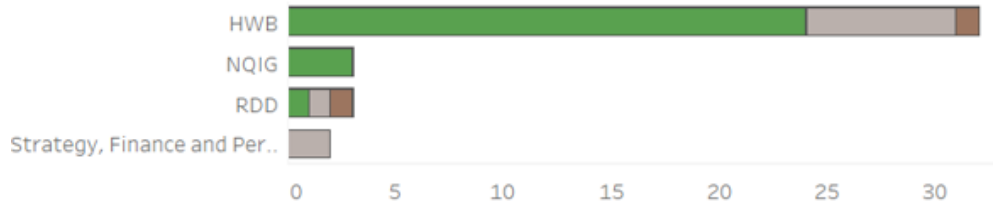
- New requests for work, action and delivery internally and externally and anticipated new programme for government
- Workforce capacity may constrain delivery at pace and scale.
- Delivery depends on sustained cross-sector collaboration.
- Funding uncertainty and issues of uplifts to cover costs (e.g. NERS) may affect long-term implementation and impact.

Strategic Plan Milestone Delivery

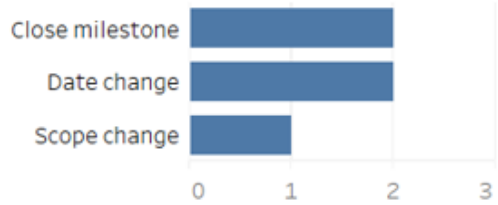
Strategic Priority 4 – Supporting a sustainable health and care system

Current Delivery Status

By Directorate



Changes to Plan



5
Total RFC's YTD 2026/27

Strategic Priority Overview

- Cardiovascular Disease Prevention Plan: An ABCD Plus Approach - Recommendations for Wales published July; contains 12 recommendations grounded in a 3 Cs approach: Citizens, Communities and Care.
- PHW leading the Community by Design Prevention & Population Health Management strategic shift; Population Health Management: *A Component for Enabling Community by Design in Wales* final draft for Consultation submitted to the CMO Office in August.
- Article in August Bulletin of Greener Primary Care newsletter for primary care on heatwave preparedness August 2026 E-bulletin: Greener Primary Care Wales Framework and Award Scheme
- GMS Quality Improvement Contract Survey Findings report for 2025/26 presented to national GMS Quality Committee in August to inform 2027/28 contract.
- Impact dashboards for most of the SP programme areas drafted.
- PHW WEAVE team are currently evaluating the cost effectiveness of the All-Wales Diabetes Prevention Programme (AWDPP).
- The Safeguarding team have launched the NHS Wales Prevent Basic Awareness Level 1 Training package on ESR. The e-learning module is designed to help all healthcare staff in the NHS to understand and identify individuals who may be susceptible to radicalisation.

Issues/Risks: Ambitions of the strategic priority.

- Workforce capacity to deliver the ambitions of the route map.
- System capacity to engage in prevention & long-term thinking vs operational pressures

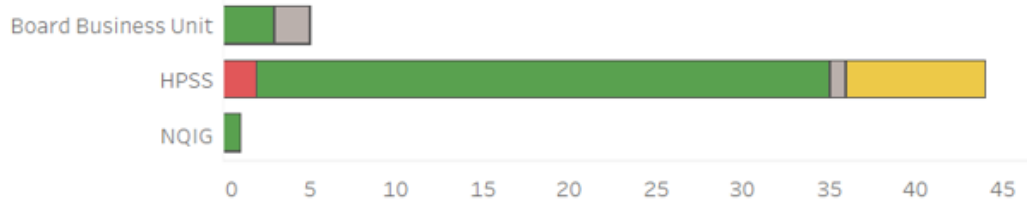
Strategic Plan Milestone Delivery

Strategic Priority 5 – Delivering excellent public health services

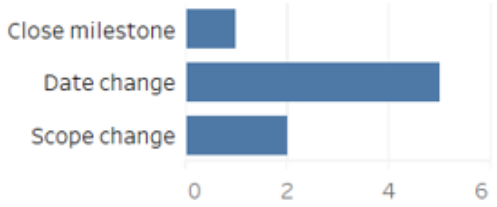
Current Delivery Status

3	37	8	2
Completed ▲1	Green ▼4	Amber ▲3	Red ▲0

By Directorate



Changes to Plan



6
Total RFC's YTD 2026/27

2
RFC's submitted in August

Strategic Priority Overview

- IMTP 2027-30 development is underway, with strengthened planning assurance and closer collaboration with enabling functions to support deliverable commitments and the achievement of Excellent Public Health Services.
- BTW, BSW and DESW are progressing their improvement plans, with strengthened governance and increased capacity supporting recovery, although workforce pressures, capacity constraints and performance risks remain across all programmes.
- Microbiology laboratories successfully transitioned to LIMS2 on 24 August following extensive collaboration across PHW, DHCW and network partners; while implementation has been largely successful, local workarounds remain in place to manage residual issues, with ongoing quality assurance and operational oversight.
- Public Health Wales has contributed to strengthening whole-system pandemic preparedness by engaging partners to review and make observation on its Pandemic Response Arrangements across NHS Wales, local authorities, Welsh Government and wider UK preparedness frameworks.
- PHW People's Experience Standards were endorsed by BET, supporting a consistent approach to quality assurance, continuous improvement and person-centred services.

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.

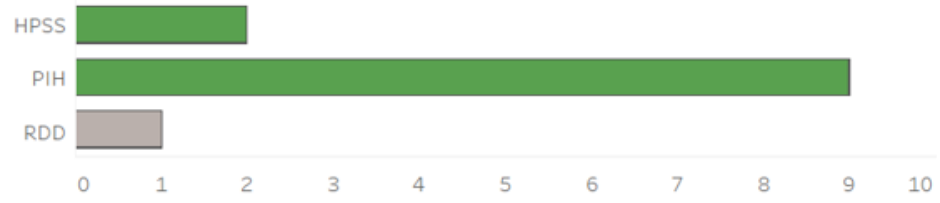
Strategic Plan Milestone Delivery

Strategic Priority 6 – Climate change

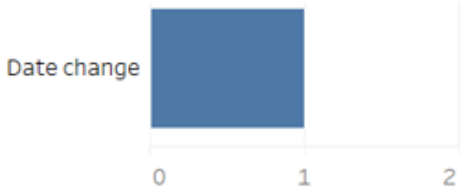
Current Delivery Status

1	11	0	0
Completed ▲0	Green ▲0	Amber ▲0	Red ▲0

By Directorate



Changes to Plan



1
Total RFC's YTD 2026/27

Strategic Priority Overview

- Welsh Government have approved our end of year organisational **Climate Adaptation Qualitative review**, noting that the impact of heat on health is clearly reflected in our risk assessment and response plan. They have noted we have made strong early progress in our climate risk and adaptation planning, including staff training, organisational wide engagement and national collaboration.
- Internal audit have completed an **audit of our decarbonisation function**, identifying a reasonable level of assurance for the programme, whilst noting that delivery and co-ordination are reliant on a limited number of staff. The final report is due to audit committee in December.
- Wildfires and periods of extreme heat have placed significant demands on our workforce over the summer, with substantial support provided by the Emergency Preparedness, Resilience and Response (EPRR) and Environmental Public Health teams.
- Our Heatwave staff impacts survey results generated over 651 responses from staff over the summer, with 47% reporting they experienced high or extreme levels of heat whilst working, notably within microbiology services.
- An assessment of the Strategic Priority's capacity and resourcing has been undertaken and discussed by both the Climate Change Programme Board and the Executive Team, identifying several areas of fragility

Issues/Risks

- El Nino is likely to mean a stormier winter and a hotter summer next year.
- Heat poses a risk to our staff based in Health Board premises.
- Capacity and resourcing for the Strategic Priority has been identified as a risk to responding to growing concerns about climate impacts on health

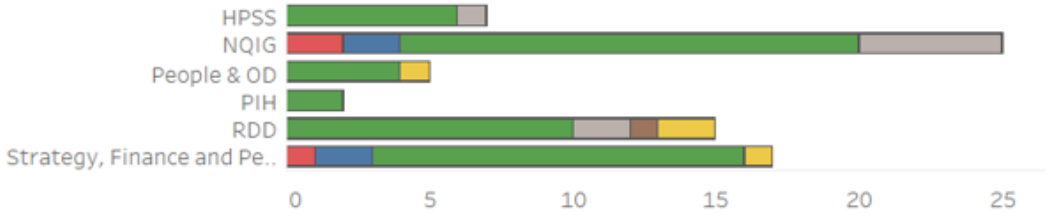
Strategic Plan Milestone Delivery

Enabling delivery of our plan

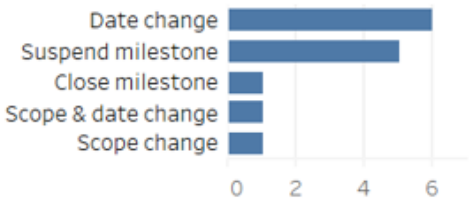
Current Delivery Status

8	51	4	3	4	1
Completed ▲2	Green ▼2	Amber ▲0	Red ▼4	Paused ▲1	Closed ▲0

By Directorate



Changes to Plan



13
Total RFC's YTD 2026/27

3
RFC's submitted in August

Strategic Change Programme

Strategic Change Programmes Overview

Detail on all programmes is available on the Performance and Assurance dashboard. A high-level summary of the DCA status for Tier 1 & 2 programmes, status of August 2026, is provided below.

Green	Green/Amber	Amber	Amber/Red	Red	Closing
1	0	4	1	0	3

Key Information

Recent delays in the programme and continuing resource issues have had an impact on the delivery of the **DARC Programme** and it remains **Amber/ Red.** The DARC Programme Team have reassessed the milestones for the DARC programme and request an extension for completion of the programme to end March 2028.

The **National Targeted Lung Cancer Screening Programme** has moved from **Green/Amber to Amber** to reflect the ongoing challenge in confirming the plans for the provision of cohort data. Downstream service capacity also remains a critical risk. Good progress on procurement is reported.

The **Gambling Related Harm Reduction Programme** has improved from **Amber to Green/Amber** reflecting progress on deliverables, such as the launch of the community grants scheme.

The **Digital Health Protection Programme** successfully delivered Phase 1 in July as planned, in which a read-only version of the new service with existing data was made available to users. The programme remains at Amber to reflect the need for sustained development effort to complete Phase 2 by January 2027.

The **Tackling Diabetes Together Programme** remains **Amber** but continues to report strong delivery, including launch of a standardized point of diagnosis pack and completion of a Kings Fund report on system leadership.

MyPath Cymru (OPIP) has joined the portfolio at **Amber** status reflecting delivery complexity within a complex stakeholder environment. The programme has completed key mobilisation steps.

Programme Detail

Ti..	Programme Name.	Jun	Jul	Aug
1	Diabetic Eye Screening Transformation	A/R	A/R	C
	Digital Health Protection	A	A	A
	MyPath Cymru (OPIP)			A
	National Targeted Lung Cancer Screening	G/A	G/A	A
	Tackling Diabetes Together	A	A	A
2	Data, Analytics, Registers, Cloud	A/R	A/R	A/R
	Gambling Related Harm Reduction	A	G/A	G
	North Wales Estate	G	G	C
	Web Transformation	G	G	C

Further detail on the individual Programme DCA and commentary can be found on the dashboard.

Health inequalities – Screening Health Equity Strategy

This month we are highlighting activity from SP5, Delivering Excellent Public Health Services, with a focus on our Screening services

What have we done?

- Screening uptake is not equal across Wales, with lower uptake in the most deprived communities.
- Community engagement highlights barriers including access, understanding what is involved, social and cultural beliefs around screening.
- The Screening Equity Strategy 2022 identified key action areas to reduce screening inequities but required a refresh as it had reached the end of its cycle.
- Data indicates persistent inequities in screening uptake across geographical areas, with a social gradient that is not improving.
- The new strategy needs to address challenges and barriers to taking part in screening.
- Stakeholder and partner engagement was undertaken to determine priorities and key action areas.
- Working with the I+I hub, the Screening Division coordinated and facilitated a face-to-face workshop at CQ2, followed by a series of online conversations for those who could not attend.

So what? Our impact so far

- Key workshop findings, identified through the triangulation of thematic analysis with evidence reviews and benchmarking across other UK nations, were used to inform a draft strategy. The Strategy was refined by a working group with partners.
- The new Screening Equity Strategy, launched on 18 August 2026, provides direction to determine priority actions to reduce inequities through partnership working across Health Boards, Primary Care, community and voluntary sectors. This coproduction approach promotes collective ownership and buy-in to support the implementation of agreed actions.
- Vision: Everyone eligible for screening in Wales can easily access screening, has a fair chance to take part, and has clear, trustworthy information so they can make the choice that is right for them.

What are we working on? Next Steps

The new strategy has five key action areas for the next stage of our work:

- Developing and sharing accessible information
- Working together
- Using our services
- Learning, training and development
- Monitoring and evaluation of impact

A Screening Division Equity Action Plan has been developed that identifies the actions required, who is responsible for delivering them, and the associated timescales.

Health inequalities data – Screening Health Equity Strategy

- The third Screening Inequity Report, launched on 18 August 2026, presents data on those invited for screening from April 2022 to March 2024, with uptake/coverage measured as of October 2024 (allowing participants six months to take up their offer of screening).

Key findings:

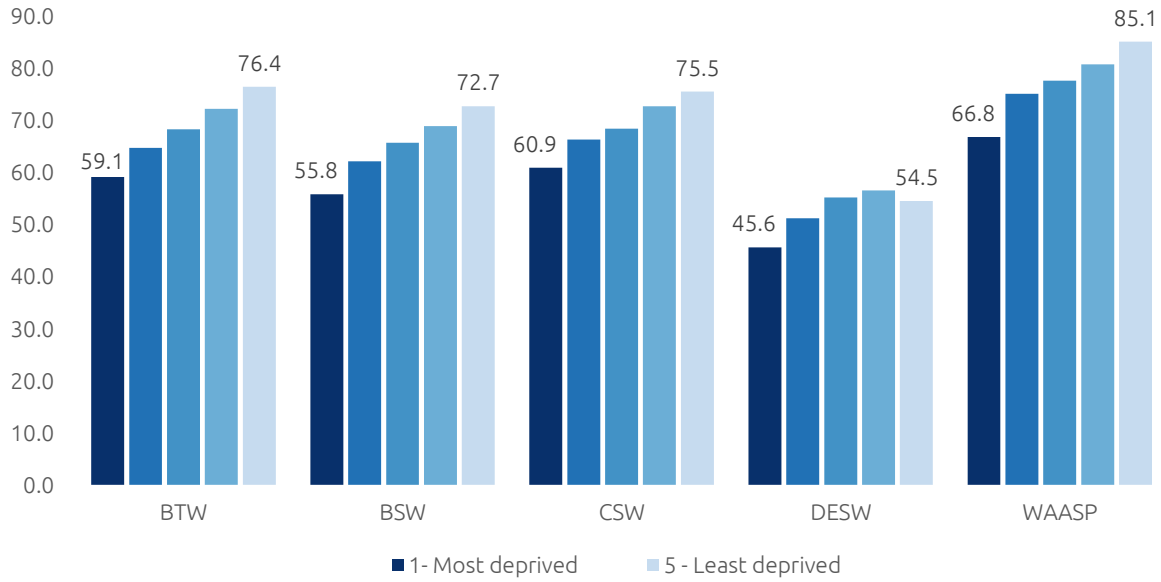
- There is **geographical variation** in screening uptake at Health Board and Local Authority level.
- There is a **social gradient**, with lower uptake in more deprived areas.
- There is **lower uptake in younger age groups** for programmes inviting people in specific age ranges (bowel, breast, cervical, WAAASP).
- In the diabetic eye screening programme, which invites people across all ages 12+, coverage varies by age, with higher coverage in the youngest age groups and lowest coverage in working age adults.
- There is **lower bowel screening uptake among men** and **lower eye screening uptake among women**, though the gender gap for both is small.
- **Previous attendance** is associated with higher response to subsequent invitations (for programmes where people are invited more than once).
- The inequity gap in uptake between the most and least deprived areas remains persistent across all adult and young people screening programmes.

This report and the previous screening inequity reports have directly informed the Screening Equity Strategy, and progress on the strategy will also be evidenced by future reports.

Difference in uptake between most and least deprived quintile of areas

Programme	2018/19	2020/21	2021/22	2022/23	2023/24
Bowel	16.5%	14.5%	15.9%	16.2%	16.9%
Breast	15.9%	18.9%	15.3%	19.6%	17.3%
Cervical	11.5%	12.1%	13.2%	14.3%	14.6%
WAAASP	12.8%	8.4%	12.4%	17.2%	18.3%
DESW	Not available	Not available	Not available	6.8%	8.9%

Uptake/Coverage (%) by programme by deprivation quintile, 2023/24



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	Update expected
Overarching outcomes	Healthy life expectancy – males	59.2 years	2022-2024	↓	49.7 years	67.8 years	↑	61.3 *(2017-2019)*	Spring 2027
	Healthy life expectancy – females	58.5 years	2022-2024	↓	47.3 years	66.3 years	↑	61.9 *(2017-2019)*	Spring 2027
Mental wellbeing	Average mental wellbeing score – adults	48.4	2024/25	↑	46.1	50.0	↑	51.4 *(2018/19)*	Nov 2027
	Average mental wellbeing score – adolescents	23.5	2023	↑	22.1	24.1	↑	24.0 *(2017)*	Nov 2026
	Feel a sense of community	57.8%	2024/25	↓	47.5%	63.9%	↑	52.2% *(2018/19)*	Nov 2027
Healthy behaviours	Smoking prevalence – adults	10.0%	2024/25	↓	21.8% **	7.5% **	↓	17.1% *(2018/19)*	Nov 2027
	Smoking prevalence – adolescents*	2.6%	2023	↓	4.0%	2.1%	↓	3.6% *(2017)*	Nov 2026
	Healthy weight – adults	36.1%	2024/25	–	33.7% **	39.5% **	↓	39.0% *(2018/19)*	Nov 2027
	Healthy weight – adolescents aged 11-16*	65.0%	2021	No previous measure available	71% ***	82% ***	No previous measure available	No previous measures available	Nov 2026
	Healthy weight – children aged 4-5	71.8%	2024/25	↓	68.5%	76.5%	–	72.3% (2018/19)	May 2027
	Meeting physical activity guidelines – adults	59.2%	2024/25	↑	47.7% **	61.4% **	↓	51.5% *(2018/19)*	Nov 2027
	Meeting physical activity guidelines – adolescents*	18.3%	2023	↑	15.3%	20.4%	↑	18.3% *(2017)*	Nov 2026
	Alcohol consumption above guidelines – adults	15.4%	2024/25	↓	14.6% **	21.3% **	↑	18.7% *(2018/19)*	Nov 2027
	Alcohol consumption– adolescents*	35.6%	2023	↓	32.4%	37.6%	↓	46.3% *(2017)*	Nov 2026

*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	Update expected
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)*	Q1 2027
	Preventable mortality rate	178 per 100,000	2022-2024	↓	In development	In development	In development	168 per 100,000 *(2017-2019)*	Q1 2027
	Treatable mortality rate	96 per 100,000	2022-2024	–	In development	In development	In development	98 per 100,000 *(2017-2019)*	Q1 2027
	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)*	Dec 2026
	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)*	Dec 2026
	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)*	Dec 2026
	Prevalence of hypertension	15,008 per 100,000	2024	↑	Awaiting dataset updates*	Awaiting dataset updates*	Awaiting dataset updates*	14,815 per 100,000 *(2023)*	Dec 2026
	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)*	Dec 2026
	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)*	Dec 2026
	Prevalence of COPD	2,127 per 100,000	2024	↑	Awaiting dataset updates*	Awaiting dataset updates*	Awaiting dataset updates*	2,086 per 100,000 *(2023)*	Dec 2026
	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)*	Dec 2026

*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	Update expected	
Excellent public health services	'6 in 1' vaccination coverage at age 1	93.1%	2025/26	↓	Not available	Not available	Not available	95.4% *(2018/19)*	July 2027	Updated
	MMR coverage at age 2	92.5%	2025/26	–	Not available	Not available	Not available	94.5% *(2018/19)*	July 2027	Updated
	HPV coverage at age 15	76.2%	2025/26	↑	Not available	Not available	Not available	74.1% *(2023/24)*	July 2027	Updated
	All routine immunisations coverage at age 1	93.3%	2024/25	↑	90.4%	94.7%	↓	94.5% *(2018/19)*	TBD	
	All routine immunisations coverage at age 2	91.2%	2024/25	↑	87.4%	94.5%	↑	92.6% *(2018/19)*	TBD	
	All routine immunisations coverage at age 4	84.6%	2025/26	↓	79.7%*	90.7%*	↓	87.2% *(2018/19)*	July 2027	Updated
	All routine immunisations coverage at age 5	87.6%	2024/25	↓	82.5%	92.2%	↑	90.4% *(2018/19)*	TBD	
	All routine immunisations coverage at age 15	60.7%	2024/25	↓	48.1%	71.3%	↑	77.4% *(2018/19)*	TBD	
	Early-stage cancer diagnosis – all cancers	46.1%	2022	↑	42.9%	49.0%	↓	45.5% *(2019)*	Nov 2026	
	Early-stage cancer diagnosis – female breast cancer	71.9%	2022	↓	73.7%	73.1%	↓	71.6% *(2019)*	Nov 2026	
	Early-stage cancer diagnosis – colorectal cancer	41.2%	2022	↑	39.9%	44.0%	↓	38.6% *(2019)*	Nov 2026	
	Early-stage cancer diagnosis – cervical cancer	57.0%	2022	↑	59.0%	66.7%	↓	60.7% *(2019)*	Nov 2026	

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	Update expected
Climate change	PHW carbon emissions – direct emissions (kgCO2e)	245,021	2024/25	↓	Not applicable	Not applicable	Not applicable	303,700 *(2023/24)*	Oct 2026
	PHW carbon emissions – indirect emissions from energy (kgCO2e)	288,009	2024/25	↑	Not applicable	Not applicable	Not applicable	236,199 *(2023/24)*	Oct 2026
	PHW carbon emissions – indirect emissions (kgCO2e)	11,909,698	2024/25	↑	Not applicable	Not applicable	Not applicable	10,007,535 *(2023/24)*	Oct 2026
	All-cause heat-associated deaths	557	2024	No previous measure available	105	97	No previous measure available	No previous measures available	Planned developments in 2027
	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	Planned developments in 2027
	Deaths from all causes occurring in summer months	10,310	2024	↑*	Not available	Not available	Not available	No previous measures available	Planned developments in 2027

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

Outcomes Measurement

Upcoming work

- Continued analysis of healthy life expectancy trends, focusing on mental health, labour market outcomes, and the relationship between waiting times and inequalities.
- Development of a surveillance and horizon-scanning approach to identify key trends in the wider determinants of health, with a particular focus on indicators relating to worklessness of public health concern.
- Development of an outcomes measurement approach for the early years, focusing on identifying key indicators, areas for data development, and potential modelling work relating to childhood weight and breastfeeding.
- Project with Health Economics on child poverty projections and scenario modelling.
- Supporting the Climate Surveillance Subgroup to consider integrated reporting of mortality and morbidity relating to multiple hazards, alongside a review of indicators for Strategic Priority 6.

GIG CYMRU NHS WALES
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Public Health Wales

Gweithio gyda'n gilydd i greu Cymru iachach

Working together for a healthier Wales