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Public Health  
Wales

# Performance and Insight Report

April 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	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26
12m Rolling Sickness Absence FTE %	<3.25%		4.51%	4.51%	4.58%	4.61%	4.58%	4.57%	4.52%	4.58%	4.46%	4.52%	4.60%	4.64%
Statutory and Mandatory Training	85%		93.3%	93.2%	93.2%	93.0%	93%	92.9%	92.9%	92.9%	92.9%	92.8%	92.3%	92.4%
Appraisal Compliance	85%		86.3%	86.1%	86.2%	86.3%	86.8%	86%	86.5%	86.5%	86.0%	85.7%	83.4%	79.9%
Diversity ESR Data	N/A		76%	77%	77%	77%	77%	78%	77%	77%	77%	78%	78%	78%
Agency Spend, % of Total Pay Bill	≤1.7%		1.3%	1.4%	1.4%	1.4%	1.3%	1.2%	1.1%	1.0%	1.0%	1.0%	0.9%	0.8%
<b>Financial Governance</b>														
Revenue Position YTD	Breakeven		£-19K	£-10K	£-10K	£-33K	£-0.016k	£-0.002k	£-0.040k	£-0.069k	£-0.034k	£-0.054k	£-0.088k	£-5.000k
Revenue Position Forecast	Breakeven		£0k	£0k	£0k	£0k	£0k	£0k	£0k	£0k	£0k	£0k	N/A	Breakeven
Capital Year-End Position	Breakeven		£14K	£23K	£62K	£225K	£0.282k	£0.656k	£0.738k	£1.014k	£2.149k	£3.304k	£4607k	N/A
Public Sector Payment Policy (PSP)	95%		96.98%	97%	97.36%	97.56%	97.41%	97.38%	97.34%	97.34%	97.32%	97.27%	97.29%	97.00%
<b>Information Governance</b>														
Freedom of Information Request Response*	Within 20-Days		1	4	2	1	1	1	0	0	1	0	1	
Subject Access Request Response*	1 Month Avg		0	0	0	0	0	0	0	1	0	1	1	
Personal Data Breaches Reported	N/A		0	2	7	1	2	1	3	3	4	2	2	
Personal Data Breaches Reported - Escalated			0	1	0	0	0	1	2	0	1	0	0	
Mandatory Information Governance Training	85%		91%	91%	91%	91%	91%	91%	90%	90%	90%	95%	89%	89%
<b>Clinical Governance</b>														
Moderate or above harm incidents - monthly	N/A		6	6	0	0	2	1	2	7	6	6	22	4
Moderate or above harm incidents - YTD*			12	18	18	18	25	26	28	35	41	47	69	4
Number of externally reported incidents (NRI's, EWI, RIDDOR, IRMER) - In Month	N/A		2	1	0	2	3	1	0	4	1	0	1	0
Number of externally reported incidents (NRI's, EWI, RIDDOR, IRMER) - Rolling 12m			11	12	10	13	15	13	13	20	24	24	23	26
Incident Closure Compliance**	85% PHW		73.8%	59.7%	65%	79%	79%	86%	85%	71%	70%	72%		
Formal Complaints - Acknowledged within 5 working days**	75% WG 95% PHW		100% (4)	90% (3)	100% (4)	100% (3)	75% (4)	50% (4)	100% (5)	100% (2)	100% (3)	100% (4)		
Formal Complaints – Responded to within 30 working days**	75% WG 95% PHW		80% (4)	75% (3)	100% (4)	67% (2)	50% (4)	75% (4)	60% (5)	100% (2)	100% (3)	75% (4)		
Informal Complaints – In Month	N/A		9	5	6	8	7	11	14	11	8	9	4	8
Informal Complaints – Rolling 12m			77	75	75	81	85	91	103	109	105	108	110	111
Nationally reportable incidents open over 12 months*	0 NRIs													0
Number of never events *	0 Never Events													0

\*This data is YTD from 1 April 2026.

\*\*Note: Incidents and Complaints require 30 working days for closure, therefore this data pertains to February 2026

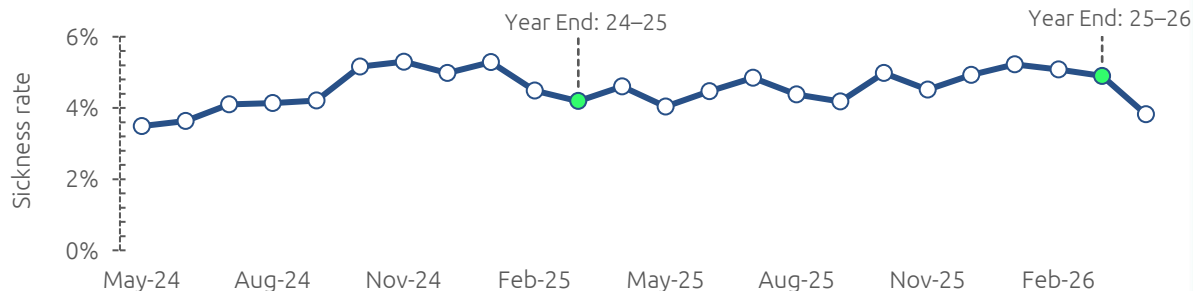
\*\*Note: Figure in brackets refer to total complaint numbers received. \*Note: NRI and never events introduced in NHS Performance Framework 2026/27



# People Governance: Sickness Absence

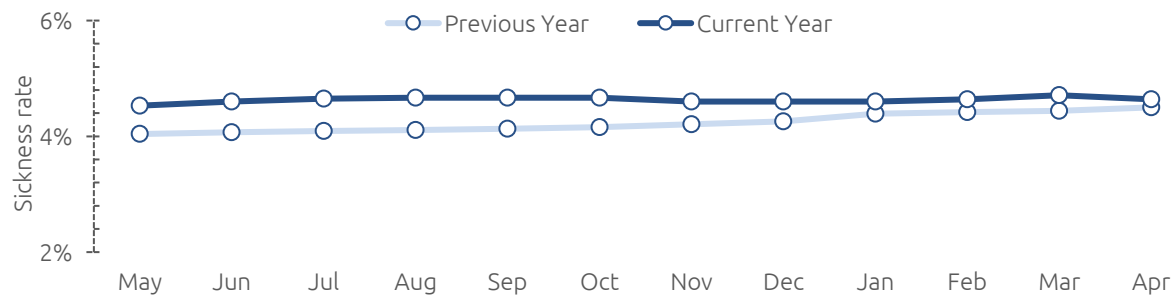


## Sickness Absence



**3.82%** Decreased by **1.08%** in April 2026.

## 12 Month Rolling Absence



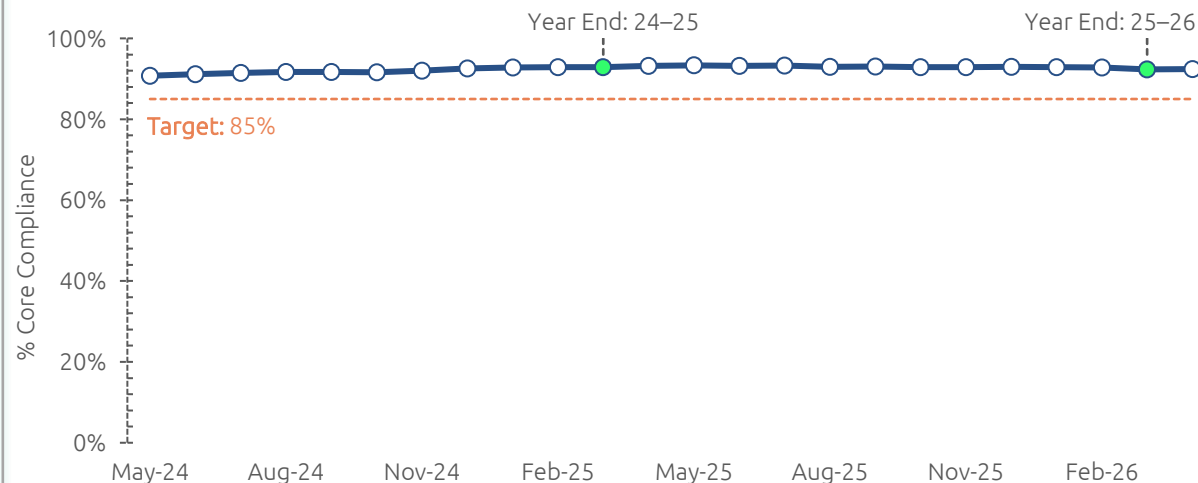
**4.64%** Remains **above** the national target and has fluctuated around 4% over the past three years.

**+0.14%**  
Year on Year

Additional assurance is provided in the focus area on pages 6



## Statutory and Mandatory Training



**85%**

Remains **above** target in April 2026.

**92.4%**

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

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



# In Focus: Sickness Absence



## Key Insights

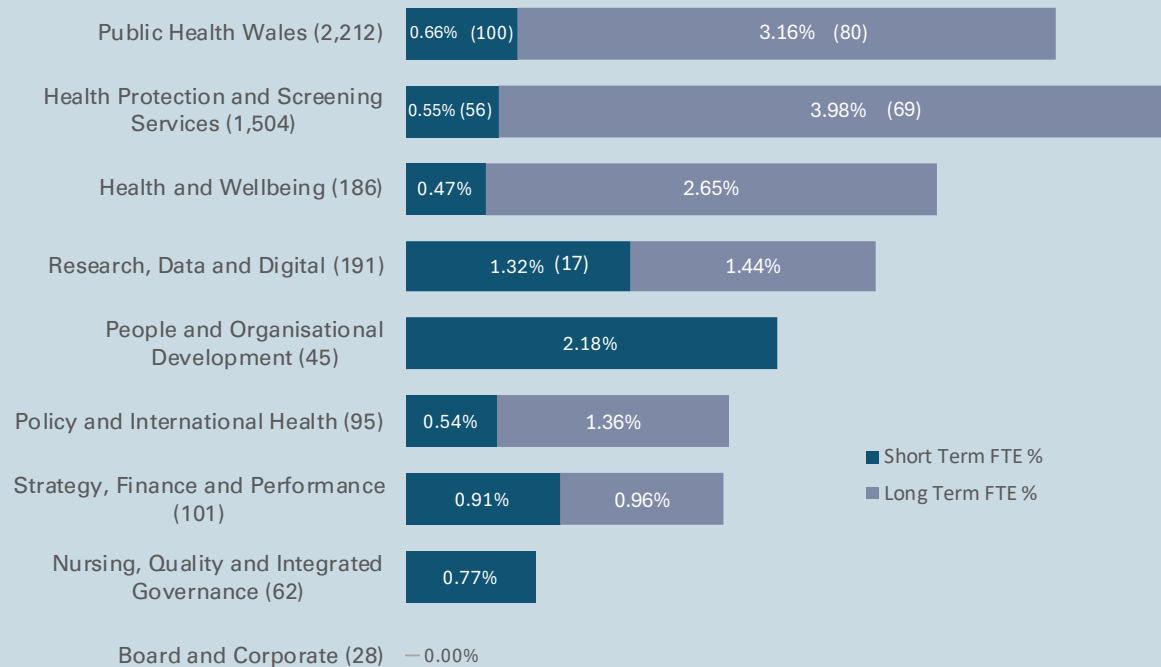
- Overall sickness absence reduced to 3.82% in April 2026, an improvement from 4.90% in March 2026.
- Long-term sickness absence continues to be the primary driver, accounting for 65% of FTE days lost, with short-term absence representing 35%. This continues to indicate the importance of sustained case management and effective rehabilitation.
- Anxiety, stress, depression and other psychiatric illnesses continue to be the most frequently recorded causes of absence. This mirrors national trends, with CIPD evidence indicating that mental ill-health accounts for approximately a quarter of both short and long-term absence, reinforcing the need for a consistent organisational focus on wellbeing and early intervention.

## Assurance and Actions

- People and OD consistently support the management of long-term absences, providing advice to managers and attending absence review meetings, supporting with early Occupational Health referrals or other interventions, particularly for any mental health related absence.
- Managing Attendance at Work training continues to be delivered monthly to those with People Management responsibilities with signposting to HR Clinics for case specific advice.
- A new Workplace Adjustment Passport has been launched, making it easier for employees to access the support they need and for managers to confidently provide this.

## Sickness Absence by Directorate

The breakdown of Directorate level sickness absence for April 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.

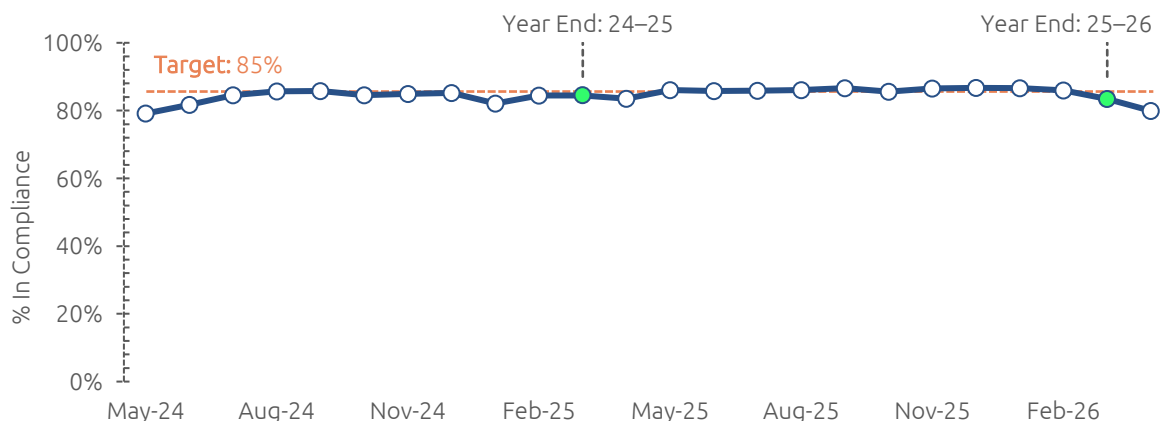




# People Governance: Sickness Absence



## Appraisal and Development Reviews



**85%** **79.9%**

Appraisal compliance has dropped **below** the 85% target. People & OD is currently below target at 79.1%, with Health Protection and Screening Services at 77.4%, followed by Board and Corporate at 45.8%.

Whilst compliance for Board and Corporate Governance is below target in April, appraisal meetings have taken place and are in the process of being recorded on the ESR system. It is therefore anticipated that Board and Corporate will be above target for the May report.

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.*

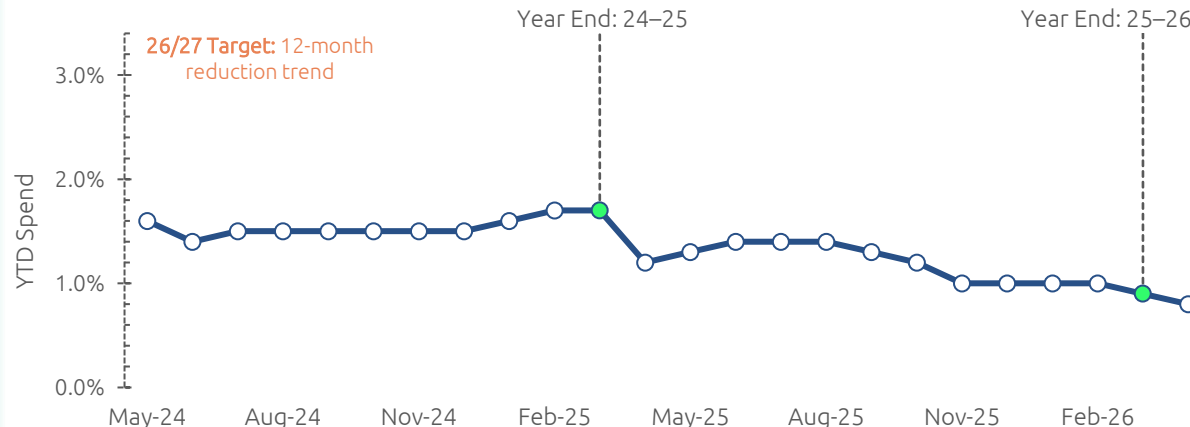
## Equality and Diversity

**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 as A Percentage of Total Pay Bill



**0.8% YTD** **0.8% Forecast**

Forecast to be reduced below 2025/26 levels.

Year-to-date agency spend is 0.8% of the total pay bill, with this level forecast to be maintained. This is below the 2025/26 position and consistent with the ongoing 12-month reduction trend into 2026/27.

Agency spend remains a key focus area in line with the Cabinet Secretary's enabling actions. In April, PHW spent £113k on agency staff, £51k of which was categorised as Admin and Clerical.

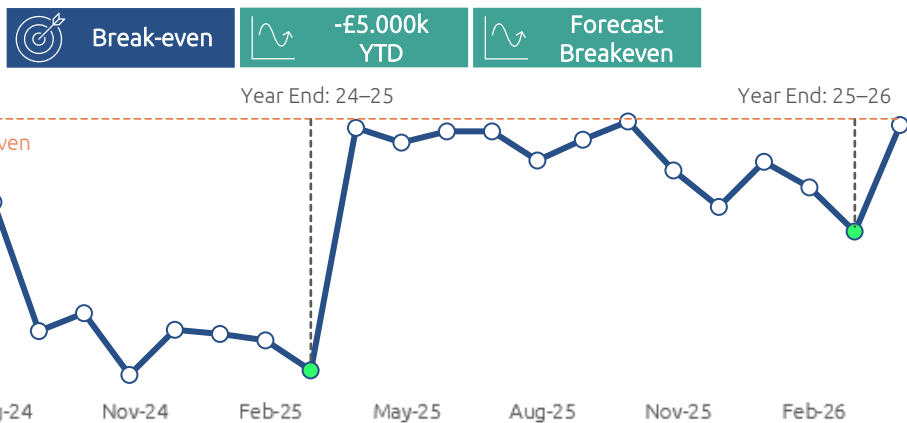
The use of agency staff remains under scrutiny, with all requests subject to review and early consultation between People and OD, Finance and business leads, ensuring decisions balance operational risk, workforce capacity and financial control.



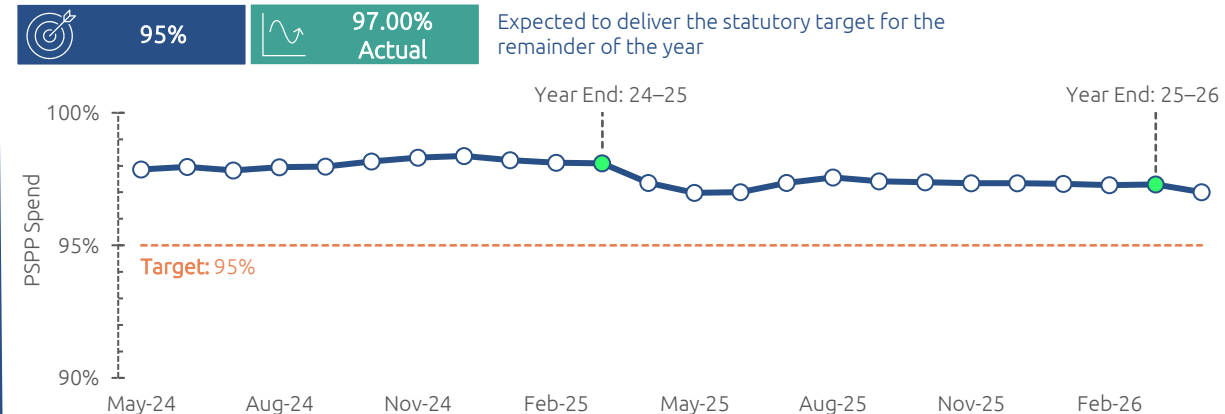
# Financial Governance



## Revenue Position



## Public Sector Payment Policy (PSPP)



## Capital Position

*Performance on our Capital Position will be reported on from Month 2 onwards in line with the Welsh Government reporting requirements.*



*Click to access further detail in the latest Finance Board Report*

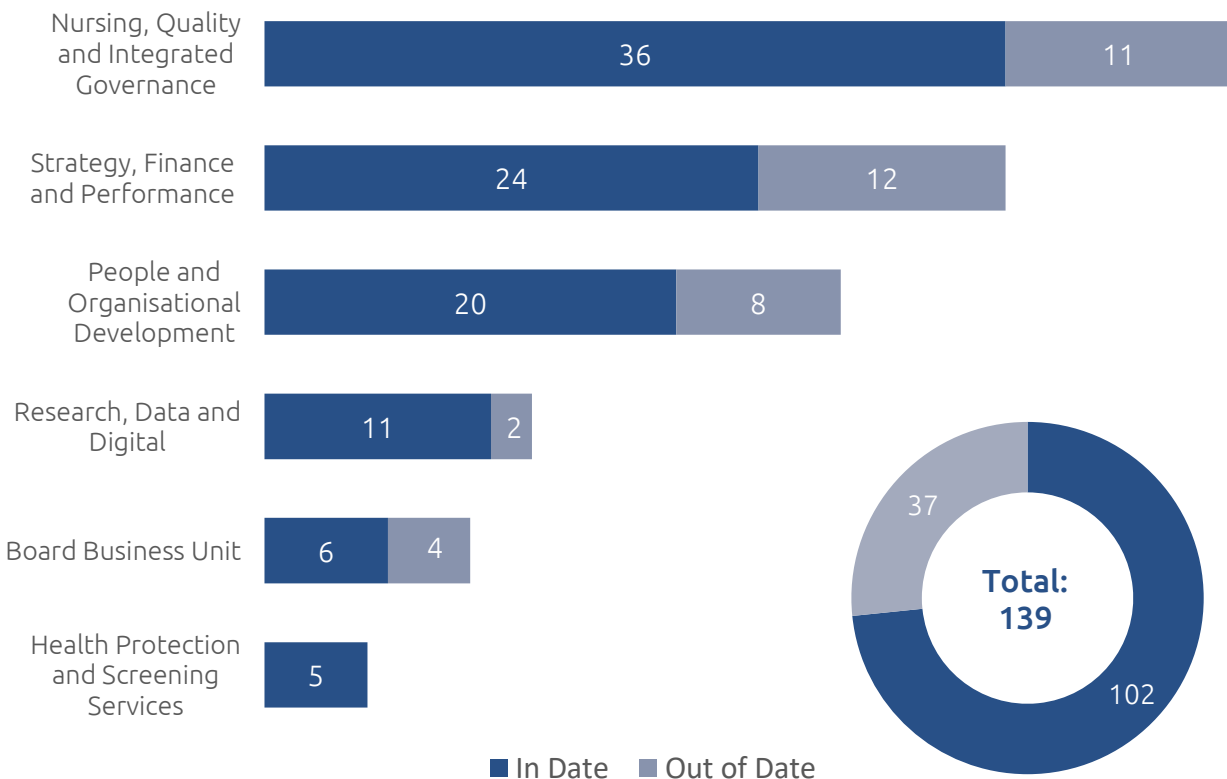


# Corporate and Information Governance



## Corporate Governance

### Corporate Policies Compliance



### In April 2026:

- 3 Policies were approved in the Nursing, Quality and Integrated Governance Directorate.

### In date Policies

- 1 in date policy is in the final review stages

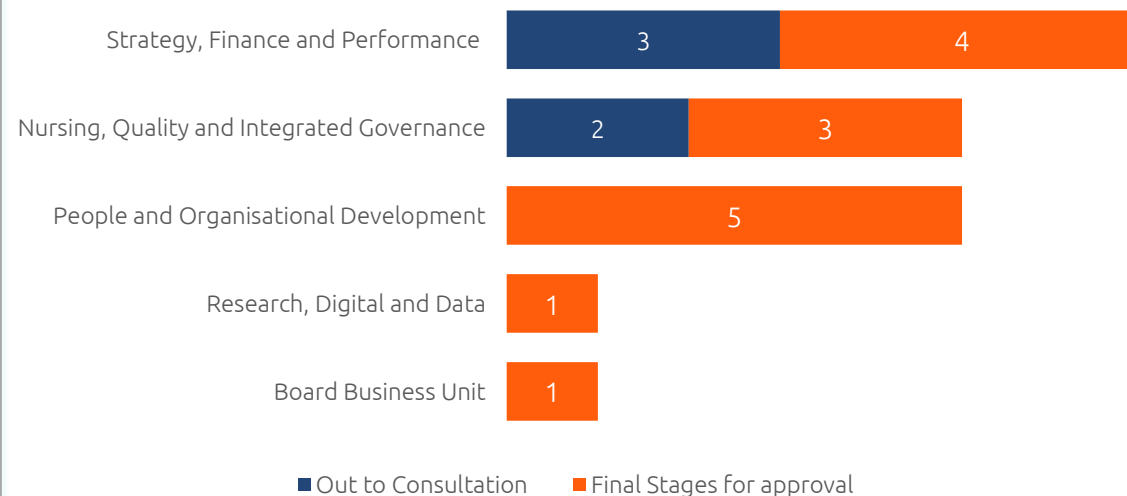


### New Policies being developed

- 0 new policies are being developed.

### Review of Policies - Out of date

- Of the 37 Policies out of date, 19 policies/procedures are currently out to consultation/ going through the approval process (numbers that are either out to consultation or awaiting a meeting for final approval).





# Corporate and Information Governance



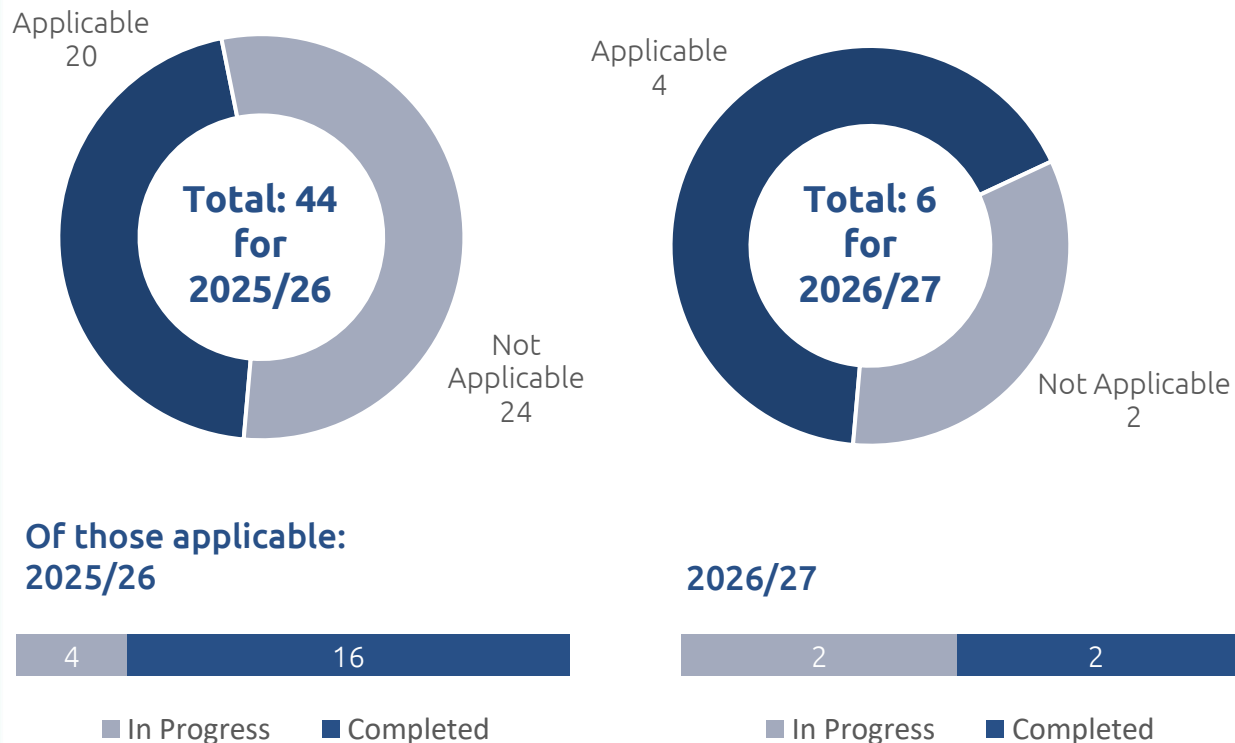
## Corporate Governance

### For the Period 1 - 30 April 2026:

6 WHCs received:

- 2 assessed as not applicable:
  - WHC 2026 (011) - Welsh Health Circular - Maternity Reporting Data Set (MR ds) - Data Requirements
  - WHC 2026 (016) - Updated 'National Supplementary Service Specification for non-routine immunisations for adults and children at risk'
- 4 WHCs assessed as applicable:
  - WHC 2025 (012) - Population Health Management
  - WHC 2026 (013) - Quality Statement Mental Health
  - WHC 2026 (015) - All Wales General Practice and Health Board Clinical Interface Standards
  - WHC 2026 (022) - 2026/27 NHS Wales Financial Monitoring Return

### Welsh Health Circular (WHC) Compliance





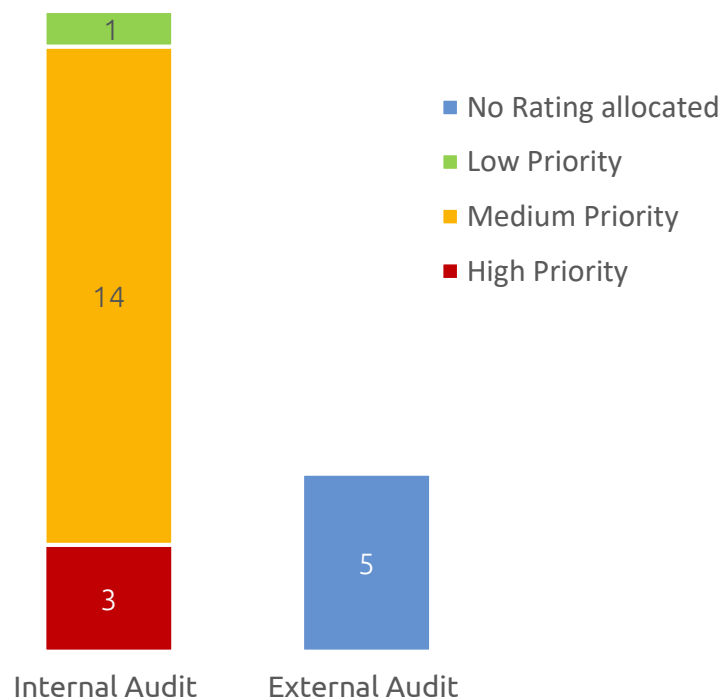
# Corporate and Information Governance

Audit data updated quarterly (Next update in September 2026)



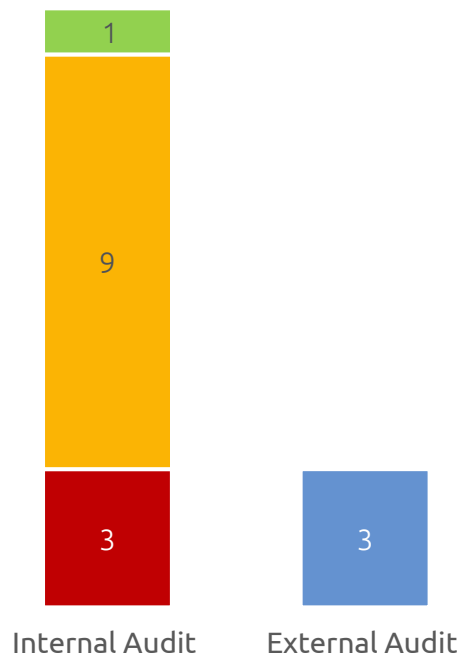
## Corporate Governance: Audit Tracker – Overall Position

Audit Tracker – All Open Actions as of 23 March 2026:



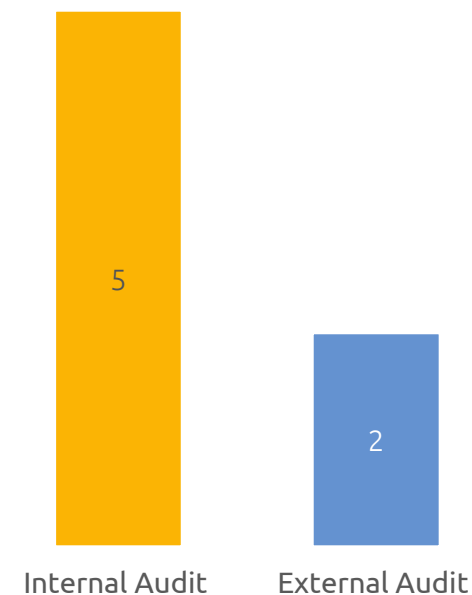
Total: 23

Overall Open actions as of 24 April:



Total: 16

Actions Closed this period:



Total: 7



# Corporate and Information Governance

Audit data updated quarterly (Next update in September 2026)



## Corporate Governance: Audit Tracker – Review by Leadership Team

The Leadership Team considered updates at its meeting on 23 April 2026. This is the summary of the requests approved at the meeting:

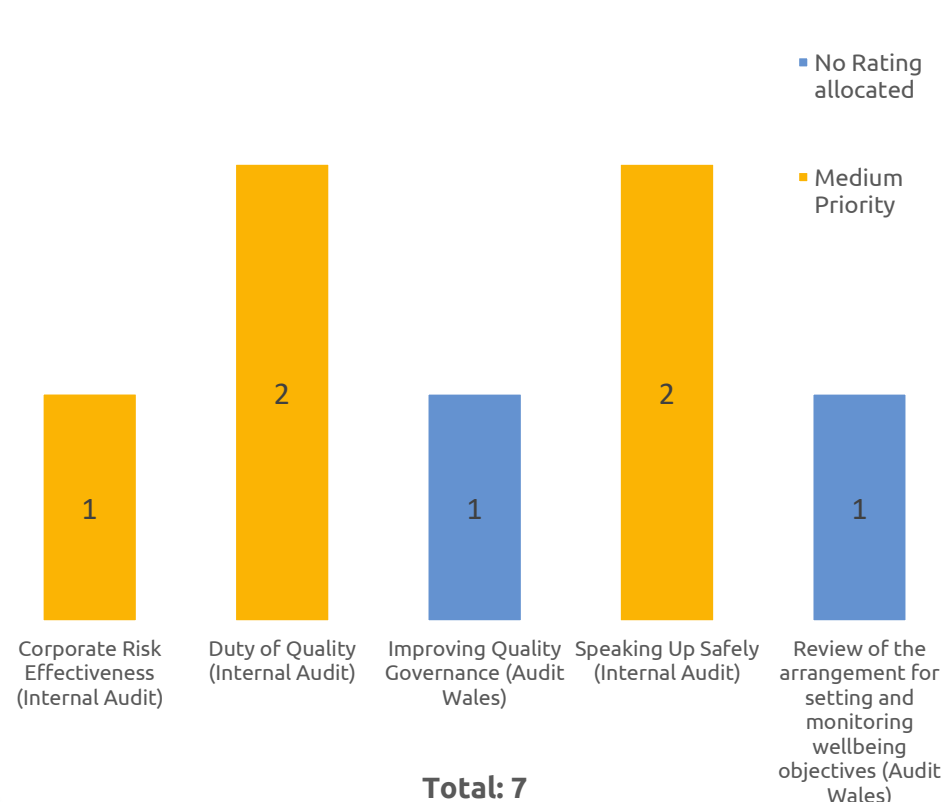
### Overall Position of Actions

(Broken down by Priority rating of the action)



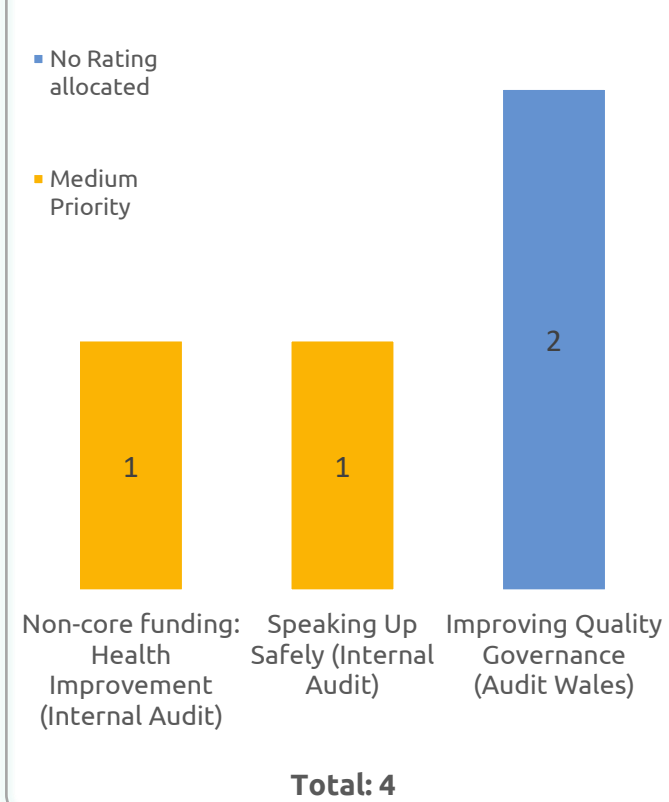
### Breakdown of Closures

(Broken down by Priority rating of the action)



### Breakdown of Extension Issued

(Broken down by Priority rating of the action)





# Corporate and Information Governance

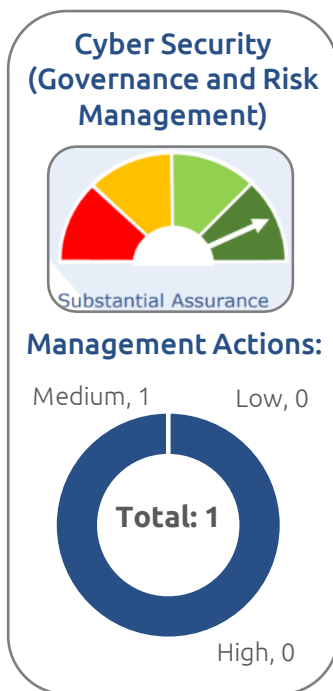
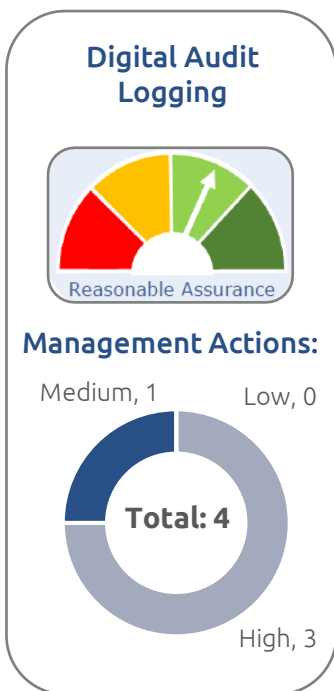
Audit data updated quarterly (Next update in September 2026)



## Corporate Governance

### Audit Tracker – New Audits Received by Audit & Corporate Governance Committee

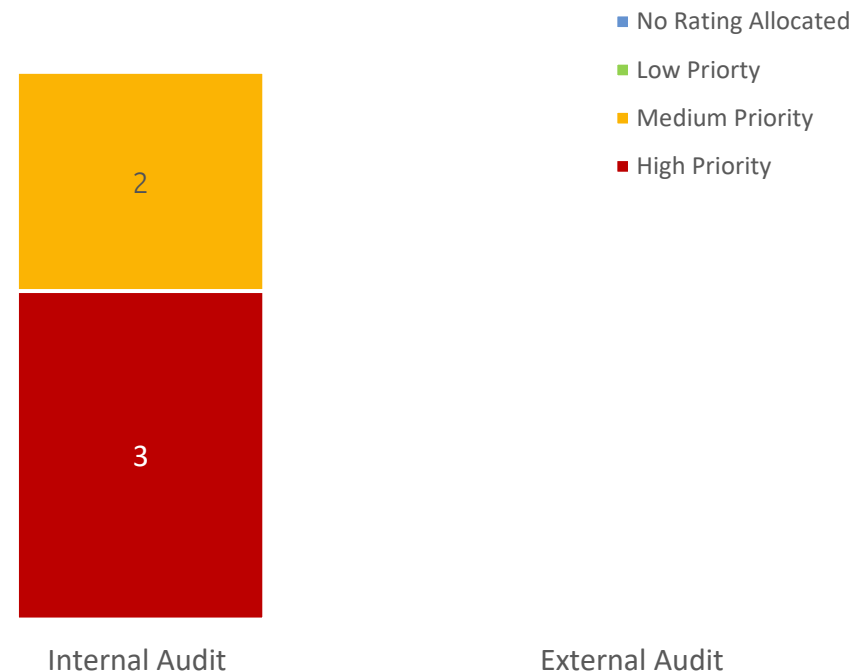
#### Internal Audit



#### External Audit

Following the March Committee meeting, 4 new Recommendations were added to the Tracker and following the May Committee 1 new recommendation was added to the Tracker:

(Broken down by Priority rating of the action)



**Total: 5**



# 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.

7 Received

1 Month

1 Exceeded

In March 2026, 7 Data Subject Access Requests were received with 1 request exceeding 30 days.

This was 4 days over while waiting for the information from the department.

The delay was due to a large volume of data to be collated.

### 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.

18 Received

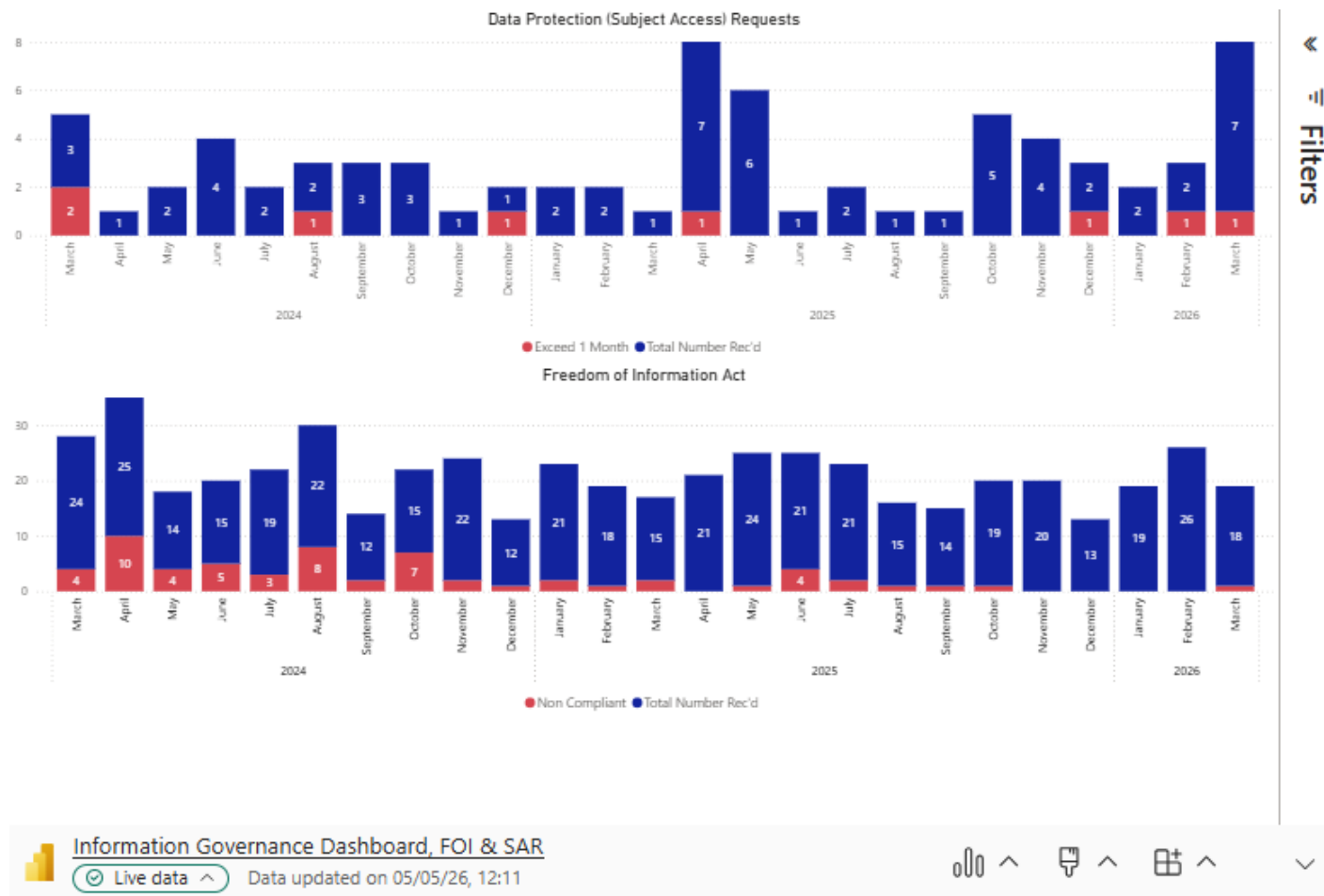
20 days

1 Non-Compliant

Of the 18 FOI requests received in March 2026, 1 FOI request exceeded the 20-working day compliance time frame.

This was due to discussions over release and the inclusion of personal data of staff.

This resulted in the response being 1 day over.



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.

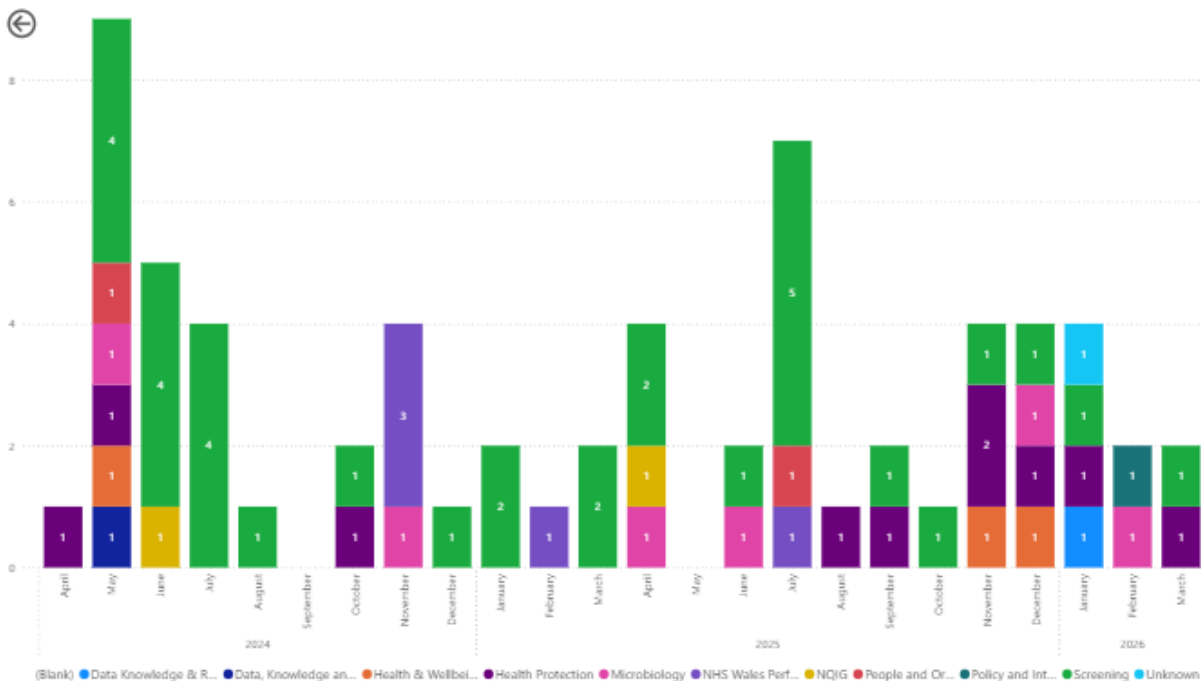


# Corporate and Information Governance



## Information Governance

### Personal Data Breaches



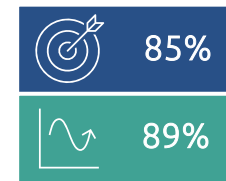
Filters

Reported	Escalated
2	0

There were 2 PDBs in March 2026:

- **Screening:** Inclusion of learner feedback in qualifications library on SharePoint. This was removed immediately and assessors advised.
- **Health Protection:** Misdirected email due to misread postcode. Email was successfully recalled. Incident is related to the ongoing review of Sexual Health Services.

### Mandatory Information Governance Training



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



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



Information Governance Dashboard, Personal Data Breaches

Live data

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





# Clinical Governance, Quality, Safety and Improvement



## Externally Reportable Incidents - April update

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

## Further Information

### Early Warning & Nationally Reportable Incident

0 Early Warning or Nationally Reportable Incidents reported in April.

### Initially Reported Moderate or above harm incidents

4 incidents were initially reported as moderate or above harm in April. 2 were regraded to No or Low harm and 2 remain under investigation.

It is important to note that the initial level of harm is assessed at the time of reporting using the best judgement of the reporting individual, often with limited information available. As the investigation progresses and further information becomes available, the investigator, with support from the Putting Things Right (PTR) team, may amend the level of harm to reflect the correct level sustained where appropriate.

### Incidents investigated and closed as Moderate harm or above

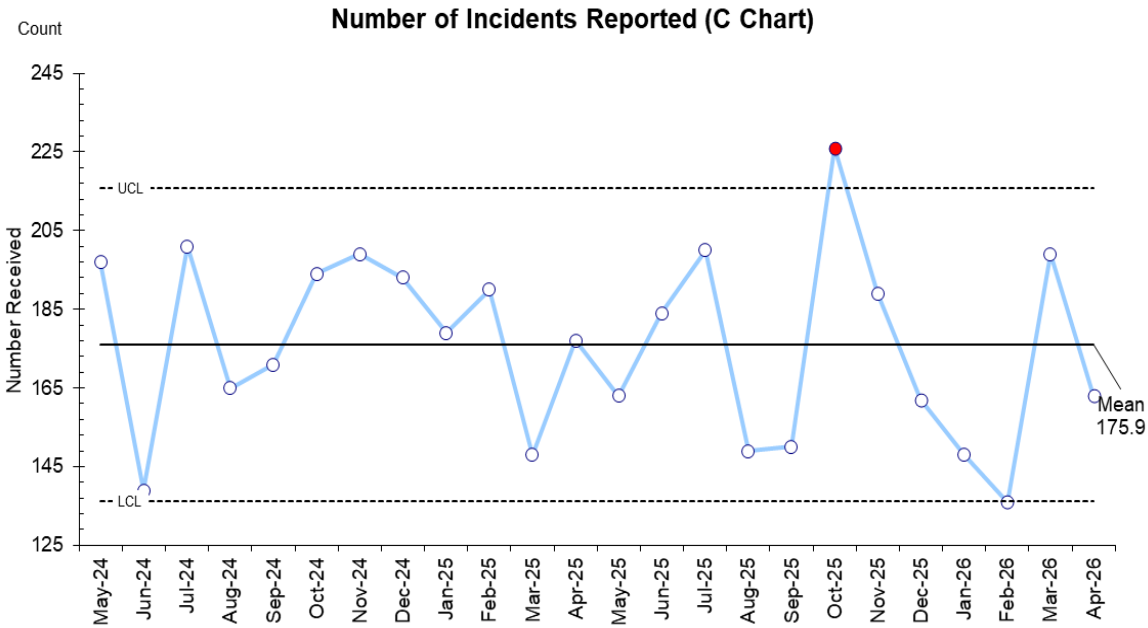
16 moderate harm or above incidents were closed in April. 1 of these incidents was a Duty of Candour incident which occurred in Infection services. In addition, 14 of these incidents were for the Cervical Screening Wales Audit of Cervical Cancer (CSWACC) incidents identified and reported in March 2026. These incidents do not trigger the Duty of Candour as they occurred before 1 April 2023, however they have been managed with the support of the PTR Team.



# Clinical Governance, Quality, Safety and Improvement

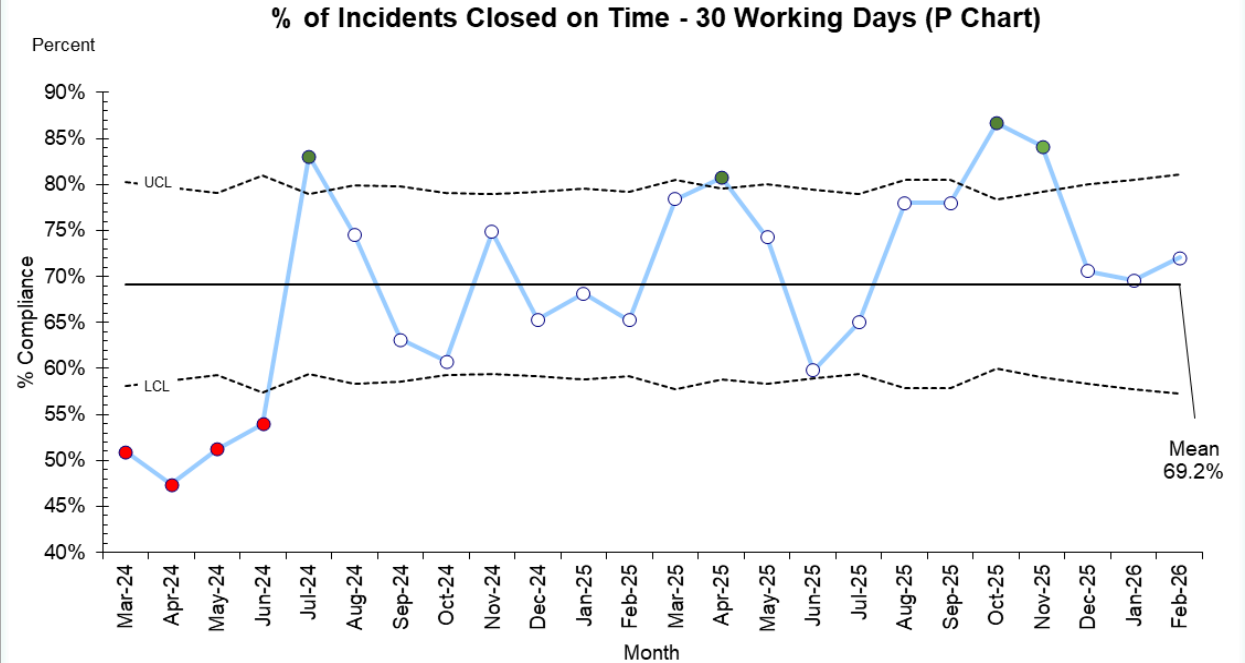


## Number of Incidents Reported Over Time



No recent special cause variation noted.

## Percentage of Incidents Closed within 30 Working Days



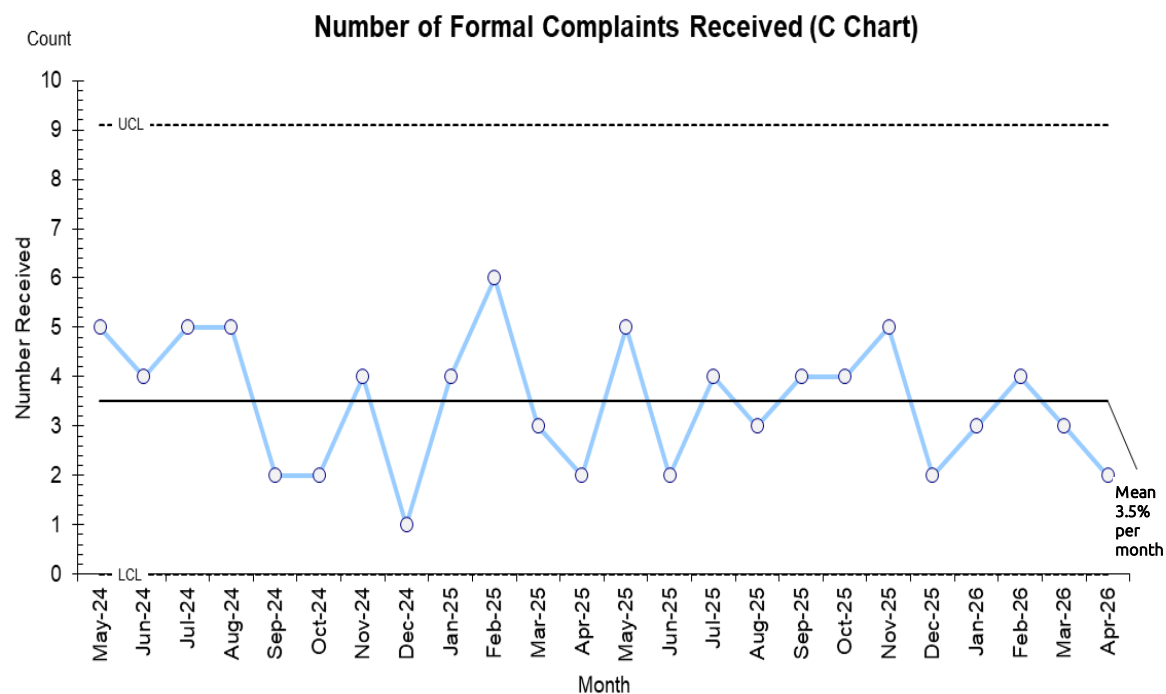
No recent special cause variation noted – improvement noted in compliance with 30 days closure over the last 7 months.



# Clinical Governance, Quality, Safety and Improvement

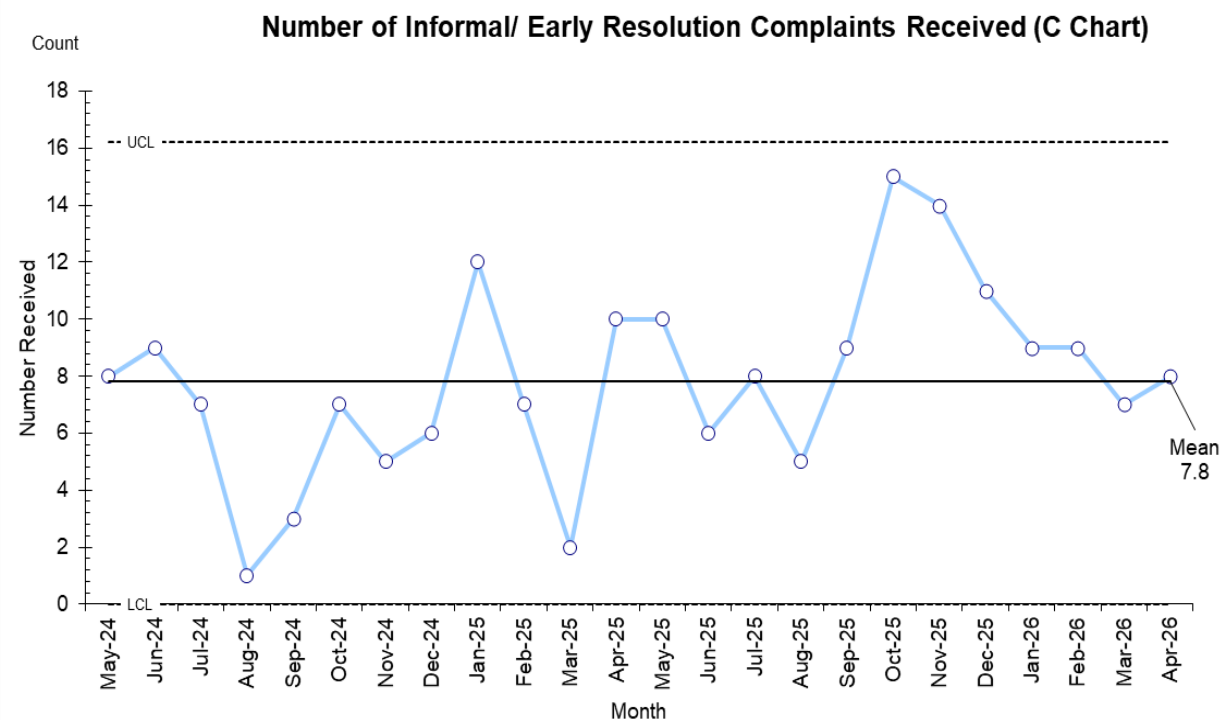


## Number of Formal Complaints Received



No recent special cause variation noted.

## Number of Informal Complaints Received



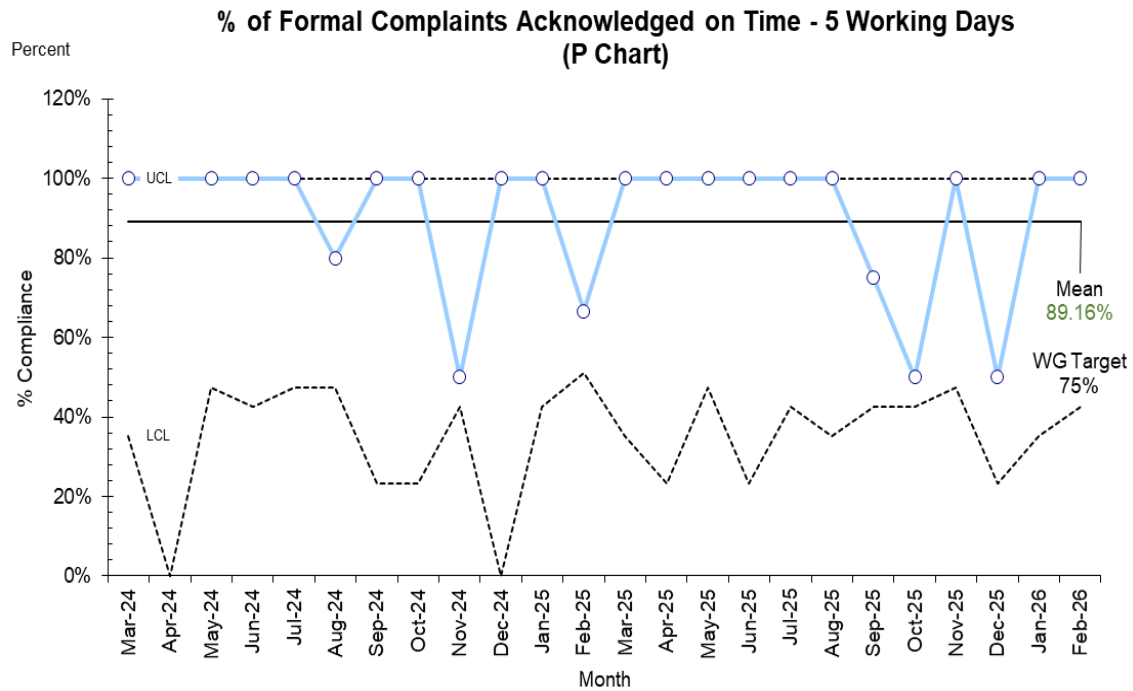
No special cause variation identified.



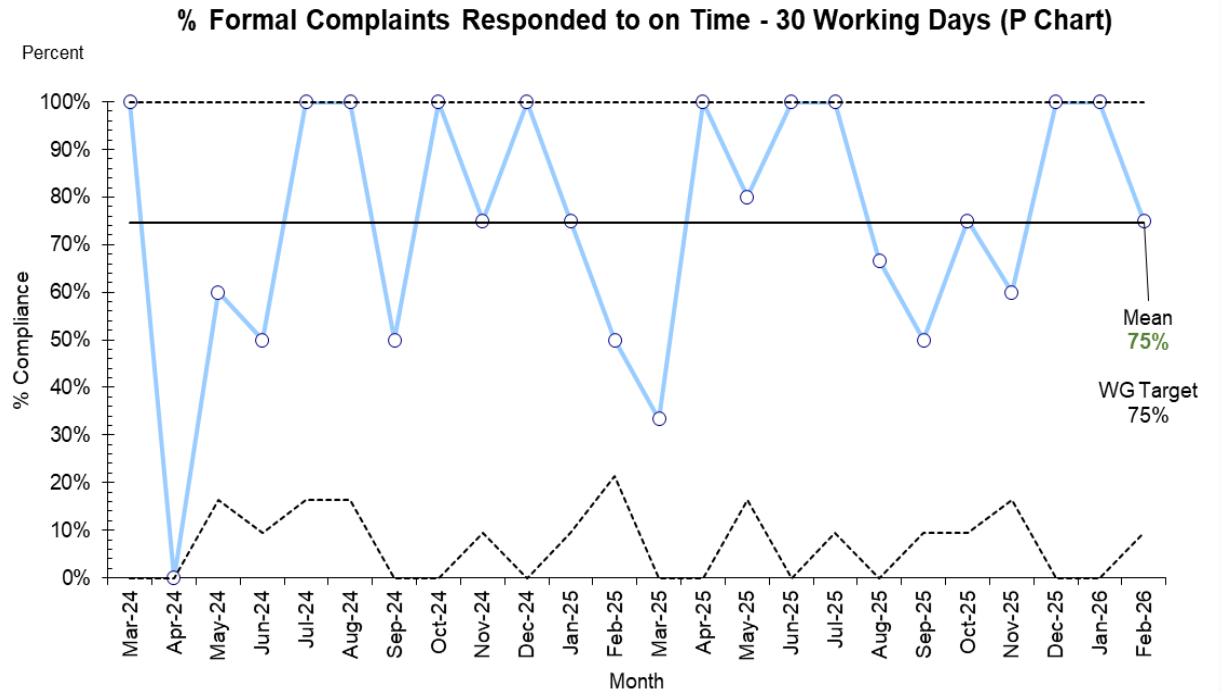
# Clinical Governance, Quality, Safety and Improvement



## Formal Complaints Compliance



No special cause variation identified, above Welsh Government target of 75%.



No special cause variation identified, meeting Welsh Government target of 75%.

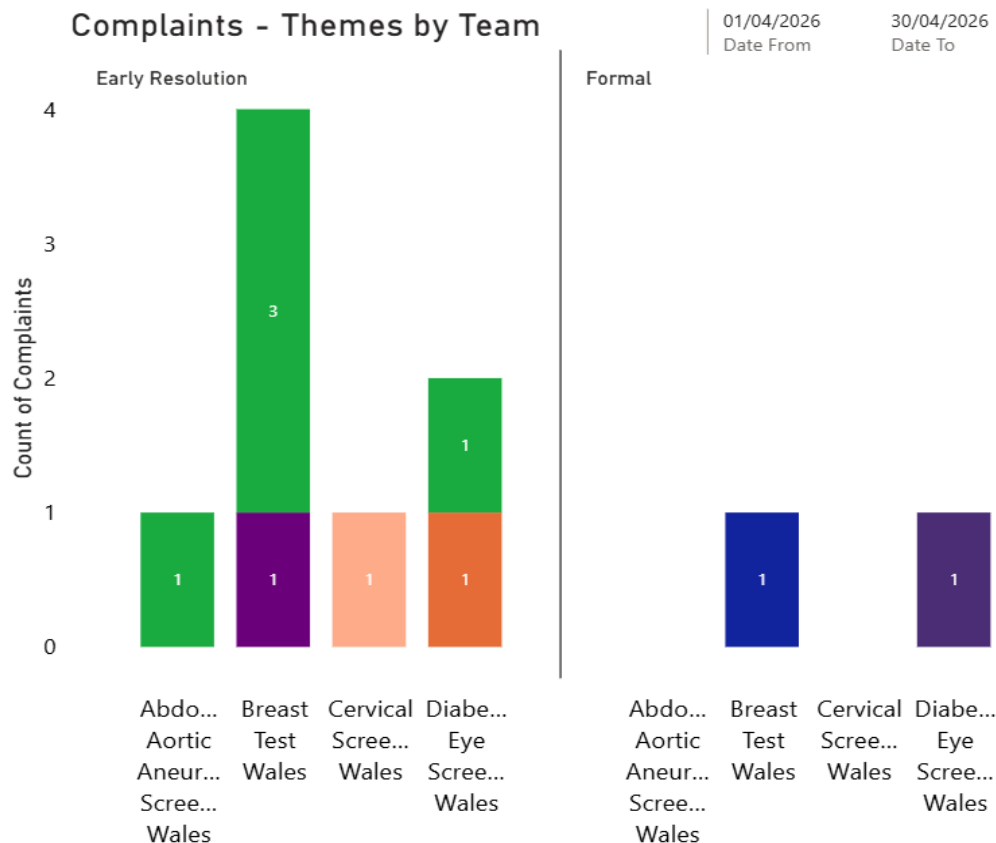


# Clinical Governance, Quality, Safety and Improvement



## Themes and Service Areas – April 2026

- Accident/Falls
- Appointments
- Attitude and Behaviour
- Clinical treatment/Assessment
- Communication Issues (including...)
- Test and Investigation Results



Breast Test Wales continue to receive the most complaints.  
All complaints are now managed through the new Listening to People regulations.

## Claims

April 2026

0

0 new potential claims were received in April.  
Of the 34 ongoing claims, 27 are confirmed and 7 potential.

## Redress

April 2026

0

0 new Redress cases were received in April.  
There are 8 ongoing Redress cases, 4 in Breast Test Wales and 4 in Cervical Screening Wales.  
All Redress cases are being progressing in line with the Putting Things Right/Listening to People Regulations in a timely manner.



# Section 2 Service Delivery





# Key Performance Indicator Summary



Screening Services	Target	12 Month Look Back	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26
Bowel Screening Wales – Waiting time for index colonoscopy (4 weeks) (Health Board Delivery)	90%		3.9%	4.9%	8.8%	14.1%	10.5%	19.7%	22.5%	28.5%	18.8%	24.1%	22.3%	
Cervical Screening Wales – Waiting time for colposcopy appointment (8 weeks) (Health Board Delivery)	90%		98.4%	98.8%	98.4%	98.8%	95.3%	98%	98.3%	98.9%	98.7%	99.0%	97.1%	
Breast Test Wales – Assessment invitations (3 weeks)	90%		16.7%	19.6%	24.1%	24.6%	31.6%	17.4%	41%	28.3%	13.5%	10.6%	45.7%	50.1%
Diabetic Eye Screening Wales – Coverage (12 Months)	80%		40%	39.3%	38.9%	38.4%	39.6%	39.6%	38.4%	38.4%	38.9%	39.5%	39.7%	39.8%
Abdominal Aortic Aneurysm – Timely referral to elective vascular network (MTD)	100%		75%	100%	66.7%	100%	100%	100%	100%	100%	83.3%	100%	100%	83%
<b>Infection Services</b>														
Total Microbiology Rejection Rates	<5%		5.2%	5.1%	5%	5%	4.8%	4.8%	4.8%	5%	5%	4.8%	4.8%	
Total Microbiology Diagnostic Sample Requests	*N/A		162,735	162,252	178,612	156,429	168,719	184,730	167,313	164,861	172,196	157,115	171,858	
Blood Culture - Collected to Incubation SMI <4hrs	>95%		68.8%	68.5%	68.3%	68.1%	68.3%	70.3%	69.9%	67.8%	69.7%	69.0%	68.4%	
Blood Culture - Received (PHW Laboratory) to Incubation <4hrs	>95%		99.4%	99.7%	98.4%	99.6%	99.6%	99.3%	99.2%	99.7%	99.7%	99.4%	98.3%	
<b>Health Protection</b>														
Test and Post (STI self-sampling) – Test Turnaround Times (Less than 7 days)	99%		99.85%	99.66%	99.94%	99.95%	99.97%	99.97%	100%	99.89%	99.98%	99.98%	99.92%	
Response times by priority - Urgent (<4 hours)	90%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Response times by priority - High (<24 hours)	90%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Response times by priority - Medium (<48 hours)	90%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Compliance to surveillance reporting schedules	90%		100%	100%	100%	75%	87%	79%	95%	92%	95%	87%	90%	
<b>Health &amp; Wellbeing</b>														
JUSTB – Number of Schools with 2-day training completed by month**	35 Schools		6	4	N/A	N/A	1	4	5	1	4	5	6	5
JUSTB – Number of Schools with 2-day training completed YTD**			36	40	N/A	N/A	1	5	10	11	15	20	26	31
Whole School Approach – Percentage of schools with an Action in Place (All schools)	80%		85%	87%	88%	88%	89%	90%	92%	93%	96%	96%	96%	97%
Whole School Approach – Percentage of schools with an Action in Place (Secondary schools)	100%		98%	99%	99%	99%	99%	99%	99%	99%	100%	100%	100%	100%
Help Me Quit - Benchmark for timely first contact (NTSS)	90%		92%	94%	89%	96%	93%	95%	95%	94%	94%	94%	79%	
Help Me Quit – 4-week self-reporting quit rate (NTSS)	35%		73%	48%	72%	75%	72%	59%	66%	81%	73%	76%	69%	
<b>Research Data &amp; Digital</b>														
Number of Major Breaches	0 Major Breaches		Quarter 1 (25/26)			Quarter 2 (25/26)			Quarter 3 (25/26)			Quarter 4 (25/26)		
Percentage of publications without breaches	100%		0 Breaches			0 Breaches			0 Breaches			1 Breach		
Percentage of user follow up to RD&D products	100%		76%			76%			76%			76%		
Percentage of user follow up to RD&D products	100%		20%			33%			33%			33%		
<b>Policy and International Health</b>														
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 (April 2026)

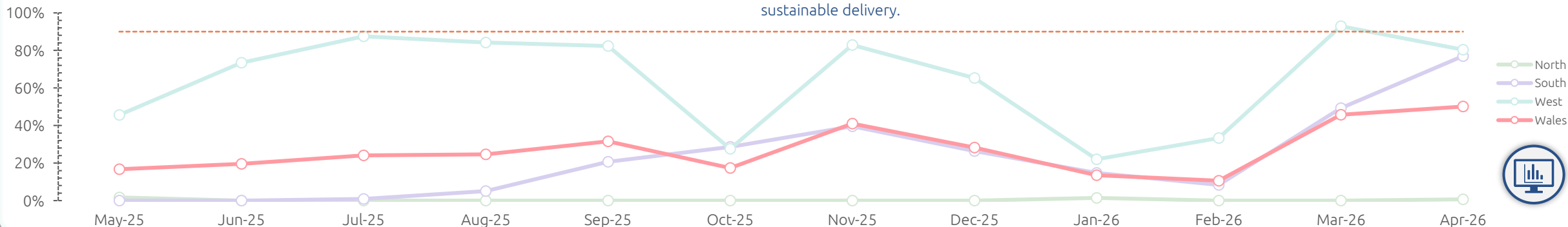
The position has improved significantly with respect to wait times for assessment clinics. In April 2026 on an All-Wales level **50.1%** of women were given an assessment invitation within three weeks of screen against the standard of **>90%**. **63.5%** of women were given an assessment invitation within four weeks of screen against the standard of 100%. The average wait in weeks for assessment invitation was 4.7 weeks against a standard of three weeks; however, this has **improved** from a 6.4 week wait in February 2026. There has been resolution of the pathway in North Wales to improve flexibility of the pathway, following executive level escalation which will further reduce the backlog of women waiting for assessment.

On a regional level, 0.7% of invitations were given within three weeks of screen in North Wales. In the South Wales region, there was an increase in the number of assessment invitations given within three weeks of screen, from 8.4% in February to 77% in April. In the West Wales region, there was also an increase in the number of assessment invitations given within three weeks of screen, **from 33.3% in February to 80.4% in April.**

**80%** of women had normal results sent within two weeks of screen against a standard of >90% and **22.2%** of women had abnormal results sent within two weeks of screen against a standard of >90%. The two-week time to reading interval is being reviewed to improve compliance with the standard.

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

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



## Breast Test Wales - Improvement plan

In April 2026, the Breast Test Wales Improvement Plan strengthened governance and monitoring arrangements, with programme-wide oversight, weekly performance review and the embedding of clear escalation routes now.

The plan has delivered tangible stabilisation in key areas of performance. This has been achieved through weekly monitoring, active cross-regional reading support and strengthened managerial coordination. Critical infrastructure issues affecting North Wales connectivity have been resolved, and radiology-led (surgeon-less) assessment clinics in the North have been successfully implemented and validated through MDT processes. Taken together, this marks a shift from recovery to maintaining resilience in core diagnostic performance.

However, the focus of the plan has increasingly moved to more complex system constraints within the assessment pathway. Delivery against the three-week assessment standard remains challenging due to postal delays, limited digital capability and pathway timing, with cases often entering assessment later than intended. This is compounded by ongoing pressures in surgical capacity constraints across the pathway, including downstream treatment delays. These issues represent the primary area of operational risk and escalation.

The plan continues to prioritise restoration of screening round length towards the 36-month standard. Progress has been made in identifying and articulating the key constraints, including workforce capacity limitations, mobile unit reliability and data and system constraints within NBSS. In parallel, uptake and equity actions have progressed positively, with the focus shifting toward strengthening the analytical evidence base, defining priority cohorts and ensuring that targeted engagement and accessibility improvements are clearly owned and measurable within programme governance.

Immediate management actions are now focused on enabling recovery in constrained parts of the pathway. These include bringing increasing reading timeliness to standard, completing end-to-end pathway walkthroughs and quantifying workforce and session shortfalls ahead of summer pressures. In parallel, modelling of extended hours, overbooking and optimisation approaches is being undertaken prior to implementation to ensure it is a safe and sustainable delivery.



# Health Protection and Screening Services



## Bowel Screening Wales (March/April 2026)

In April 2026, Bowel screening uptake and coverage both remain **above** the standard of >60%, reporting **67.4% and 62%**, respectively. 100% of participants were sent their screening test result within 7 days of receipt of test kit in laboratory.

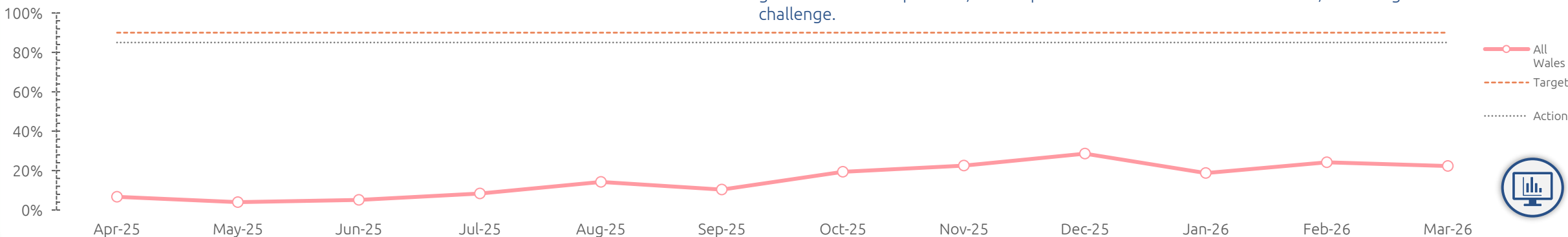
**Colonoscopy is a commissioned service from the Health Boards.** In March, **22.3%** of participants were offered an appointment within 4 weeks with an average waiting time for a screening colonoscopy of 7 weeks and 1 day. In comparison with April 2025, where 6.7% of participants were offered an appointment within 4 weeks this is a significant improvement but still considerably below standard.

As of 17th April 2026, the average waiting time for a screening colonoscopy is at 7 weeks and 1 day. Waiting times range from 4 to 12 weeks across the 14 screening centres. Average Specialist Screening Practitioner waiting time is 6 days, which is within standard.

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



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



## Bowel Screening Wales - Improvement plan

In April 2026, the Bowel Screening Wales Improvement Plan has evolved into a structured, time-limited and actively governed programme through the establishment of the Screening Colonoscopy Improvement Project (SCIP). This system-wide initiative brings together BSW, all seven Health Boards and national partners to address sustained delays in screening colonoscopy, with the four-week standard not currently achieved and average waits of around seven weeks.

Governance and oversight have strengthened through a national Project Board, agreed terms of reference and five operational workstreams, all now established with defined membership and initial meetings completed. Early progress includes enhanced national performance management through weekly monitoring, implementation of a bespoke patient tracking list to improve visibility of demand and backlog and strengthened engagement with Health Boards via monthly quality meetings and executive oversight. Workforce pipeline development has also progressed, including recent screening colonoscopist accreditation and ongoing mentorship support.

However, significant system constraints persist, including limited numbers of accredited colonoscopists, competing clinical pressures, constrained nursing and theatre capacity, and service fragility with limited ability to backfill lists. Variation in delivery models and increased demand continue to impact performance.

The programme is now transitioning from establishment to delivery, with workstreams developing options and recommendations to increase capacity, improve resilience and optimise delivery. While early gains are evident upstream, overall performance remains below standard, reflecting the scale of the challenge.





# Health Protection and Screening Services



## Diabetic Eye Screening Wales (April 2026)

In April 2026, **39.8%** of eligible patients were offered an appointment in the last twelve months against a standard of **>80%**. Over a 24-month period for the low-risk recall pathway coverage in the same month is **77.4%**, which is significantly higher, but below the standard of >80%.

**Uptake of eye screening stays above the 80% standard at 80.6%**, showing that participants are taking up their screening appointments. This is also reflected in positive service user experience elicited through the SMS (text message) pilot.

The number of inadequate images captured has **reduced** since the introduction of new cameras, with an **inadequate rate of 6.8% against the standard of <3%**. To further benefit from the introduction of new cameras an evaluation framework has been developed to explore the safety, feasibility, and effectiveness of adopting a staged mydriatic approach to eye screening commenced in April 2026. During the evaluation period we will have fewer appointments which will likely lead to a temporary drop in recall and coverage. Two new clinic models have been piloted successfully and were implemented in March and April 2026. An improvement plan has been developed, and this is being managed through a project group and transformation programme structure.

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

## Diabetic Eye Screening Wales - Improvement plan

The Diabetic Eye Screening Wales (DESW) Improvement Plan has progressed into a structured, actively managed programme that is addressing the sustained gap between demand and service capacity. Rising diabetes prevalence continues to drive demand, with modelling indicating a requirement for approximately 15,000 monthly appointments compared to current delivery of 9,000–10,000, underpinning the challenge in achieving the  $\geq 80\%$  coverage standard.

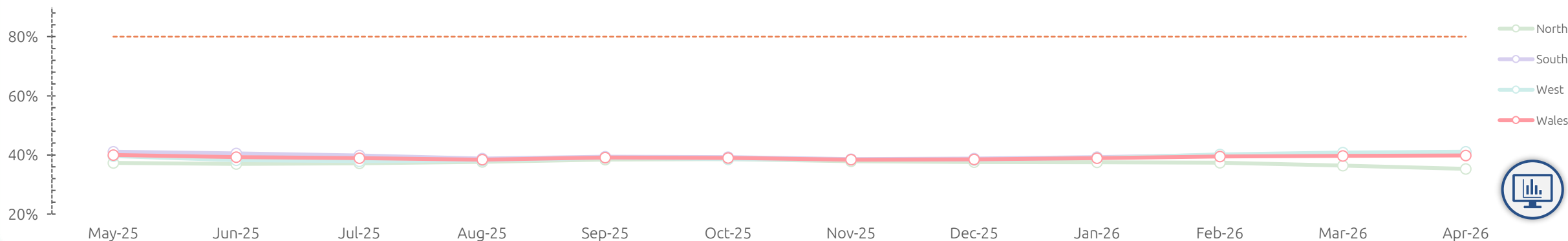
The programme is delivering early improvements in service efficiency and clinic utilisation. Alternative clinic models, including drop-in and Low-Risk Recall Pathway (LRRP) clinics, are being implemented and tested, contributing measurable increases in appointment capacity. Clinic utilisation has remained consistently above the 90% target, supported by enhanced booking processes and the Autobook system, which is filling a high proportion of available appointments.

Innovation is a key strand of delivery. The evaluation of retinal imaging without routine dilation is underway and exceeding initial volume targets, providing early assurance on feasibility. This, alongside potential introduction of a staged mydriatic approach and consideration of single person clinics, is expected to significantly increase throughput if proven safe and effective.

Progress has also been made in strengthening system oversight and data use. The Low-Risk Recall Pathway coding improvement has been completed, enabling improved monitoring and more efficient participant flow, while performance and utilisation are now tracked routinely through programme governance structures. However, delivery remains constrained by workforce capacity, administrative resource limitations and reliance on manual processes, alongside risks relating to staff sickness and change fatigue.

Overall, the plan is providing a clear and credible route to improving capacity, coverage and service efficiency, with early gains achieved and further benefits expected as new models are evaluated, refined and scaled.

DESW-001: Coverage 12 Months





# Health Protection and Screening Services



## Cervical Screening Wales (March/April 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 was 39.9% against a standard of >80%. Issues remain with histology turnaround times in the South East of Wales, linked with overall histology reporting capacity. Regular CSW-led meetings with Colposcopy and histology teams ensure any delays are communicated and improvement work continues to consider outsourcing to improve turnaround times.



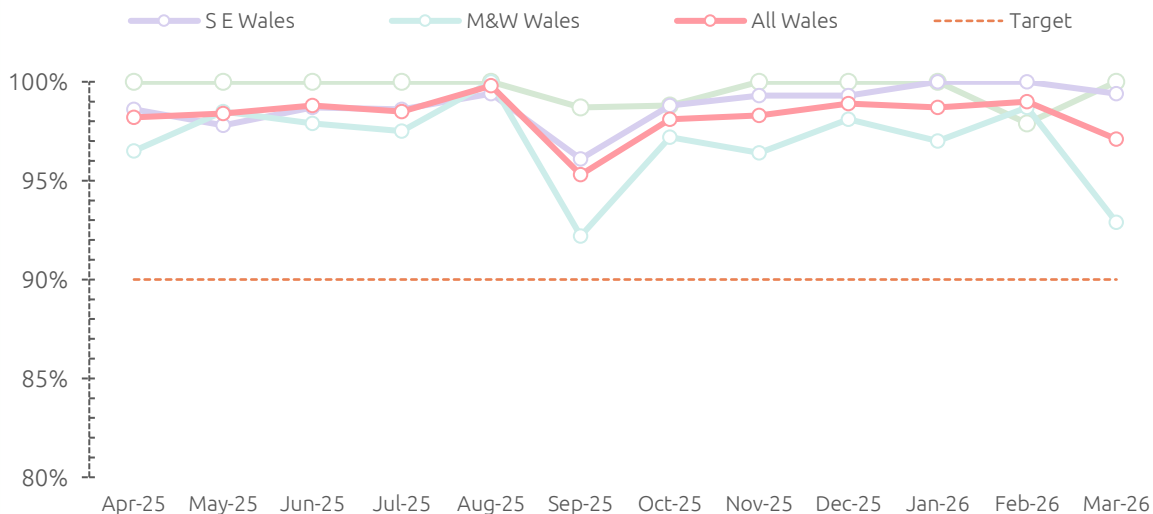
90%



97.1%



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



## Abdominal Aortic Screening Wales (April 2026)

In April 2026, 83.3% of men were referred to the elective vascular network MDT by the end of the following working day or same day. Whilst this figure is below the 100% target, a single out of standard referral materially impacts reported performance due to the low volumes involved.

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

In April 2025, uptake within 4-months and 12-months was 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.



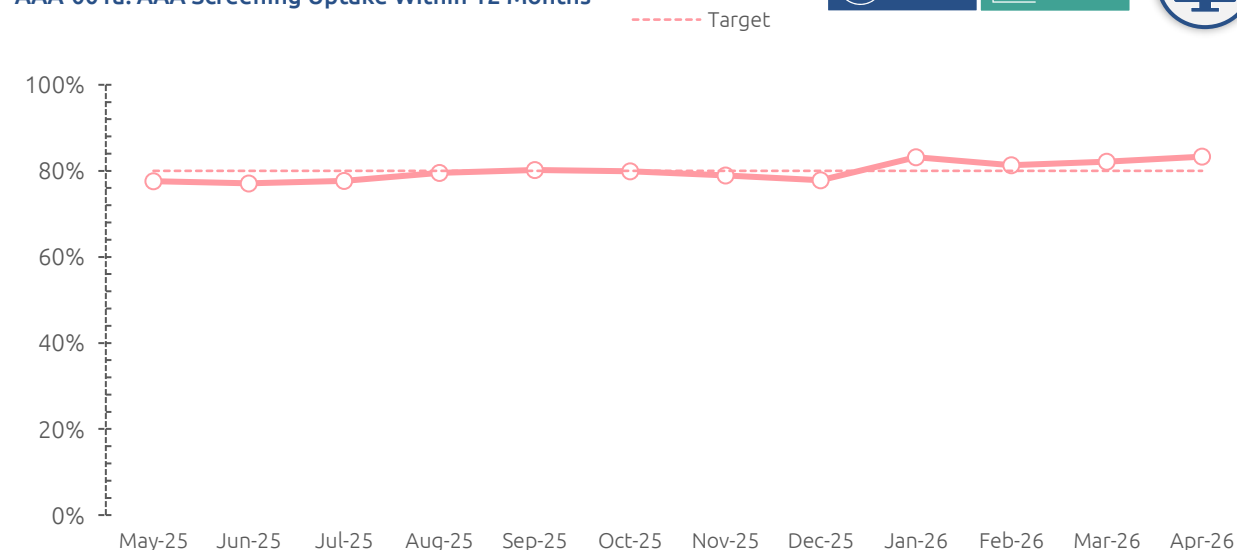
100%



83.3%



### AAA-001a: AAA Screening Uptake Within 12 Months



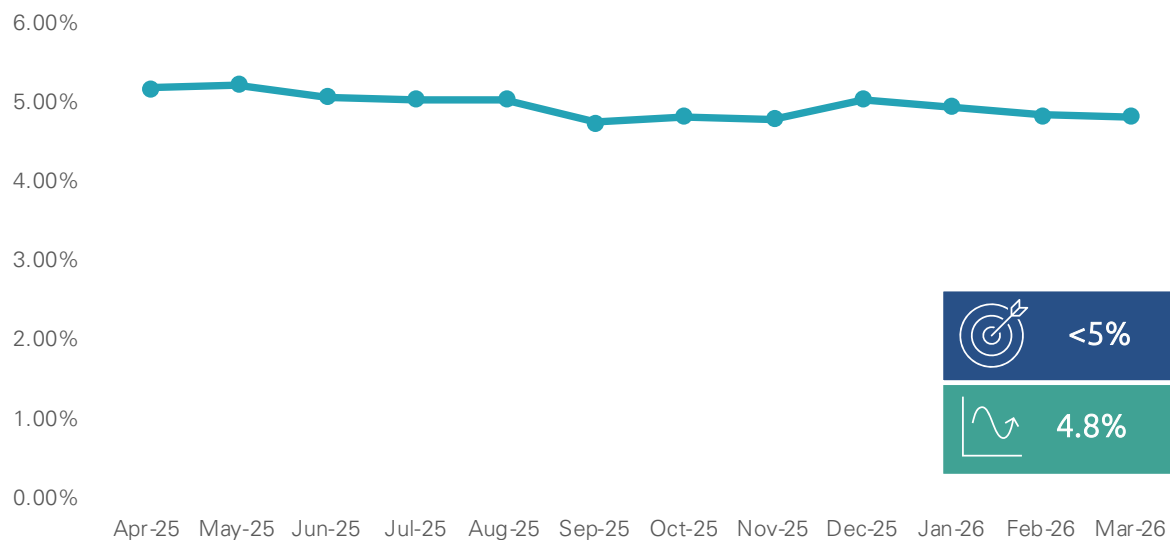


# Health Protection and Screening Services



## Infection Services

### Total Microbiology Rejection Rates

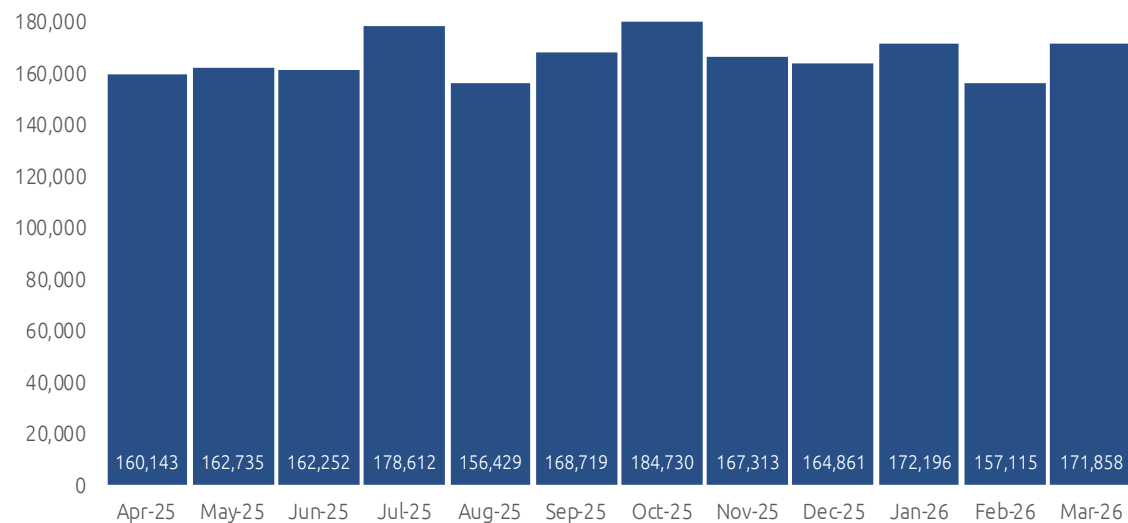


In March, 4.83% of 171,858 diagnostic sample requests were rejected. Most rejections were due to damaged or improperly contained specimens. Rejection rates vary by health board, with no main cause identified. The Specimen Acceptance Policy ensures accuracy in patient results.

There are no defined targets for rejection rates, but a 5% threshold is considered acceptable based on sample numbers; however, we constantly monitor and review rejected samples for trends.

Infection Quality Leads review trends monthly and work with service users to improve practices via health board portals and newsletters. The upcoming LIMS 2.0 system will enable tailored test sets and better data collection.

### Total Microbiology Diagnostic Sample Requests



Monthly requests for microbiology diagnostic samples have consistently exceeded 156,000 over the past year, except during December, which had three bank holidays that directly impact specimen submissions. In March 2026 we saw an increase from 157,115 to 171,858 requests, linked to seasonal HAI outbreaks around the network.

The division has little control over the samples that come through. Request volumes frequently fluctuate due to seasonal factors and outbreaks. Proactive planning and flexible resource management are essential to meet changing demand. Our service is ready to respond as needed throughout the year.

Health Boards oversee specimen collection and submission. We work with Health Board colleagues on targeted initiatives to ensure tests are clinically justified and resources are used efficiently, maintaining high service quality during peak demand.

\*Target not applicable

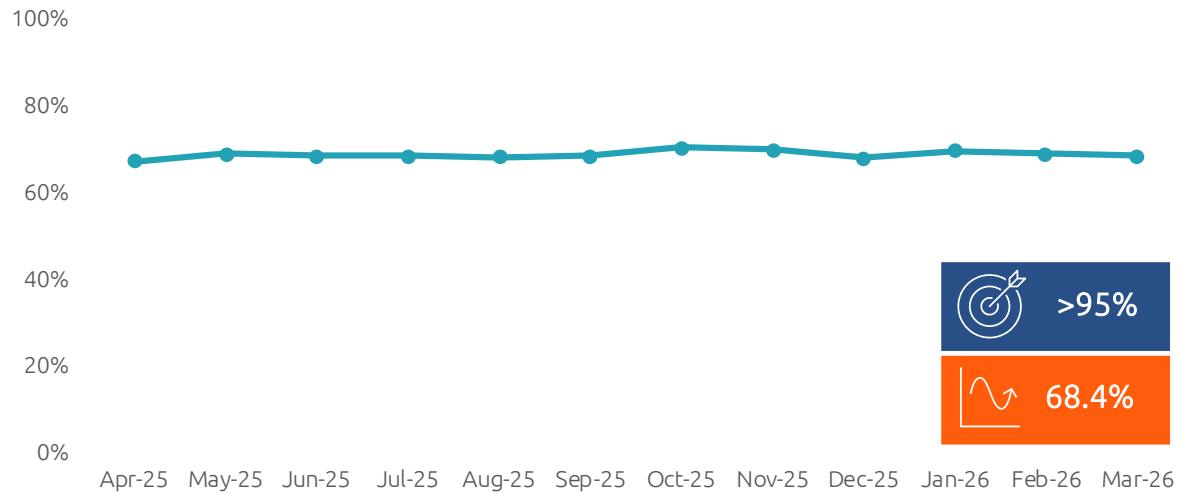


# Health Protection and Screening Services



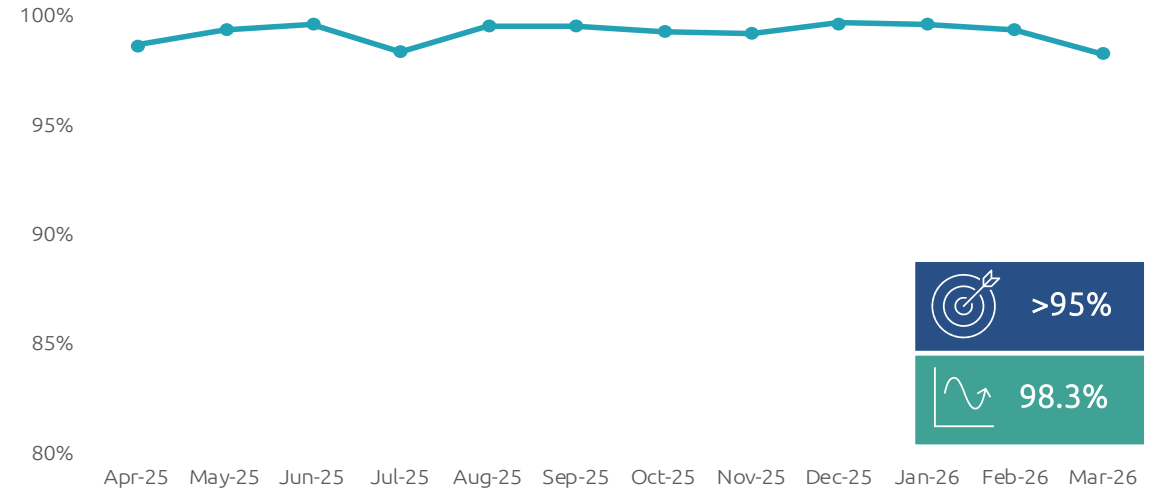
## Infection Services

Blood Culture - Collected to Incubation SMI <4hrs



- The UK SMI requires blood culture samples to be incubated within four hours of collection. In March, compliance decreased slightly from 69.65% to 68.42% the previous month.
- 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 and Operational issues are reviewed with stakeholders and addressed through educational programmes, retraining to reinforce compliance.
- Additional transport runs have been implemented between UHL and UHW which will be reviewed to understand the impact.

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 March, the rate was 98.30%, reflecting consistent adherence and operational efficiency with no significant change from the previous month.
- The lab's scheduling and staffing support this achievement, although further improvement may be limited. Timely specimen transport from wards remains the main challenge, but once specimens arrive, protocols are reliably followed.



# Health Protection and Screening Services

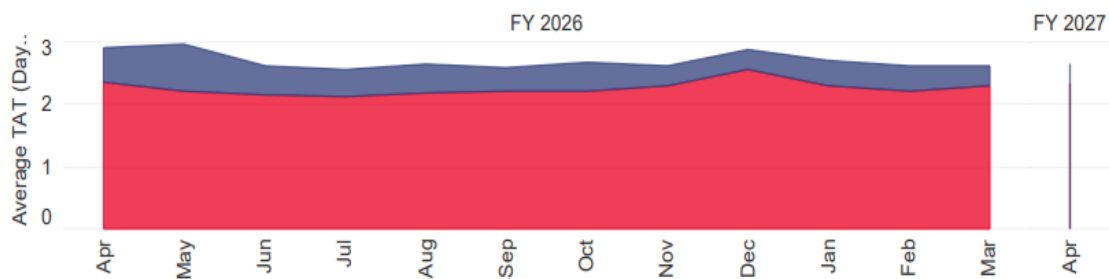


## Health Protection

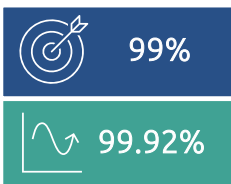
### Test and Post – STI self-sampling

#### Test Turnaround Times

TAT averages in days showing (Transit TAT | Lab TAT) for rolling year - by month.



- In March, 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 March 2026, 99.92% met the 7-day turnaround standard.
- 4 request(s) of 5,186 total requests (0.08%) did not meet the 7-day TAT standard.
- 5,186 total requests equated to 22,589 tests being undertaken.

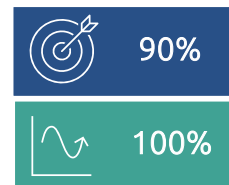


Actions to improve:

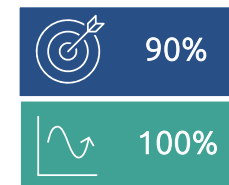
- Ongoing monthly monitoring
- LGV TAT – Secondary Testing

### AWARe Response Times by Priority

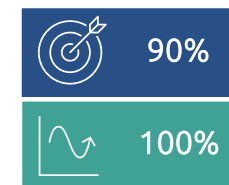
#### Urgent (<4 hours)



#### High (<24 hrs)

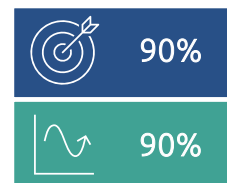


#### Medium (<48 hrs)



- In March, our response to cases of communicable disease within timescales is an important performance indicator because it ensures the necessary public health actions are initiated in a timely manner.
- Response time performance has currently exceeded all priority level targets.

### Compliance to Surveillance Reporting Schedules (%)



- We have achieved the target in March.
- The delayed reports were caused by technical issues and higher annual leave due to the bank holidays.



# Research, Data and Digital



## Statistical and Analytical Publications - Quarterly

Quality and compliance with the Code of Practice for Statistics

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

Major breaches are:

- Not publishing on time
- Statistical error affecting headline data
- Statistical error likely to have affected how users would act on or interpret the data
- Pre-release going to wrong person(s)
- Any kind of political interference

Any other type of breach is defined as **minor**

Breaches addressed by:

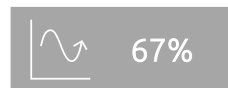
- Quality control processes to minimise the risk of re-occurrence.

**Note on major breaches Jan-Mar 2026:**

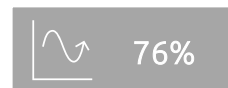
This relates to premature publication of press release for Cancer Survival Official Stats publication. Actions are underway with Communications colleagues to address the issue and prevent a repeat of this error.



## Satisfaction and Impact



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



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



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



## Organisational Research & Evaluation - Quarterly

	2024/25				2025/26			
	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar*
No. research grant applications submitted (PHW is Chief Investigator or partner).	3	3	6	9	11	9	3	4
Research grant income to PHW (£)	550k	125K	369K	66K	112K	21k	378K	1.79M
No. personal development research awards.	0	0	0	2	2	0	0	0
No. peer reviewed publications (PHW affiliated).	28	14	24	24	23	30	45	21
No. evaluations completed.	1	1	1	2	2	1	3	2

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



# Policy and International Health



## Investing in a Healthier Wales: Prioritising prevention report 2025

*Strategic Priority: Working together for a healthier Wales priorities*

### Overview

- This report gave partners clear evidence to strengthen the case for prevention in Welsh policy, practice and help drive system-wide change.

### Our Impact

***Prioritising prevention: Public health interventions offer return of £14 for every £1 invested"***

- The report, published in January 2025, has generated significant media coverage and influenced the national debate on investment in prevention.
- International coverage has positioned Wales as an exemplar for prevention-led equity focused health systems. The report has also been covered in international scholarly publications.
- Building on the report, Public Health Network Cymru highlighted a range of initiatives across Wales prioritising prevention.
- Report authors have been invited to speak with health economists at the Office for Health Inequalities and Disparities (OHID) on how to put prioritisation into practice

### Our impact in Wales - contributing to influencing policy by:

- **Welsh NHS confederation** 'Building the health and wellbeing of the nation' calls for investment in public health interventions as key area for political parties' manifestos for the 2026 Senedd elections.
- **Chief Medical Officer Annual Report (2024-2025)** calls for renewed focus on evidence-led and cost-effective prevention measures.
- **Auditor General Report - No time to lose: Lessons from our work under the Well-being of Future Generations Act (2025)** utilised the report for a public plenary session and scrutiny material examining value for money.
- **Future Generations Commissioner's report (2025)** used the report to support prioritising prevention which delivers a significant return to the public purse.
- **Wales Council for Voluntary Action (WVCA)** urges public bodies to use the report to shape health and social care collaboration and action on inequalities.
- **Building a Healthier Wales Coordination Group** endorsed the report as a call to action and a tool to drive the prevention agenda in Wales supporting planning and policy development.
- **NHS Performance and Improvement** have referenced the report to support the prevention-based health and care framework (2025).
- **Welsh Government Healthy Ageing Programme review (2026)** referenced the report as evidence for prevention and healthy behaviours for older people.



# Policy and International Health



## Skills for Systems Leaders to Reduce Inequalities: Training to enhance Population Health approaches in those developing strategic responses to the Women's Health Plan

*Strategic Priority: Influencing the Wider Determinants of Health*

### Overview

- On average women in Wales live longer than men, but live fewer years in good health. The gap is greatest in more deprived communities, reflecting intersecting gender inequity and deprivation.
- The WHESRI and Primary Care teams secured Welsh Government funding to develop and pilot workshop-based training with Betsi Cadwaladr and Cwm Taf Morgannwg University Health Boards with a third sector partner.
- This work supported Welsh Government and partners to apply gender and intersectionality-informed population health approaches, strengthening equity considerations in policy and service delivery for women.

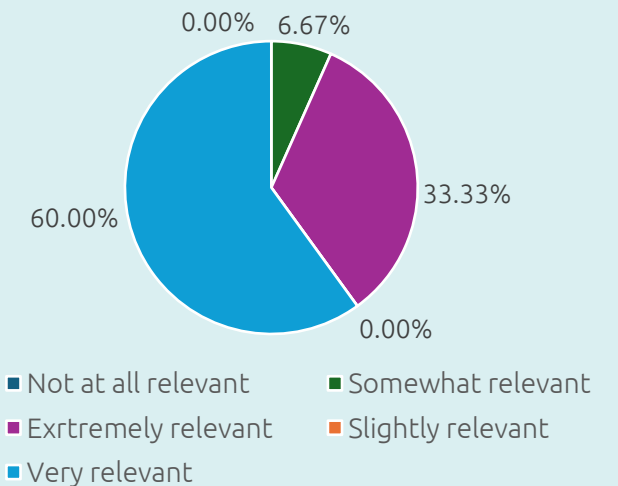
### Our Impact

- Evaluation data shows the project increased Welsh health professionals' confidence in gender equity, intersectionality, and population health approaches.
- Short-term, the project strengthened knowledge and confidence among those involved in developing strategic responses to the Women's Health Plan.
- Engagement with the BCUHB executive team secured leadership support, enabling impact beyond a single initiative.
- Long-term. The project supports the embedding of consistent gender equity and population health approaches across strategic planning and decision making.

### The evaluation found:

- **Relevance:** 93% of participants rated the workshop as *very* or *extremely* relevant.
- **Impact on knowledge:** 100% of participants reported improved understanding of how disaggregated local data (e.g., sex, ethnicity, deprivation) can inform women's health priorities.
- **Confidence increased** in defining intersectionality from 26% to 60%.

### How relevant was the workshop content?



### Ongoing and future work to build impact:

- **Access:** Training resources will be hosted on the HEIW Women's Health Portal (Y Tŷ Dysgu)
- **Learning:** Evaluation and stakeholder reflection sessions will capture insights from the project.
- **Impact:** Wider adoption will strengthen population approaches to women's health, supporting more inclusive, evidence-informed Women's Health Hubs and reducing health inequalities.

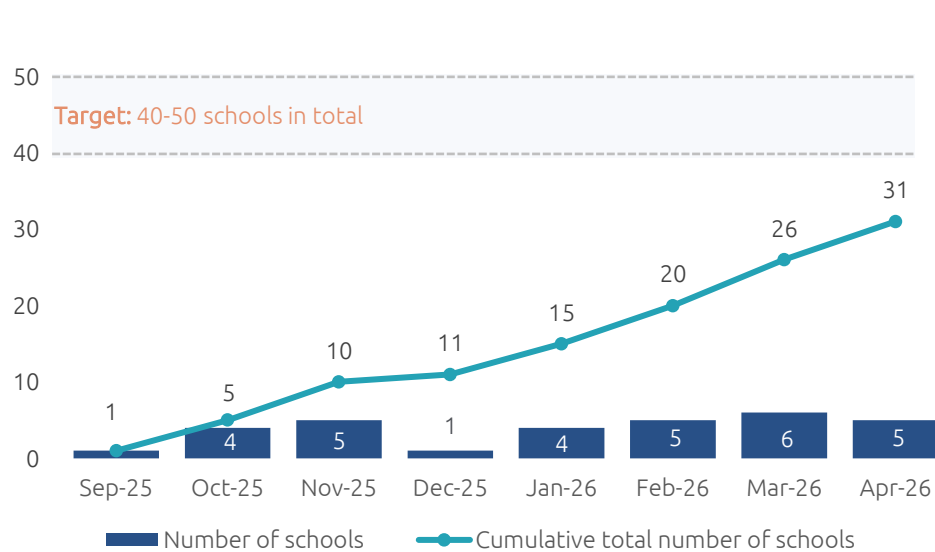


# Health and Wellbeing

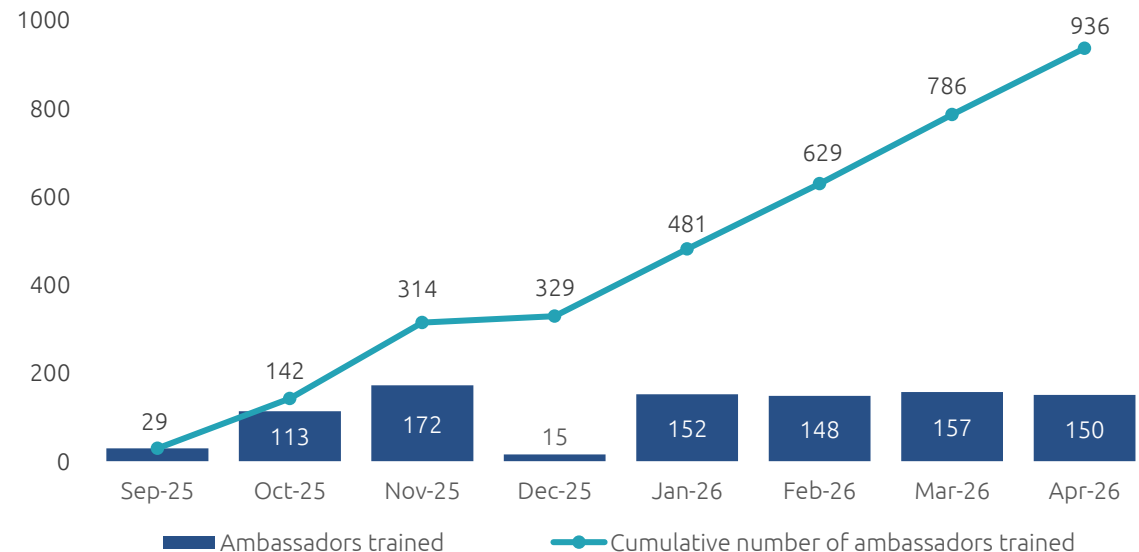


## JUSTB / BYW BYWYD

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



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



- JUSTB / BYW BYWYD is an evidence-based smoking prevention programme that utilises peer influence and networks to disseminate smoke-free norms.
- The programme is delivered during term-time to Year 8 pupils in secondary schools with the highest smoking rates.
- The 2025/26 academic school year is planned to progress to normal delivery levels of **40-50 schools in total**.
- During 2024/25, recruitment was challenging with schools perceiving smoking to be less of an issue than vaping.
- A review of the JUSTB programme focus will be carried out during this academic year.
- This monthly report is designed to show progress over the academic year from September to June.
- In April JUSTB was delivered in 5 schools and 150 ambassadors were trained. A further 7 schools are booked for delivery in May and 1 school is currently booked for June 26.

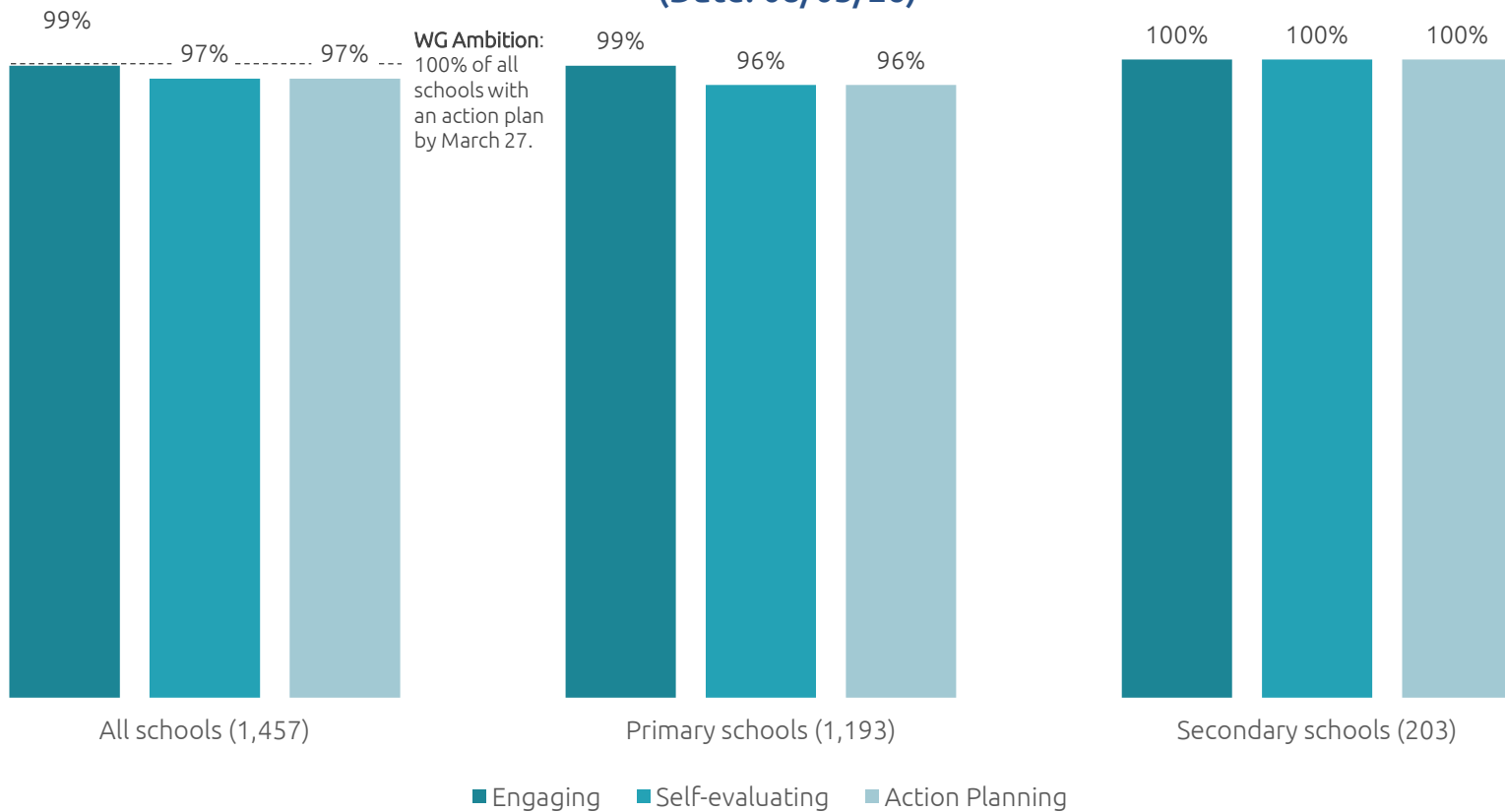


# Health and Wellbeing



## Whole School Approach to Emotional and Mental Wellbeing

Percentage of schools 'on-board', 'self-evaluating', or 'action planning' as part of their Whole-School Approach to Emotional and Mental Well-being (WSAEMWB) (Date: 08/05/26)



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

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

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

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

### Welsh Government ambition\*

100% of all schools will have an emotional and mental well-being action plan in place by March 2027.



# Health and Wellbeing



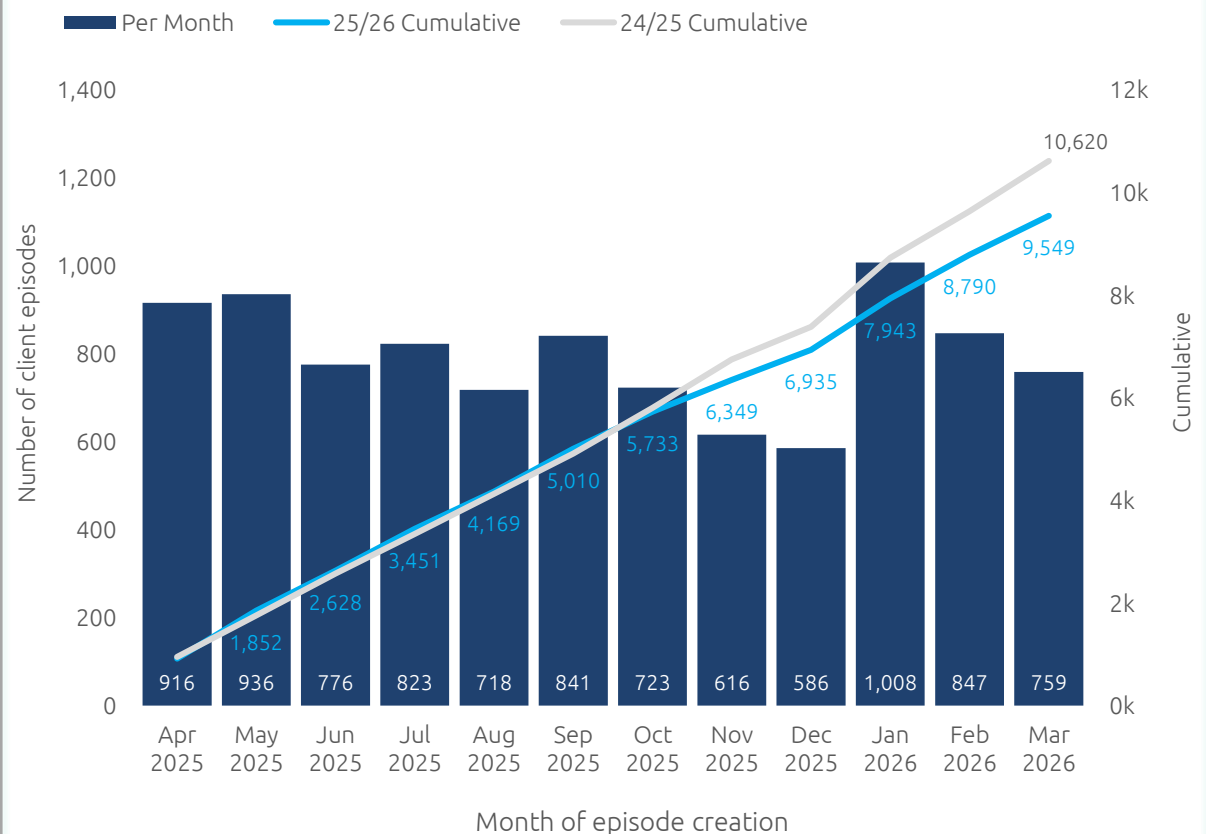
## Help Me Quit

In March 2026, the Hub was responsible for contacting 1,644 new referrals compared with 1,493 in the same month of the previous year. This increase is due to the Help me Quit Hub being responsible for contacting additional professional referrals on behalf of one of the health boards. The Help Me Quit Hub handled 674 inbound calls (891 in March 2025), and the Hub created 759 new client episodes in March 2026 (980 in March 2025).

**Timeliness of first contact:** 79% received their first call attempt within two working days, This is below the 90% target. Two consecutive training days in March may have contributed to the figure.

**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 68% compared with 66% the previous month and 50% in the same month of the previous year.

### Number of client episodes created by the Hub



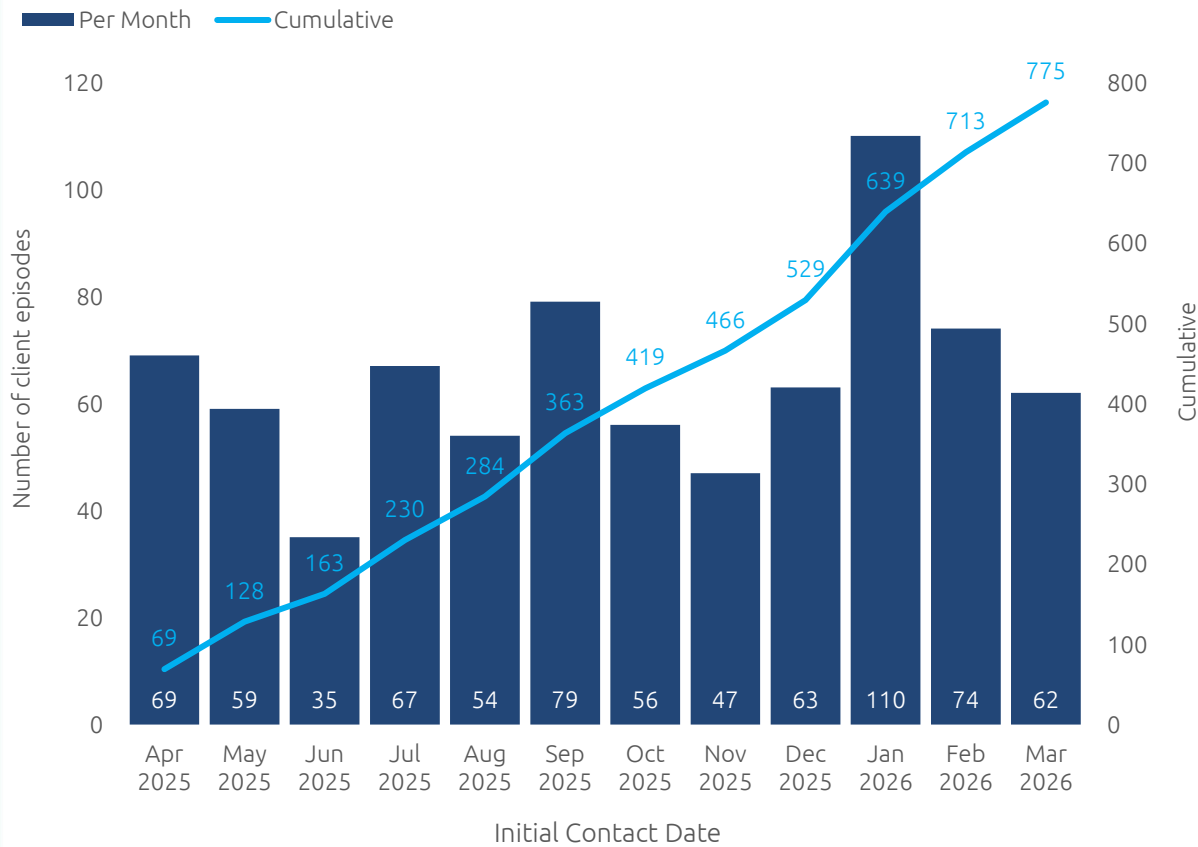


# Health and Wellbeing

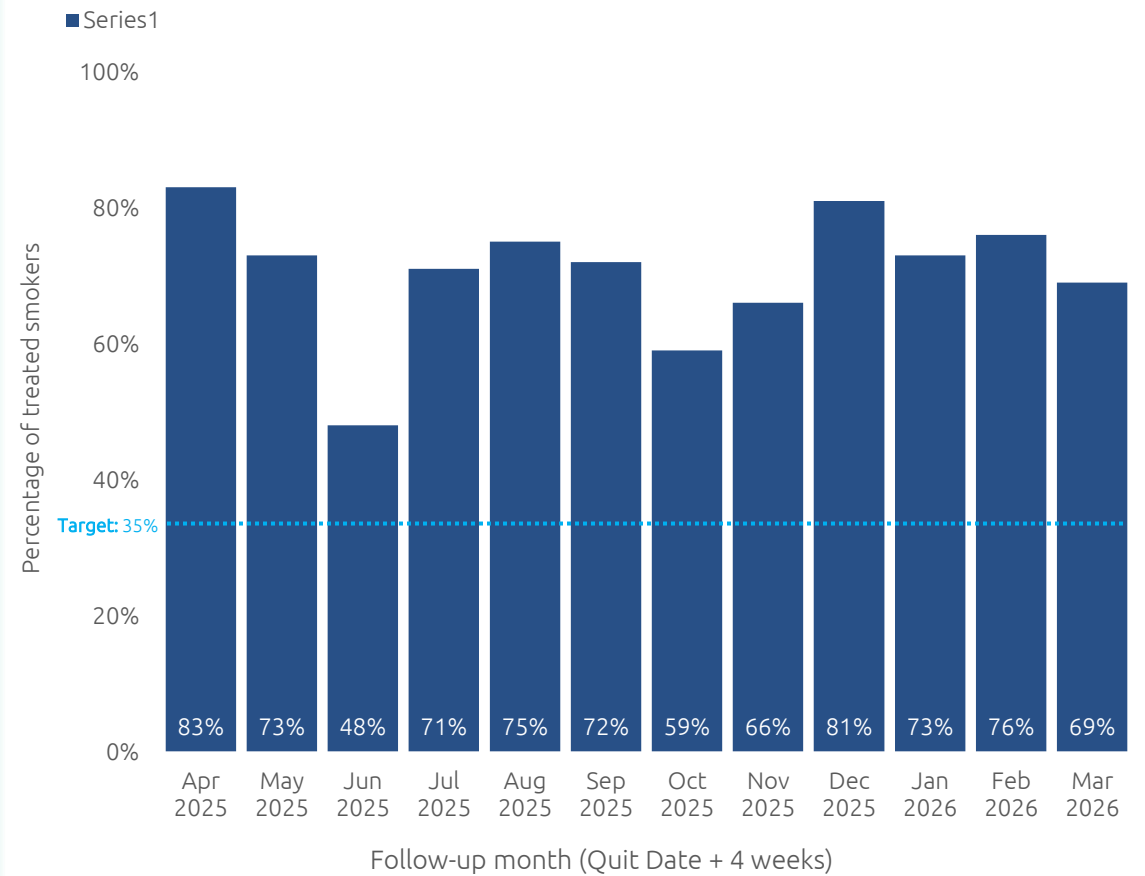


## Help Me Quit

### Number of clients who attend an assessment session (NTSS)



### 4-week self-reporting quit rate (NTSS)



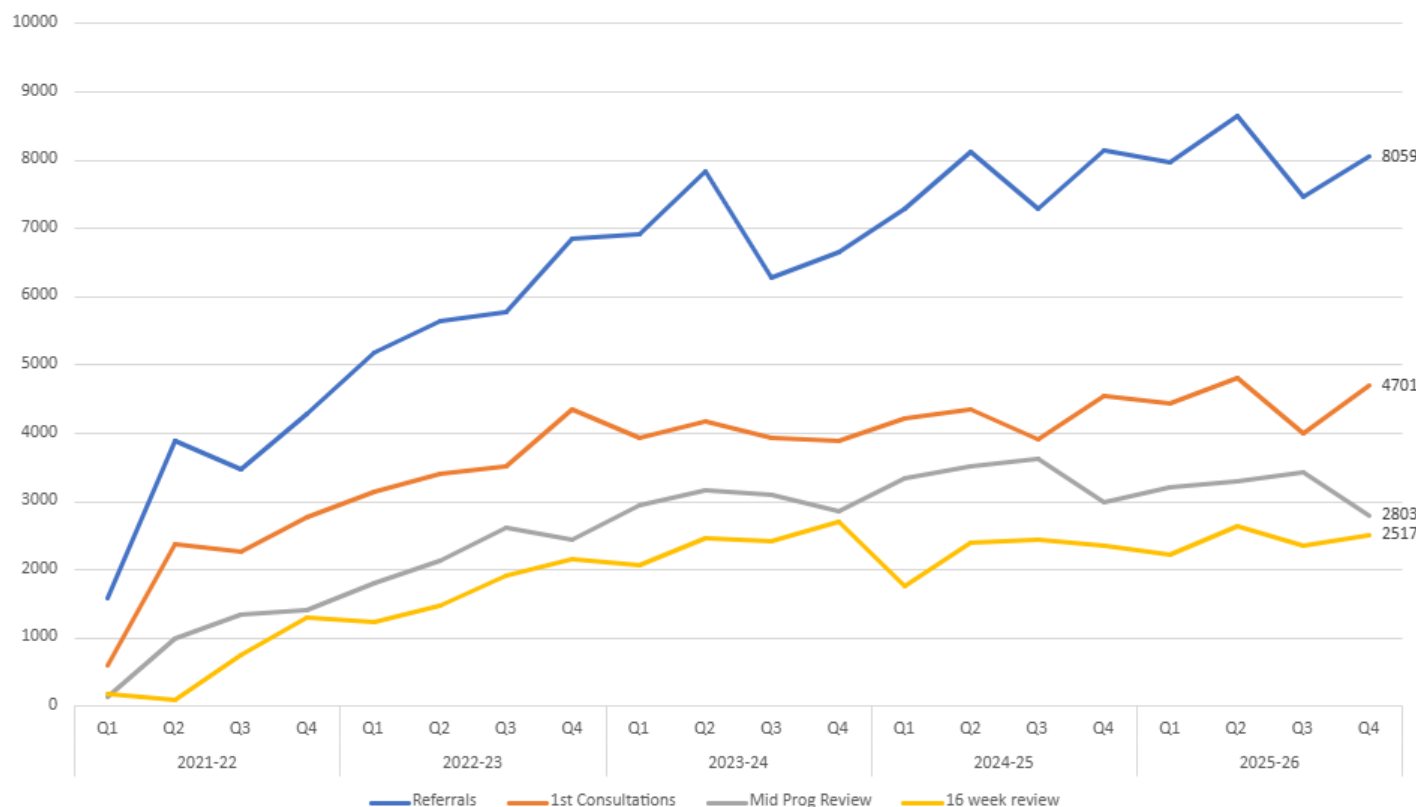


# Health and Wellbeing

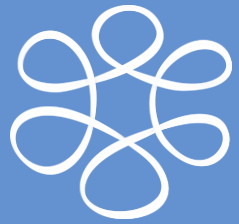


## National Exercise Referral Programme

All Wales NERS reporting Apr 2021- Mar 2026



- The National Exercise Referral Programme (NERS) is delivered by Local Authority Leisure Services and Leisure Trusts across Wales in each of the 22 areas.
- The data shows the no of referrals to the NERS over time (per quarter), no. 1st consultations held, no. mid programme reviews held and no. 16 week reviews/completers.
- Please note that each of the measures reflects a different population group and should not be compared with each other.
- A dashboard for accessing and displaying NERS data is needed - additional outcome data will become more routinely available upon completion – due by Q3 2026 as an IMTP milestone.
- Activity in terms of completed 1st consultations has remained consistent since Q4 2022-23, due to maximum capacity being reached based on staff levels - which have decreased by 10.5WTE from 2012 to 2026 due to real-time cuts in grant funding.
- Referrals continue to be high, with 32,149 received in 25/26.
- 114,438 people have completed the NERS in Wales since 2012.



**Section 3**  
**Strategy Delivery**



# Key Performance Indicator Summary



Strategic Plan	12 Month Look Back	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26
Strategic Plan – Percentage of milestones currently green or complete		84.6%	96.1%	93.5%	91.8%	90.2%	89.3%	89.8%	88.5%	86.5%	85.2%	85.7%	84.4%	82.8%	94.5%
Strategic Plan – Percentage of milestones currently red		3%	0.9%	1.2%	2.1%	2.1%	0.8%	2.9%	1.6%	1.2%	2.9%	0%	1.6%	6.2%	0.0%
Request for Change (RFC) – Number of milestone changes submitted for approval		7	4	3	8	5	5	7	5	7	8	1	8	15	2
Strategic Priority 1 – Wider determinants		77.8%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Strategic Priority 2 – Promoting mental and social wellbeing		100%	100%	100%	81.8%	81.8%	81.8%	81.8%	81.8%	72.7%	72.7%	72.7%	72.7%	81.8%	100%
Strategic Priority 3 – Promoting healthy behaviours		67.9%	94.1%	92.1%	89.5%	89.5%	86.8%	89.5%	86.8%	84.2%	84.2%	84.2%	84.2%	84.2%	94.4%
Strategic Priority 4 – Sustainable health and care system		92.9%	100%	93%	93%	88.4%	88.4%	86%	91%	88%	91%	90.7%	90.7%	88.4%	100%
Strategic Priority 5 – Excellent public health services		83.3%	91.1%	93%	93.1%	91.4%	91.4%	91.4%	82.8%	77.6%	77.6%	79.3%	79.3%	79.3%	88%
Strategic Priority 6 – Climate change		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Enabling delivery of our plan		94.4%	97.2%	92.5%	91.3%	90%	88.8%	90%	91.3%	92.5%	87.5%	87.5%	83.8%	90.0%	93.0%
Strategic Change Programmes – Percentage of milestones currently green/amber		62.5%	75%	100%	100%	88%	88%	88%	89%	89%	88%	88.9%	75%	N/A	63%
Strategic Change Programmes – Percentage of milestones currently red		0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	N/A	0%



# Strategic Plan Milestone Delivery



## Strategic Priority Delivery Status

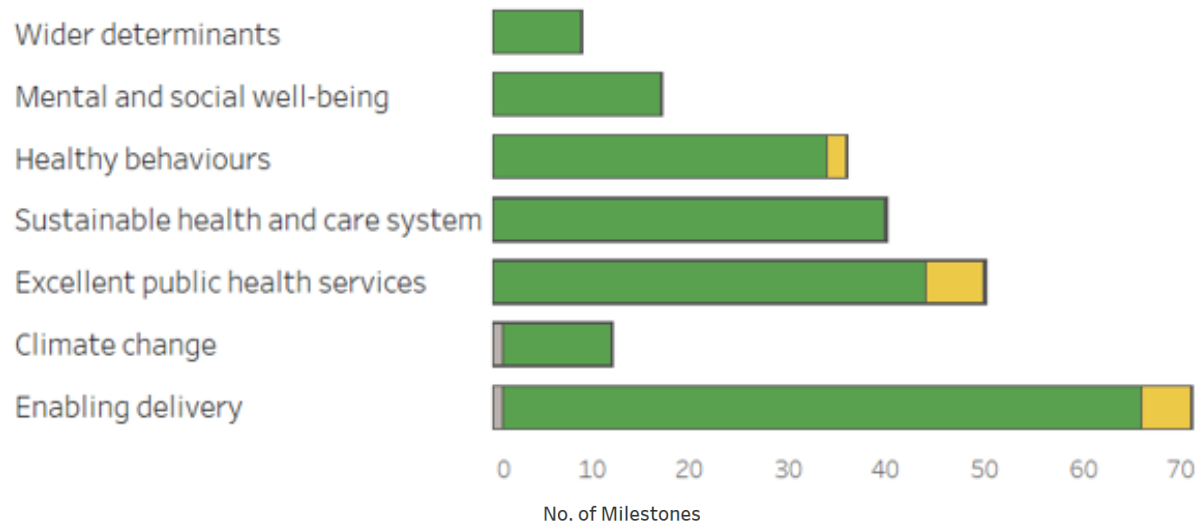


## Request for Change

A total of 2 Request for Change were submitted for approval in April 2026.



## By Strategic Priority



There are a total of 235 milestones in the 2026/27 plan. At the end of month 1, 94% of milestones are on track, and 2 milestones have already been completed: *Designing a Partnership Model with WCVA* (Wales Council for Voluntary Action) and *Developing the Climate and Health Research Network Wales*.

There are 13 amber milestones indicating early warning, 2 of which are due for delivery in Quarter 1. Common reasons cited include resource pressures, external dependencies (including Welsh Government and UKHSA), and funding uncertainties. Of these 13 milestones, 5 were originally planned for delivery in 2025/26. The Strategy and Planning team will work with directorates to gather further detail on these milestones ahead of the May month-end. 3 amber milestones relate to the DARC programme. Funding for the NDR has been paused by Welsh Government, leading to a reduction in data engineering capacity to manage cost pressures. The programme is currently undertaking scenario planning and will present a paper to Business Executive Team setting out what is required to successfully deliver the programme.

2 Requests for Change (RFCs) have been submitted to remove duplication where the same work is described across separate milestones. Details of these are included in the cover paper (ANNEX A) for information.



# Strategic Plan Milestone Delivery

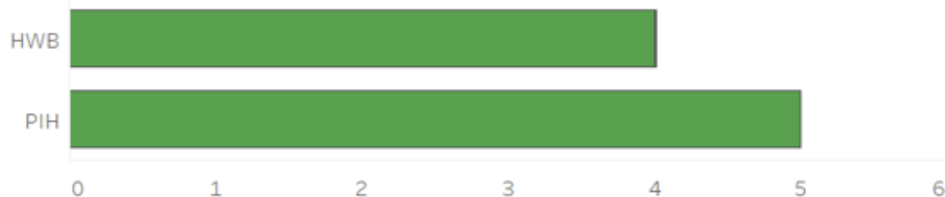


## Strategic Priority 1 – Wider determinants

### Current Delivery Status



### By Directorate



### Changes to Plan

No requests for change received in month 1

### Forward Look 2026/27

#### Healthier decisions across major policy areas:

- Contribute to Health Equity Wales/Marmot Nation
- Supporting health impact assessment implementation, advocating for policies to make the most difference
- Developing economic capability for how decisions affect health

#### Healthier places:

- Contributing to national and local development policy and plans
- Contributing to housing policy and implementation, especially for children in poverty

#### People's daily life chances:

- Strengthen collaborative action on child poverty
- Supporting employers and action to increase participation in healthy, safe and fair work

#### Strengthen the conditions for long term action:

- Improving data and surveillance, involving lived experience and building capability in systems thinking to address challenging long-term problems

### Issues/Risks

- Scale of challenge with tight public sector finance
- New programme for government
- Mismatch between capacity and ambition



# Strategic Plan Milestone Delivery



## Strategic Priority 2 – Promoting mental and social wellbeing

### Current Delivery Status



### By Directorate



### Changes to Plan

No requests for change received in month 1

### Forward Look 2026/27

- 2026/27 will see continued action to deliver on the Mental Health and Wellbeing Strategy priorities.
- This includes: support to professionals and settings working with babies, children and young people, employers, health services and the voluntary and community sector.

### Issues/Risks

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



# Strategic Plan Milestone Delivery



## Strategic Priority 3 – Promoting healthy behaviours

### Current Delivery Status



### By Directorate



### Changes to Plan



### Forward Look 2026/27

- 2026/27 will focus on the following key areas:
  - Development and strengthening of work for tobacco cessation, healthy weight systems approaches, support for implementing whole school approaches for Physical Activity, Healthy working Wales and NERS alongside Innovation development of healthy weight pathways.

### Issues/Risks

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

*\* Requests for Change (RFCs) submitted in Month 1 to remove duplication where the same work is described across separate milestones. Details of these are included in the cover paper (ANNEX A).*



# Strategic Plan Milestone Delivery

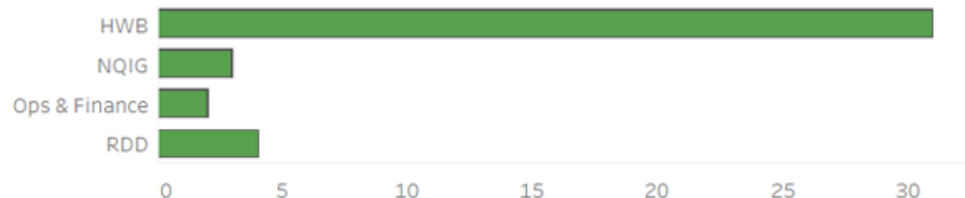


## Strategic Priority 4 – Supporting a sustainable health and care system

### Current Delivery Status



### By Directorate



### Changes to Plan

No requests for change received in month 1

### Forward Look 2026/27

- Provided Public Health expertise to influence the Primary and Community Care system to take a population healthcare approach.
- Continue to embed our approach to prevention in health and care, environmentally sustainable health and care and Teg I Bawb, our framework to reduce health inequalities in primary care.
- Lead Prevention & Population Health Management strategic shift workstream of the Community by Design programme.
- Complete delivery of the Tackling Diabetes Together programme.
- Delivered the national Primary Care Model for Wales (PCMW) evaluation plan.
- Lead national dental public health programmes including Designed to Smile and publish dental epidemiology reports.
- Established a leading role in using Social Value methods and tools, health economics and modelling to inform decision making.
- Continue to coordinate national safeguarding in Wales.

### Issues/Risks:

- Scale of challenge and capacity to deliver with current funding available for some programmes. New programme for government expected.
- Ensuring PHW enabling functions work programme align to strategic priority requirements especially in relation to data and analytic capacity.



# Strategic Plan Milestone Delivery



## Strategic Priority 5 – Delivering excellent public health services

### Current Delivery Status



### By Directorate



### Changes to Plan

No requests for change received in month 1

### Strategic Priority Overview

- All Screening Division improvements plans will be unified under a single programme, prioritising key actions, improvement plans, and clear performance trajectories with cross-organisational support.
- Ongoing improvements to Sexual Health service delivery is progressing. Governance is managed jointly through the SRG and HP SMT. There are workforce challenges that are being actively managed.

### Forward Look 2026/27

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

### Issues/Risks

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



# Strategic Plan Milestone Delivery



## Strategic Priority 6 – Climate change

### Current Delivery Status



### By Directorate



### Changes to Plan

No requests for change received in month 1

### Forward Look 2026/27

- Publication of our cold morbidity and mortality annual reports and further strengthen our climate surveillance system
- Further development of our strategic research partnerships
- Build on our climate risk assessment findings to strengthen our organisational climate resilience and reduce our carbon footprint
- Continue engagement with Public Service Boards to support collaborative climate action
- Embedded organisational capacity to integrate climate change considerations into decision-making, planning and service delivery within PHW and wider NHS
- Lead National delivery of the Healthy Travel Charters across Wales

### Issues/Risks

- Capacity to deliver at the scale required remains a significant challenge, particularly in our decarbonisation workstream and within the Environmental Public Health
- Capital funding to enable greater climate resilience within our estate.



# Strategic Plan Milestone Delivery

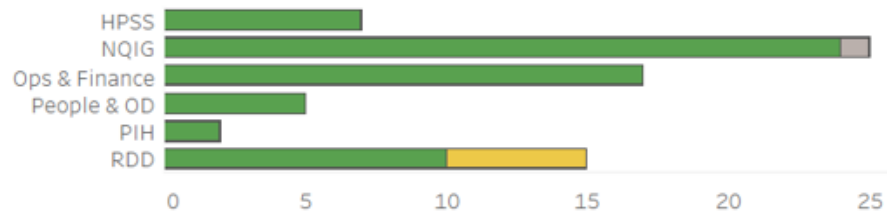


## Enabling delivery of our plan

### Current Delivery Status



### By Directorate



### Changes to Plan

No requests for change received in month 1

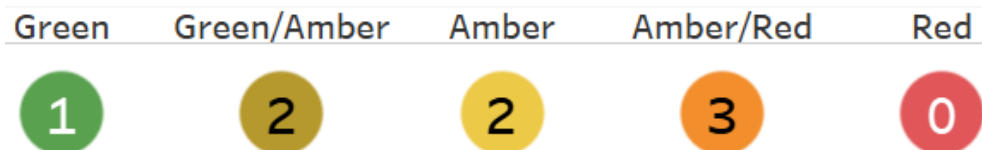


# Strategic Change Programmes



## 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, as of April 2026, is provided below.



## Key Information

**Diabetic Eye Screening Wales Transformation** remains Amber-Red following PMO assurance, highlighting gaps in transformation clarity, delivery capacity, digital commitment, and long-term financial sustainability beyond 2025/26. Despite elevated RAGs, there are positive signs of progress within higher-risk programmes.

**Digital Health Protection Programme** remains on track for Phase 1 delivery in July, although ongoing focus is required on adoption, business change, and benefits realisation.

**National Lung Screening Programme** has strengthened following confirmation of all capital and revenue funding, good procurement progress, and clear delivery plans, with key risks around cohort identification and downstream capacity actively managed.

**Tackling Diabetes Together Programme** continues to demonstrate strong system-wide engagement, clinician mobilisation, and national interest in co-produced resources, with a Change Board update planned in July to consider BAU integration.

**Data, Analysis, Registers and Cloud Programme** has deteriorated to Amber-Red due to the Welsh Government pause and review of the NDR Programme, creating material risks to funding certainty, digital and data capacity, and increased dependency on DHCW decisions, despite core migrations remaining on track.

**North Wales Estate programme** has completed successfully and will be formally closed at July Change Board. Two programmes have worsened in RAG or assurance position and require increased attention.

**Web Transformation Programme** continues to perform strongly, with Beta delivery complete, multiple services live, and full go-live and transition to BAU on track for May 2026.

Across the portfolio, delivery confidence is most influenced by **resourcing capacity, BAU integration, and dependency on external funding and decisions**, which will continue to require active Programme Board oversight.

## Programme Detail

Programme Name (group)	Feb	Mar	Apr
1 Diabetic Eye Screening Transformation	A/R	A/R	A/R
	A	A	A
	G/A	G/A	G/A
2 Data, Analytics, Registers, Cloud	A/R	A/R	A/R
	A	A	A/R
		A	A
North Wales Estate	G	G	G
Web Transformation	A	G/A	G/A

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





# Inequalities: Influencing policy and practice around healthy homes for children living in poverty



This month we are highlighting activity from SP1, Influencing the Wider Determinants of Health in relation to Housing and Health policy advocacy

## What have we done?

### Convening Stakeholders

- Held an internal PHW Housing Stakeholder group bi-monthly to ensure join up across the organisation.
- Built a strong external stakeholder network, to position PHW as a trusted convener and catalyst for collaborative policy action.
- Engaged with stakeholders through interviews and focus groups, laying the foundation for collaboration and collective action to accelerate impact.
- Hosted a stakeholder event (including Welsh Government, local authorities, community groups and housing providers), building a trusted reputation to support sustainable housing solutions.
- Interviewed individuals with lived experience of unhealthy housing in Wales, so that their voices are heard in policymaking.

### Building evidence and mobilising knowledge

- Publication of "[Shaping the future of healthy housing for children and families in Wales](#)" led to significant interest from the housing and health sectors.
- Publication of "[A place to thrive: Creating healthier homes for children and families in poverty across Wales](#)" ahead of the Senedd election.
- Presented to audiences including National Homebuilders Federation, Academic conferences and stakeholder networks.
- Responded to a range of key housing consultations and inquires with evidence.
- Delivered lectures at Cardiff & Warwick University.

## So what? Our impact so far

- Created stronger internal co-ordination, and stronger relationship with stakeholders including Health Boards.
- Facilitated practice change e.g. connecting Aneurin Bevan Health Board with sustainability charity Seven Wye Energy Agency contributed to the creation of the [Warmth on prescription pilot](#); and connecting the housing association Trivalis with the WHIASU team led to an HIA being conducted on a social housing scheme.
- Contributed to cross-party political narrative by presenting evidence at [UK Government All Party Parliamentary Group for healthy homes and buildings](#) and [Welsh Government Housing Cross Party Group](#) to highlight priority areas for policy action.
- Influenced wider policy stakeholders through contributing an article on housing and health to [Welsh Housing Quarterly](#), and by being cited in Senedd Research articles including [Hazardous: when homes put health at risk](#) and [Will new rules help to tackle health hazards in social housing?](#)

## What are we working on? Next Steps

- Continuing to mobilise evidence and enabling action through convening stakeholders with an event in 2026.
- Influencing the anticipated Welsh Housing and Regeneration Strategy in 26/27 to consider housing as a mechanism for tackling child poverty and its health harms.
- Updating the 2019 Making A Difference: Housing and Health – A Case for Investment main report following the Welsh Housing Survey in 2027/28.



## Health inequalities – Data

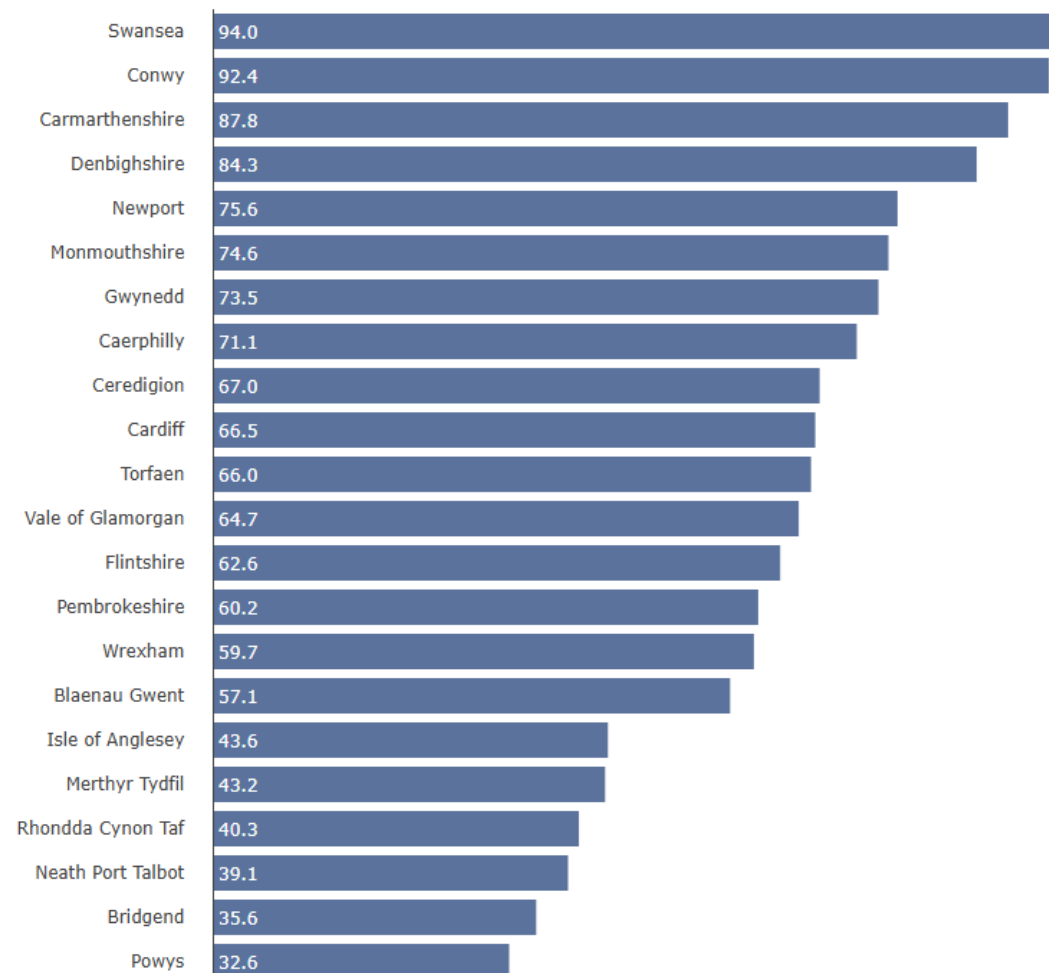
# Influencing policy and practice around healthy homes for children living in poverty



### What is the state of housing for children in Wales?

- There is substantial variation in housing quality between local authorities. In 2021/22 to 2023/24, 94% of homes in Swansea were free from serious hazards to health, compared to just 33% in Powys<sup>1</sup>
- Children living in damp or mouldy homes are 30–50% more likely to have respiratory problems, including asthma and recurrent chest infections. Respiratory illness is one of the main reasons for emergency hospital admissions among children in deprived areas of Wales<sup>2</sup>
- Children in overcrowded homes are more likely to suffer mental and physical health issues, attain less well at school, and have a greater risk of behavioural problems<sup>2</sup>
- Ethnic minority households are over-represented in the private rented sector, which typically has higher costs, lower security, and poorer average conditions than social housing in Wales. Around 4% of White British people lived in overcrowded homes in 2021, compared to more than 25% of Black African, Bangladeshi and Gypsy or Irish Traveller individuals<sup>3</sup>
- After adjusting for age<sup>4</sup>;
  - Overcrowding is associated with 7 times the cancer incidence rate of those with two or more spare rooms
  - Living in social housing is associated with nearly 3 times the cancer incidence rate of those who own their home outright
- In 2023, there were more than 3,400 households with dependent children under 16 in temporary accommodation, 1.5 times more than the previous year

### Proportion of residential dwellings free from category 1 hazards, local authorities in Wales, 2021/22 – 2023/24<sup>1</sup>



<sup>1</sup>PHOF Reporting Tool, <sup>2</sup> [phw.nhs.wales/files/housing-and-health-reports/a-case-for-investment-report/](https://phw.nhs.wales/files/housing-and-health-reports/a-case-for-investment-report/), <sup>3</sup> [Housing Overcrowding and Ethnicity: A Literature Review](#), <sup>4</sup> [Inequalities in cancer incidence in Wales by socio-demographic characteristics, 2011-2020 - Public Health Wales](#), <sup>5</sup> [Affordable homes for health and well-being](#)



## Section 4

# Outcomes Measurement



# Outcomes Measurement



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

Updated

Updated

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



# Outcomes Measurement



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

Notes: All indicators shown here are European age-standardised rates. \*Non-communicable disease prevalence by deprivation fifth can be calculated from disease registers, however there are currently changes being made to the disease register datasets available to us. We will progress developing these indicators once these changes are complete



# Outcomes Measurement



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



# Outcomes Measurement



Strategic Priority	Indicator	Latest value	Time period	Change since last measure	Most deprived fifth	Least deprived fifth	Change in deprivation gap since last measure	Baseline
Climate change	PHW carbon emissions – direct emissions (kgCO2e)	245,021	2024/25		Not applicable	Not applicable	Not applicable	303,700 (2023/24)
	PHW carbon emissions – indirect emissions from energy (kgCO2e)	288,009	2024/25		Not applicable	Not applicable	Not applicable	236,199 (2023/24)
	PHW carbon emissions – indirect emissions (kgCO2e)	11,909,698	2024/25		Not applicable	Not applicable	Not applicable	10,007,535 (2023/24)
	All-cause heat-associated deaths	557	2024	No previous measure available	105	97	No previous measure available	No previous measures available
	Difference in average daily deaths during heat episodes compared to non-heat period days	+9	2024	No previous measure available	Not available	Not available	Not available	No previous measures available
	Deaths from all causes occurring in summer months	10,310	2024	*	Not available	Not available	Not available	No previous measures available

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



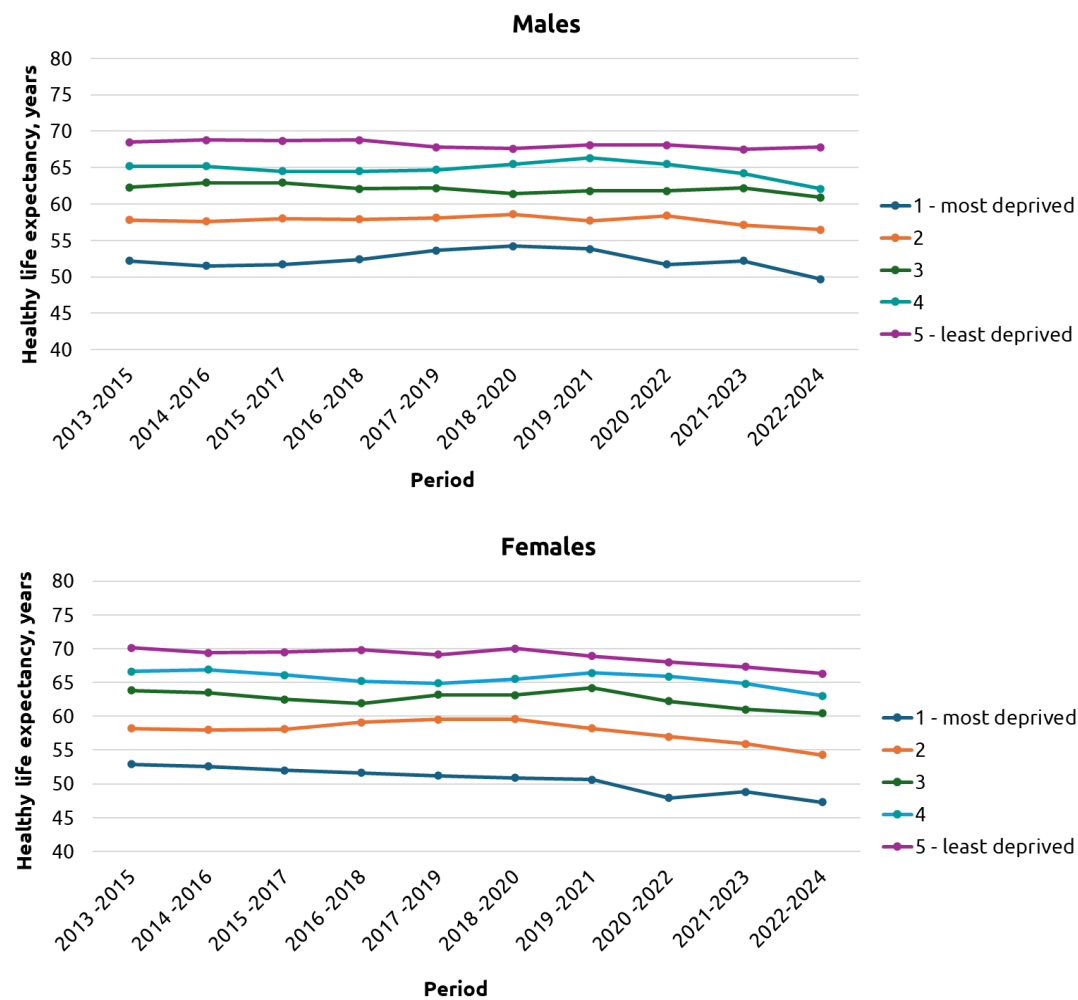
# Outcomes Measurement



## Deep dive: New data on healthy life expectancy by deprivation quintile

- Overall, healthy life expectancy in Wales fell for the 4<sup>th</sup> period in a row in 2022-2024, to less than 60 years for both men and women
- In 2022-2024, male healthy life expectancy in the most deprived fifth of areas in Wales was 49.7 years, compared to 67.8 years in the least deprived fifth of areas.
- In the same period, female healthy life expectancy in the most deprived fifth of areas was 47.3 years, compared to 66.3 years in the least deprived fifth of areas.
- The gap between the most and least deprived fifths of areas was 18.1 years for males in 2022-2024, up from 15.3 in 2021-2023. For females the gap was 19.0 years in 2022-2024, up from 18.5 in 2021-2023.
- For both sexes, healthy life expectancy in the most deprived areas is substantially lower in 2022-2024 compared to before the pandemic (2017-2019, 3.5 years lower for males, 3.9 years lower for females).
- For males, healthy life expectancy in the least deprived areas is slightly higher than before the pandemic (0.3 years).
- For females, healthy life expectancy in the least deprived areas is 2.6 years lower in 2022-2024 than in 2017-2019. It has fallen since the pandemic in every deprivation quintile.
- Analysis so far shows large increases in waiting lists and time waiting for treatment are likely impacting population health in Wales. Relevant to declines in healthy life expectancy, particularly for females.
- Ongoing work exploring aspects of deprivation most associated with healthy life expectancy, and how female health has changed since the pandemic, particularly in the poorest areas.

Source: Healthy life expectancy by national area deprivation, England and Wales - Office for National Statistics





## Additional Planned Evaluations 2026 onwards



**MyPath Cymru** a national, digitally enabled, community-led healthy-weight management pathway for adults in Wales. A process evaluation will assess implementation fidelity, reach and key barriers and facilitators to engagement and delivery across settings. The outcome evaluation will use a stepped-wedge design to understand the impact of the programme on clinical, behavioural and equity outcomes.

**Health Equity Wales - Marmot Nation** is building national commitment, leadership and support to enable sustained action on the wider determinants of health, strengthen indicators and evidence to tackle inequalities in the Welsh context, and generate learning from local places to scale effective approaches across Wales. Public Health Wales is supporting development of a theory of change to underpin the Health Equity Wales evaluation and is co-developing the evaluation framework with Welsh Government colleagues.

**Lung cancer screening** is expected to lead to more lung cancers in the screened population being identified at an earlier stage, supporting the timeliness of diagnosis and treatment. A process and outcome evaluation will assess implementation, feasibility and acceptability for patients and staff, and programme impact on patient outcomes (such as stage at diagnosis) and lung cancer inequalities. We will also undertake an economic evaluation.

**Public Health Wales' Climate Change Surveillance System** supports response to climate change related hazards. Using established best practice for surveillance system evaluation, we will assess the system's effectiveness and performance, its equity implications, and its policy and operational utility. Findings will inform national resilience planning and will identify opportunities for system improvement.

**Smoking Cessation** support in Wales is delivered through a system wide offer of evidence based behavioural interventions and advice for people who are motivated to quit. We will develop a theory of change for the smoking cessation programme and undertake nested evaluations of key components to assess implementation, effectiveness across population groups to understand and help address smoking related inequalities.



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i greu Cymru iachach*

**Working together  
for a healthier Wales**