GIG CYMRU NHS WALES
Iechyd Cyhoeddus Cymru
Public Health Wales

Performance and Insight Report

June 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

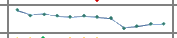
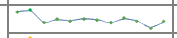
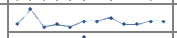
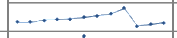
This section provides information and assurance for the delivery of our strategic plan including **IMTP Milestone Delivery**, progress against our **Strategic Change Programmes** and updates for our **six strategic priorities**. The section also includes an update on **Inequalities** which is reported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

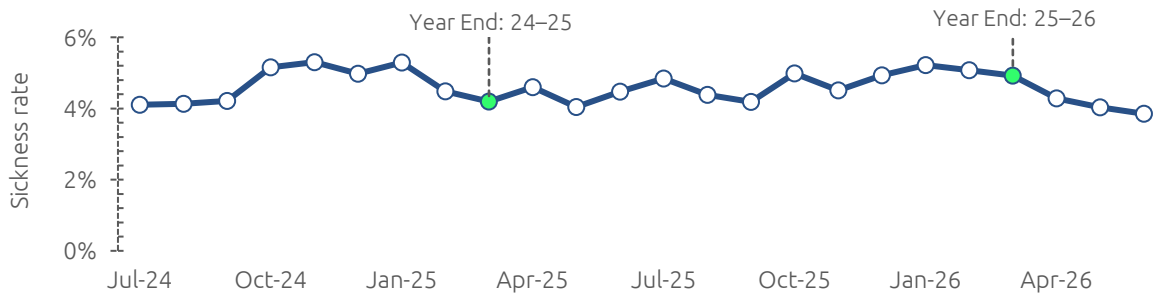
People Governance	Target	12 Month Look Back	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
12m Rolling Sickness Absence FTE %	<3.25%		4.58%	4.61%	4.58%	4.57%	4.52%	4.58%	4.46%	4.52%	4.60%	4.64%	4.63%	4.60%
Statutory and Mandatory Training	85%		93.2%	93.0%	93%	92.9%	92.9%	92.9%	92.9%	92.8%	92.3%	92.4%	92.5%	92.5%
Appraisal Compliance	85%		86.2%	86.3%	86.8%	86%	86.5%	86.5%	86.0%	85.7%	83.4%	79.9%	78.6%	81.0%
Diversity ESR Data	N/A		77%	77%	77%	78%	77%	77%	77%	78%	78%	78%	78%	78%
Agency Spend, % of Total Pay Bill	30% Reduction		1.4%	1.4%	1.3%	1.2%	1.1%	1.0%	1.0%	1.0%	0.9%	0.8%	0.8%	0.7%
Financial Governance														
Revenue Position YTD	Breakeven		-£10K	-£33K	-£0.016m	-£0.002m	-£0.040m	-£0.069m	-£0.034m	-£0.054m	-£0.088m	-£5k	-0.002m	-0.089m
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%		98.35%	98.65%	96.72%	97.24%	97.03%	97.34%	97.14%	96.74%	97.42%	97.00%	95.96%	96.91%
Public Sector Payment Policy (PSPP) Cumulative			97.36%	97.56%	97.41%	97.38%	97.34%	97.34%	97.32%	97.27%	97.29%	97.00%	96.55%	96.70%
Information Governance														
Freedom of Information Request Response*	Within 20-Days		2	1	1	1	0	0	1	0	1	2	1	
Subject Access Request Response*	1 Month Avg		0	0	0	0	0	1	0	1	1	0	1	
Personal Data Breaches Reported	N/A		7	1	2	1	3	3	4	2	2	3	3	
Personal Data Breaches Reported - Escalated			0	0	0	1	2	0	1	0	0	1	0	
Mandatory Information Governance Training	85%		91%	91%	91%	91%	90%	90%	90%	95%	89%	89%	89%	88%
Clinical Governance														
Moderate or above harm incidents - Monthly	N/A		0	0	2	1	2	7	6	6	22	4	6	6
Moderate or above harm incidents - YTD 26/27			18	18	25	26	28	35	41	47	69	4	10	17
Number of externally reported incidents (NRI's, EWI, RIDDOR, IRMER) - In Month	N/A		0	2	3	1	0	4	1	0	1	0	0	0
Number of externally reported incidents (NRI's, EWI, RIDDOR, IRMER) - Rolling 12m			10	13	15	13	13	20	24	24	23	26	26	25
Incident Closure Compliance*	85% PHW		65%	79%	79%	86%	85%	71%	70%	72%	74%	75%		
Formal Complaints - Acknowledged within 5 working days**	75% WG 95% PHW		100% (4)	100% (3)	75% (4)	50% (4)	100% (5)	100% (2)	100% (3)	100% (4)	67% (3)	100% (2)		
Formal Complaints – Responded to within 30 working days**	75% WG 95% PHW		100% (4)	67% (2)	50% (4)	75% (4)	60% (5)	100% (2)	100% (3)	75% (4)	100% (3)	100% (2)		
Early Resolution Complaints – In Month***	75%		6	8	7	11	14	11	8	9	4	8	5	6
Early Resolution Complaints – YTD***	N/A		75	81	85	91	103	109	105	108	110	111	13	19
Appropriate complaints resolved through early resolution	40%												100%	100%
Early Resolution Complaints - Acknowledged in 5 working days	75%												100% (5)	
Early Resolution Complaints - Responded to in 10 working days	75%												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 April 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

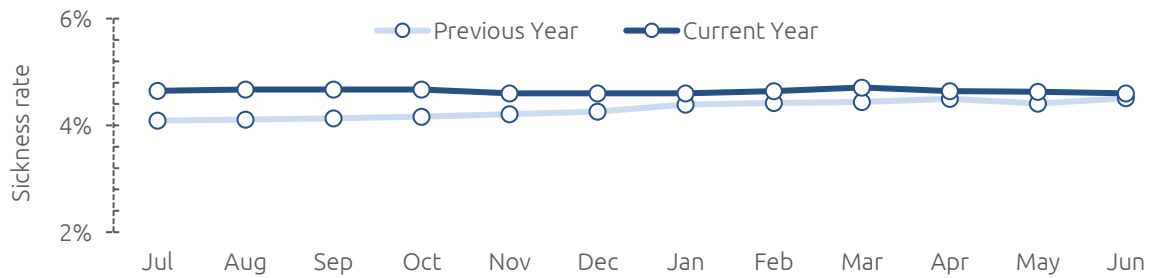
Sickness Absence



3.85%

Decreased by **0.19%** in June 2026.

12 Month Rolling Absence



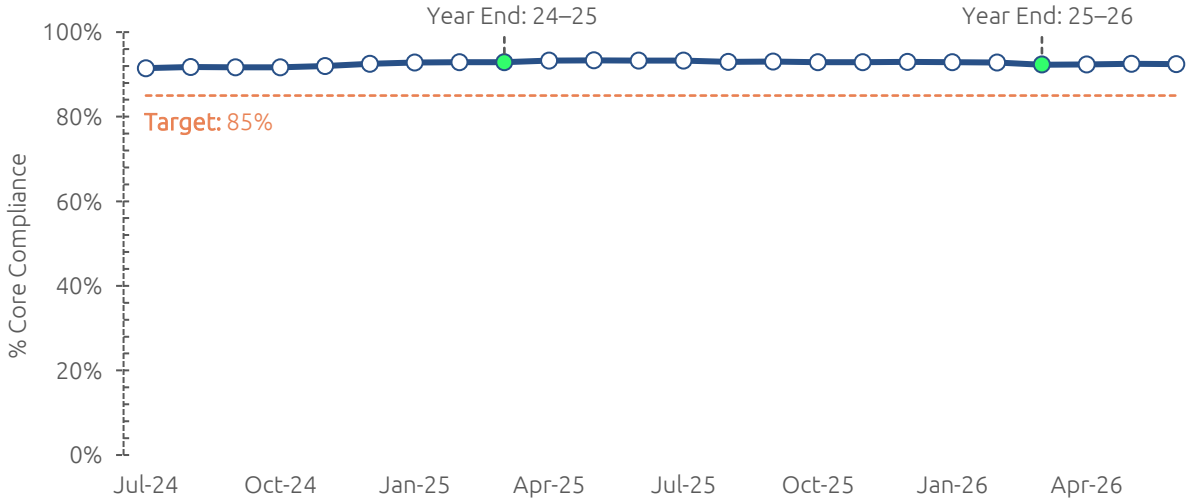
4.60%

+0.09% Year on Year

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

Additional assurance is provided in the focus area on pages 6

Statutory and Mandatory Training



85%

92.5%

Remains **above** target in June 2026.

All Directorates continue to **exceed target** within the financial year with the exception of Board and Corporate (81.6%).

The module reporting lowest completion is Welsh Language Awareness (83.4%).

In Focus: Sickness Absence

Key Insights

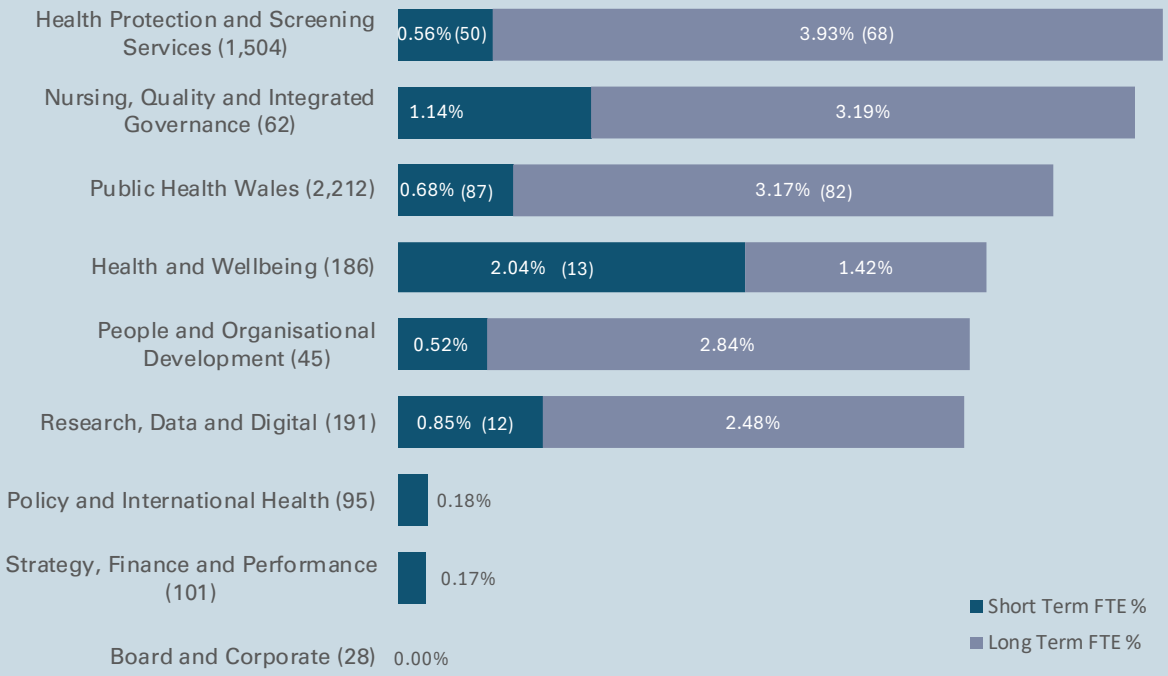
- Overall sickness absence reduced to 3.85% in June 2026, compared with 4.04% in May 2026, and is at its lowest level in the current financial year.
- Long-term absence remains the principal driver, accounting for 82% of FTE days lost, indicating that sustained improvement is likely to depend on supporting 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

- Evidence suggests that organisations achieving sustained reductions in sickness absence focus on early intervention, manager capability, occupational health support, workplace adjustments and supportive leadership rather than attendance processes alone.
- People and OD continue to provide specialist support for managers managing complex and long-term absence cases, including attendance at review meetings and advice on reasonable adjustments, rehabilitation and return-to-work planning.
- Early intervention remains a priority, with managers encouraged to maintain supportive contact and make timely referrals to Occupational Health and other wellbeing services, particularly for mental health and musculoskeletal conditions.
- Managing Attendance at Work training and HR Clinics continue to support consistent management practice, with an increasing focus on building managers' confidence in wellbeing conversations and early support interventions.
- The updated Workplace Adjustment Passport supports a consistent approach to recording and implementing workplace adjustments, helping employees remain in or return to work successfully.

Sickness Absence by Directorate

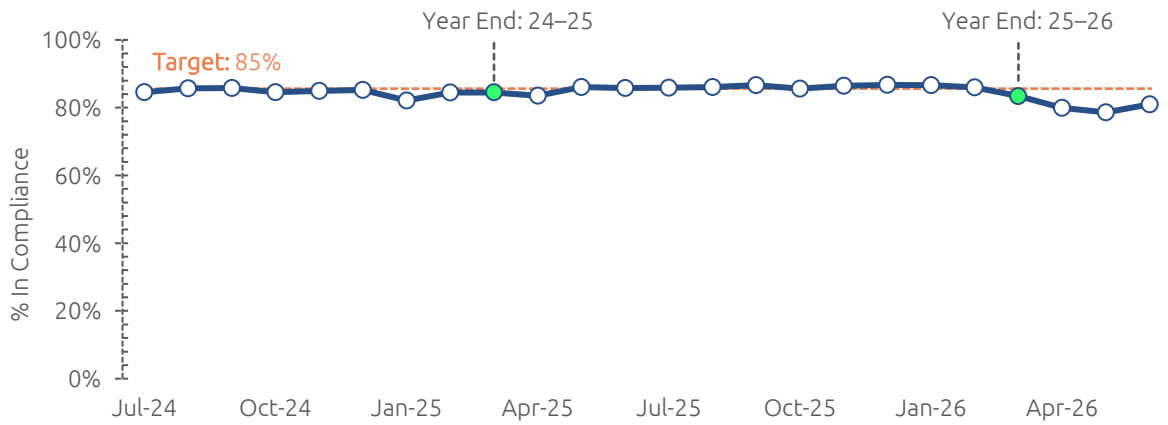
The breakdown of Directorate level sickness absence for June 2026 is provided below, split by Short-Term (less than 28 days) and Long-Term (28 days or more) Absence FTE %.



*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%

81%

Appraisal compliance has increased but remains **below** the 85% target. Health & Wellbeing is slightly below target at 84.6% with HPSS at 76.8%.

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.*

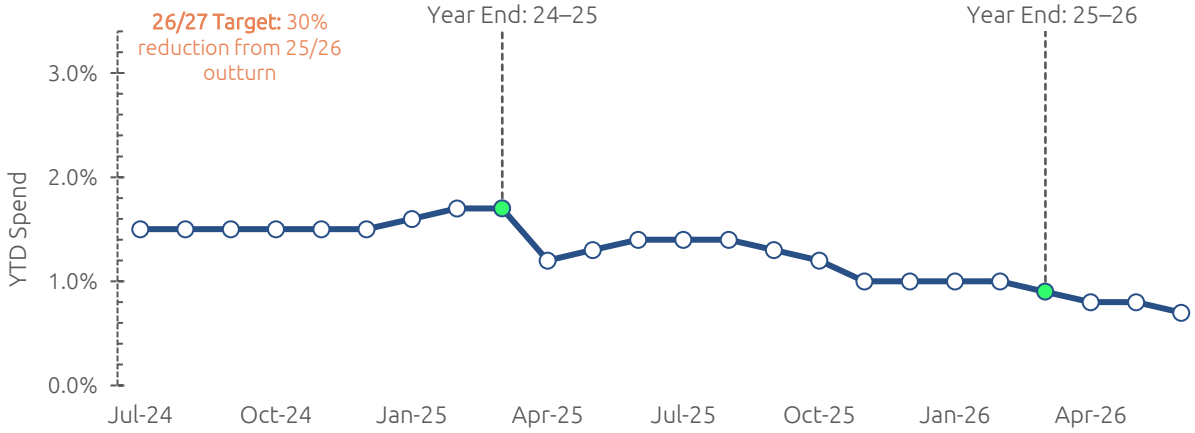
Equality and Diversity

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



0.7% YTD

0.7% Forecast

Forecast to be reduced below 2025/26 levels.

Year-to-date agency spend has slightly reduced to 0.7% of the total pay bill and is forecast to be maintained at this level. While this represents a reduction from the 2025/26 outturn, no further reduction has been achieved in-year, and performance is not yet aligned with the 30% reduction target. In June, PHW spent £99k on agency staff, £39k of which was categorised as Admin and Clerical.

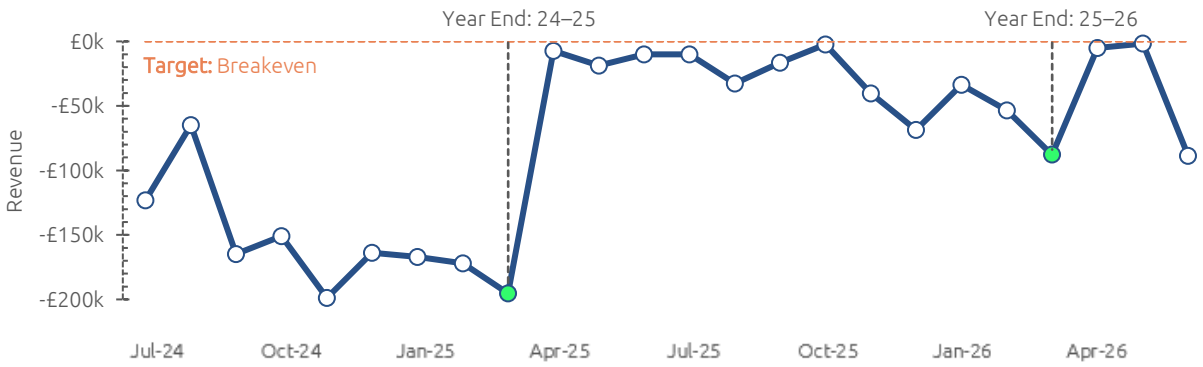
Our performance against the **Cabinet Secretary Workforce Enabling Action** to reduce Admin and Clerical agency use to nil by the end of September 2026 is reported as a workforce performance indicator and is monitored through our Monthly Monitoring Returns to Welsh Government. Month 3 financial forecasting indicates a failure to meet this target by month 6, highlighting the need to regularly review the robustness of our plans and take forward mitigating actions where required.

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

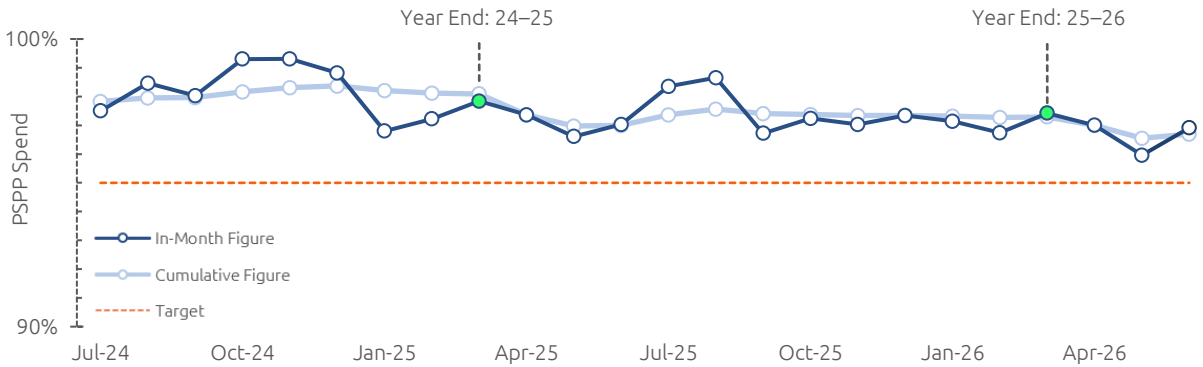
Revenue Position

Break-even | -£0.089m YTD | £0 Breakeven



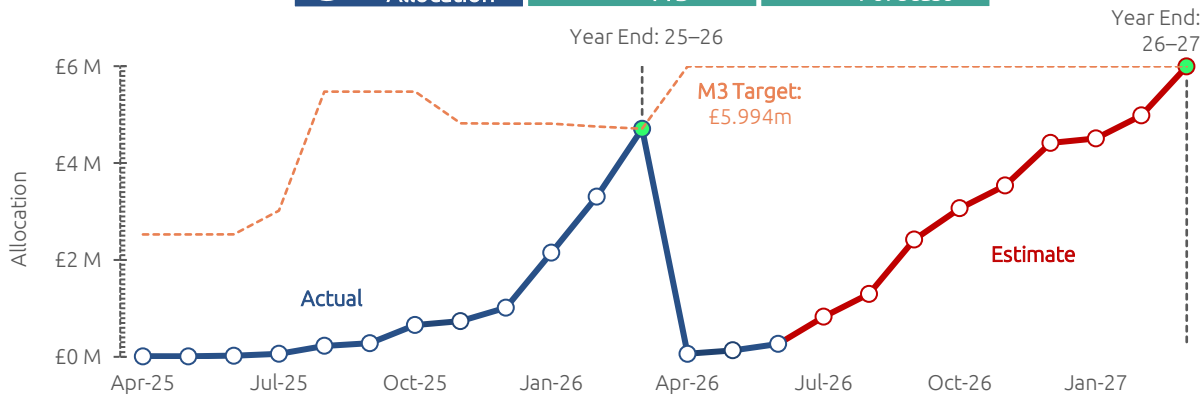
Public Sector Payment Policy (PSPP)

95% | 96.91% In-Month | 96.70% Cumulative | >95% Forecast



Capital Position

£5.895m Allocation | £0.266m YTD | £5.895m Forecast



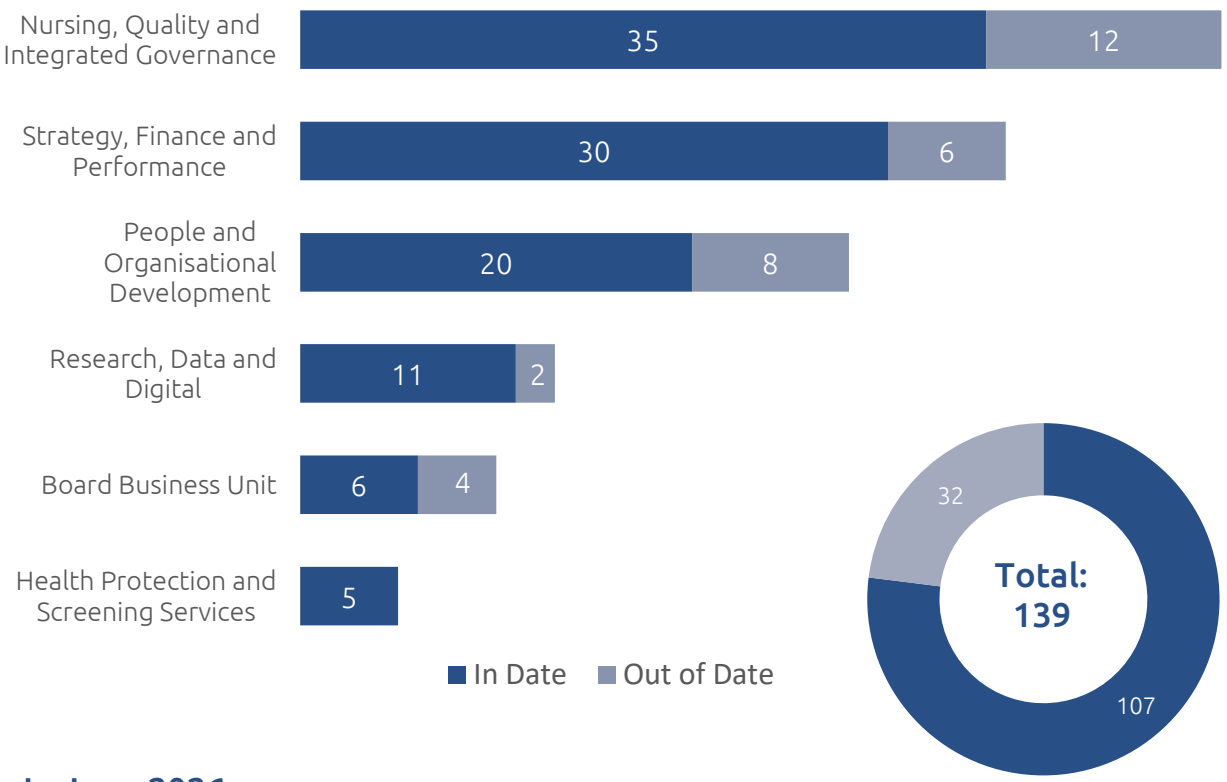
The Capital position is **breakeven**. PHW capital funding is made up of a discretionary allocation of £1.809m and a strategic allocation of £4.086m.

Click to access further detail in the latest Finance Board Report

Corporate and Information Governance

Corporate Governance

Corporate Policies Compliance



In June 2026:

- 7 Policies were approved: 4 in Nursing, Quality and Integrated Governance; 2 in Strategy, Finance and Performance and 1 in Research, Data and Digital.

In date Policies

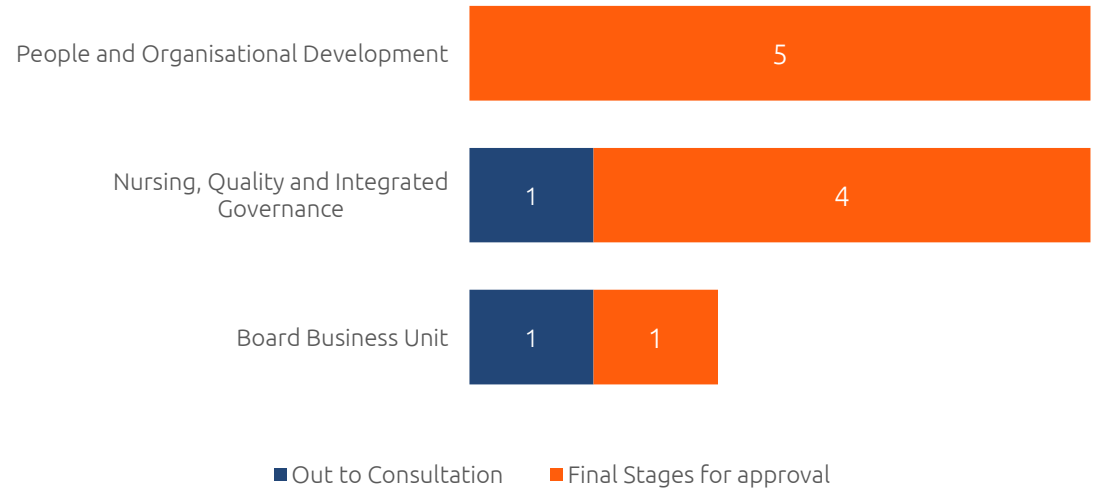
- 2 in date policies are in the final review stages.

New Policies being developed

- 1 new policy is being developed.

Review of Policies - Out of date

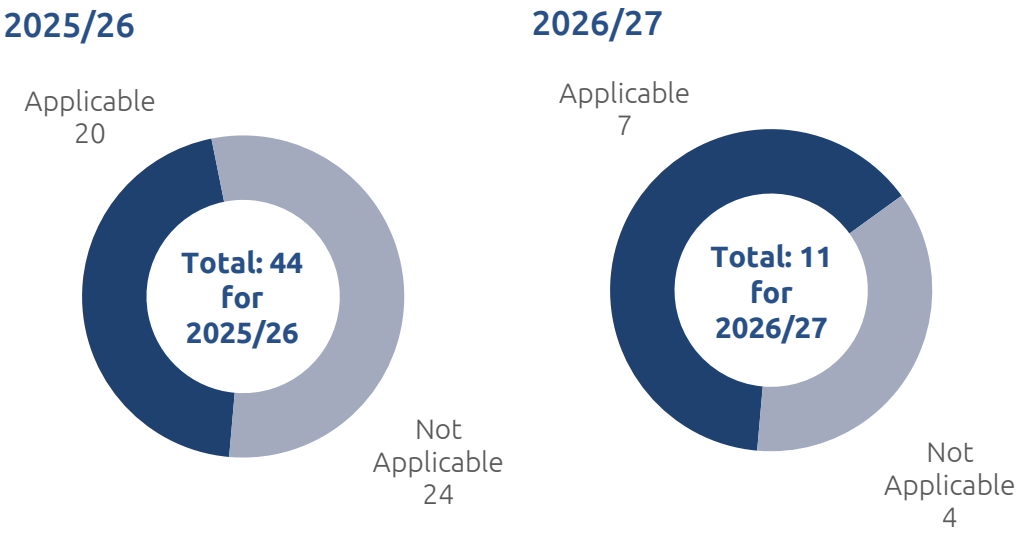
- Of the 32 Policies out of date, 12 policies / procedures are currently out to consultation/ going through the approval process (numbers that are either out to consultation or awaiting a meeting for final approval).



Corporate and Information Governance

Corporate Governance

Welsh Health Circular (WHC) Compliance



Of those applicable: 2025/26

Of those applicable: 2026/27

For the Period 1 – 31 June 2026:

2 WHCs received:

- **1** WHC assessed as applicable:
  - **WHC 2026 (020)** – Expansion of RSV Vaccine Eligibility to Adults Aged 65+ (At-Risk)
- **1** WHCs assessed as applicable:
  - **WHC 2026 (026)** – An urgent time-limited Meningococcal B (MenB) vaccination programme in response to recent outbreaks. This WHC was confirmed enacted by Health Protection and Screening Services within 72 hours of receipt at Public Health Wales.

WHCs currently In Progress update:

- **WHC 2026 (038)** – All-Wales NHS Accessible Communication and Information Standards (received September 2025). This is subject to an ongoing Organisation-wide review being undertaken on behalf of the Leadership Team.
- **WHC 2025 (049)** – Welsh Health Circular in respect of development and implementation of a Patient Travel Policy (received December 2025).
  A Policy was submitted to screening SMT in June, time for feedback was allowed and should now be approved at SMT on 23rd July.
  This will complete the WHC enacting it to close.
- **WHC 2026 (004**) – Refreshed Intellectual Property (IP) guidance and policies for NHS Wales organisations (received March 2026).
  A review is underway to ensure compliance.
- **WHC 2026 (008)** – NHS Research and Development Finance Policy 2026 (received March 2026). An internal review is underway with an action plan developed.

Corporate and Information Governance

Information Governance

Data Protection (Subject Access) Requests

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

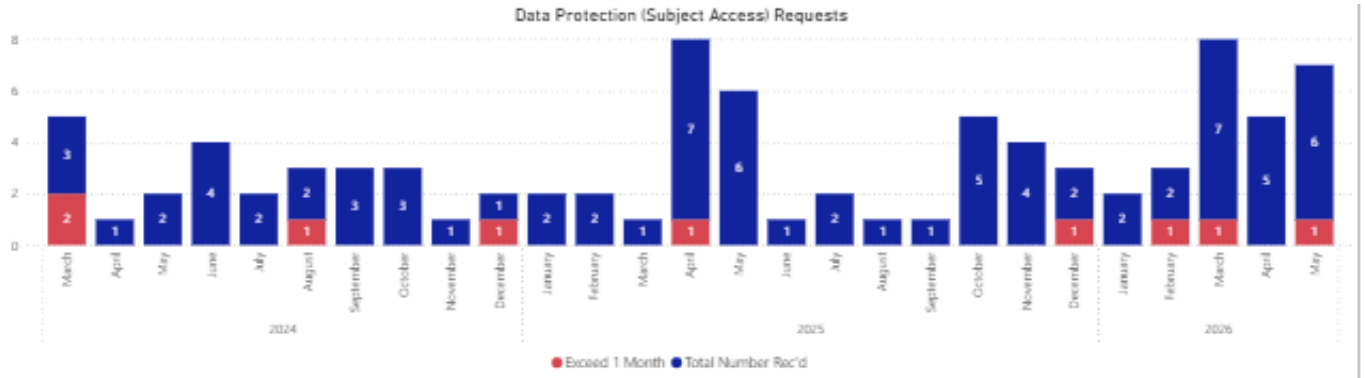
6 Received

1 Month

1 Exceeded

In **May 2026, 6 Data Subject Access Requests** were registered.

Out of the **6** received, **1** has been referred to legal, **1** is still open with an extended deadline due to complexity, and **1** was overdue by 3 days due to an email arriving late on a Friday and not getting processed until the following Monday.



Freedom of Information Act

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

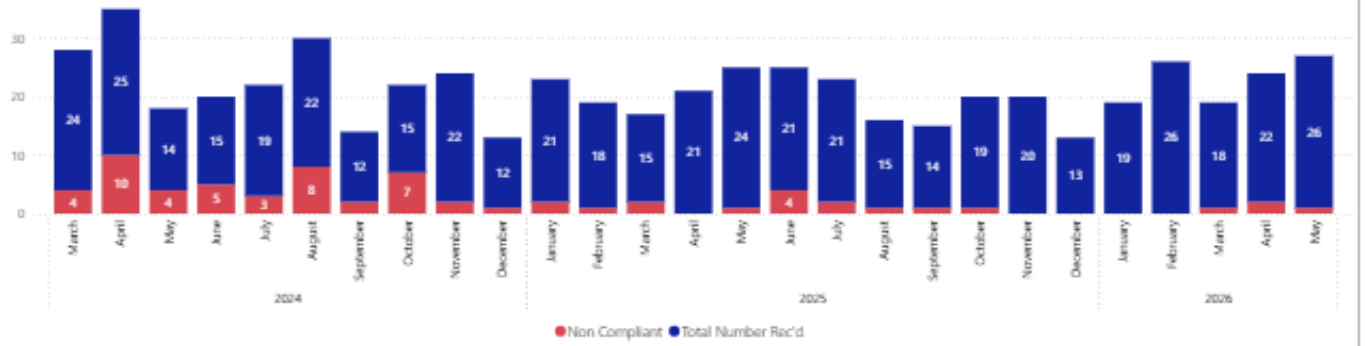
26 Received

20 days

1 Non-Compliant

Of the **26** FOI requests received in **May 2026, 1** request was recorded as Non-Compliant.

This was due to a disclosable report being received for review 1 day before the deadline, which required third party feedback.



Information Governance Dashboard, FOI & SAR

Live data

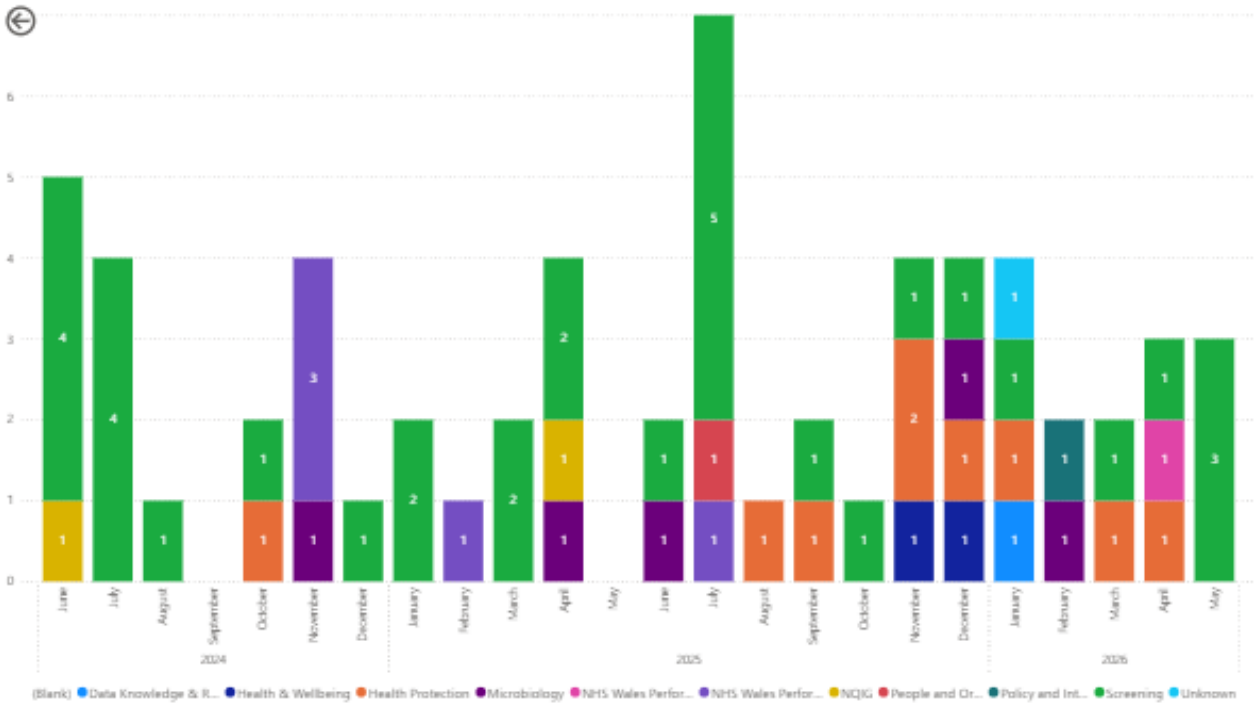
Data updated on 15/07/26, 08:20

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



Reported	Escalated
3	0

There were 3 PDBs in May 2026:

- This was due to a **mislabelling issue**, **information misdirected** to the wrong clinic and a **lost sample.**
- The data subjects involved were 2 in the first PDB, 1 in the second and 1 in the third

Mandatory Information Governance Training

85%

88%

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

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

Clinical Governance, Quality, Safety and Improvement

Externally Reportable Incidents - June update

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

Further Information

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

0 Early Warning or Nationally Reportable Incidents reported in June.

Initially Reported Moderate or above harm incidents

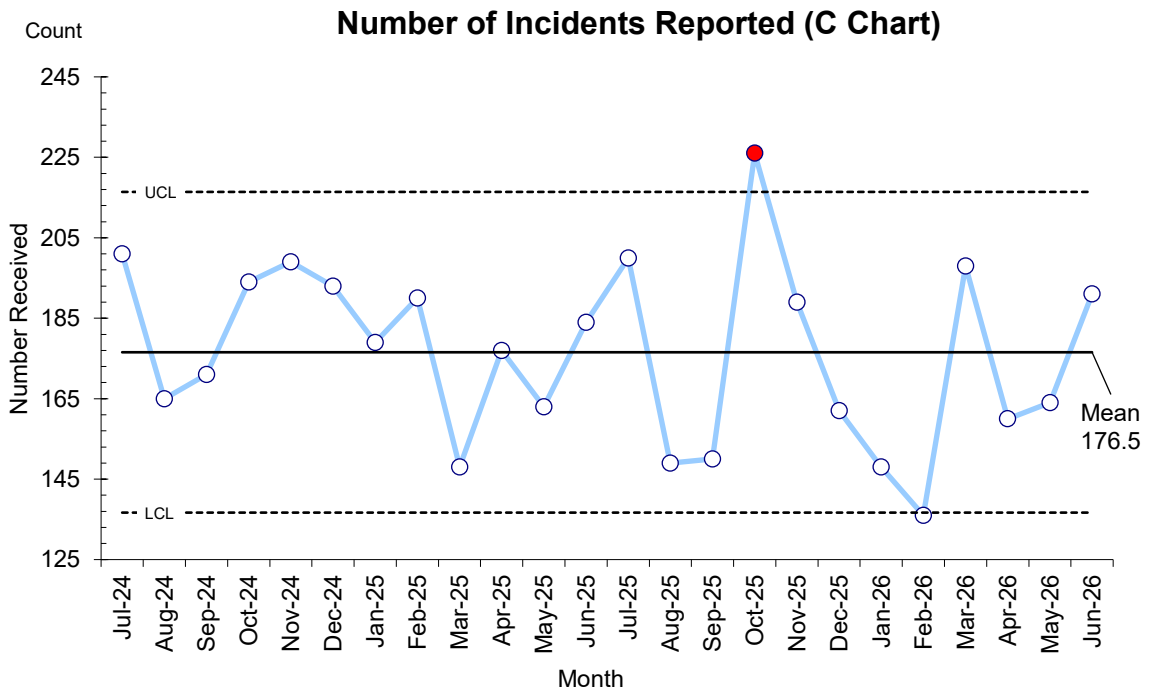
6 Incidents initially reported as moderate harm.
1 have subsequently been downgraded to no harm following investigation.
5 remain under investigation with the final harm level to be determined.

Incidents investigated and closed as Moderate harm or above

2 Cervical Screening Wales incidents were closed in June as moderate harm incidents. Both incidents were identified as part of the Cervical Screening Wales Audit of Cervical Cancer (CSWACC) and reported in March 2026. These incidents do not trigger a Duty of Candour notification as they occurred before 1 April 2023 however in line with current practices the affected participants have been informed and had an opportunity to discuss further.

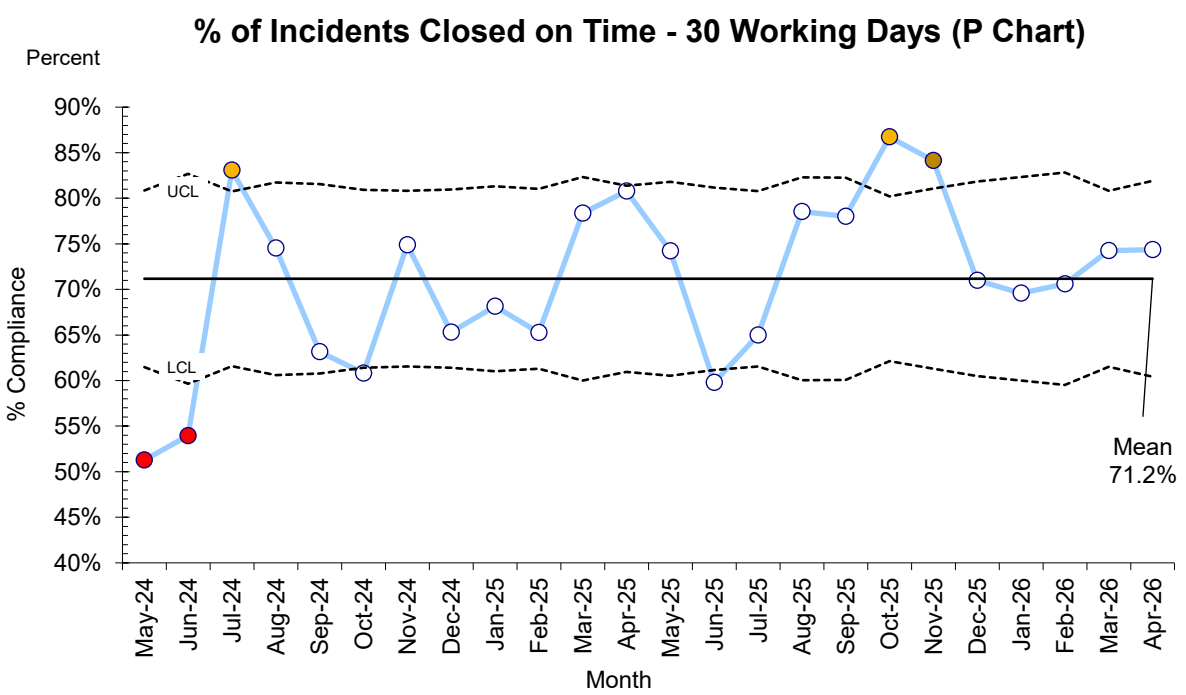
Clinical Governance, Quality, Safety and Improvement

Number of Incidents Reported Over Time



No recent special cause variation identified

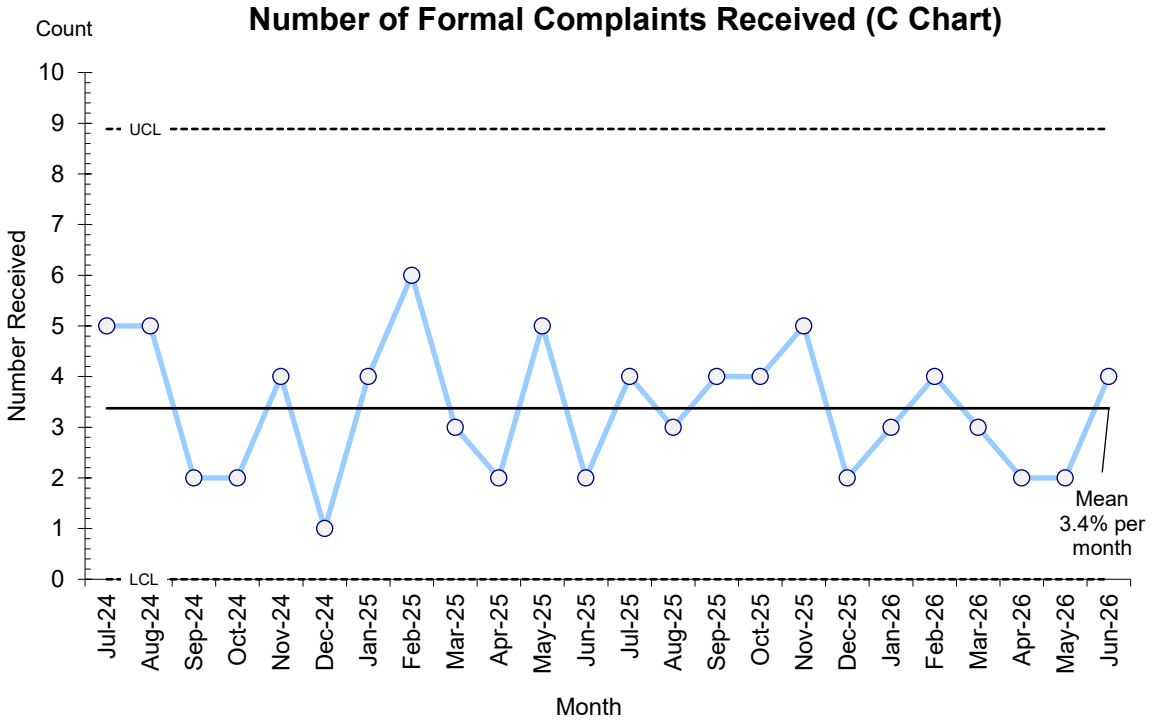
Percentage of Incidents Closed within 30 Working Days



No special cause variation identified.

Clinical Governance, Quality, Safety and Improvement

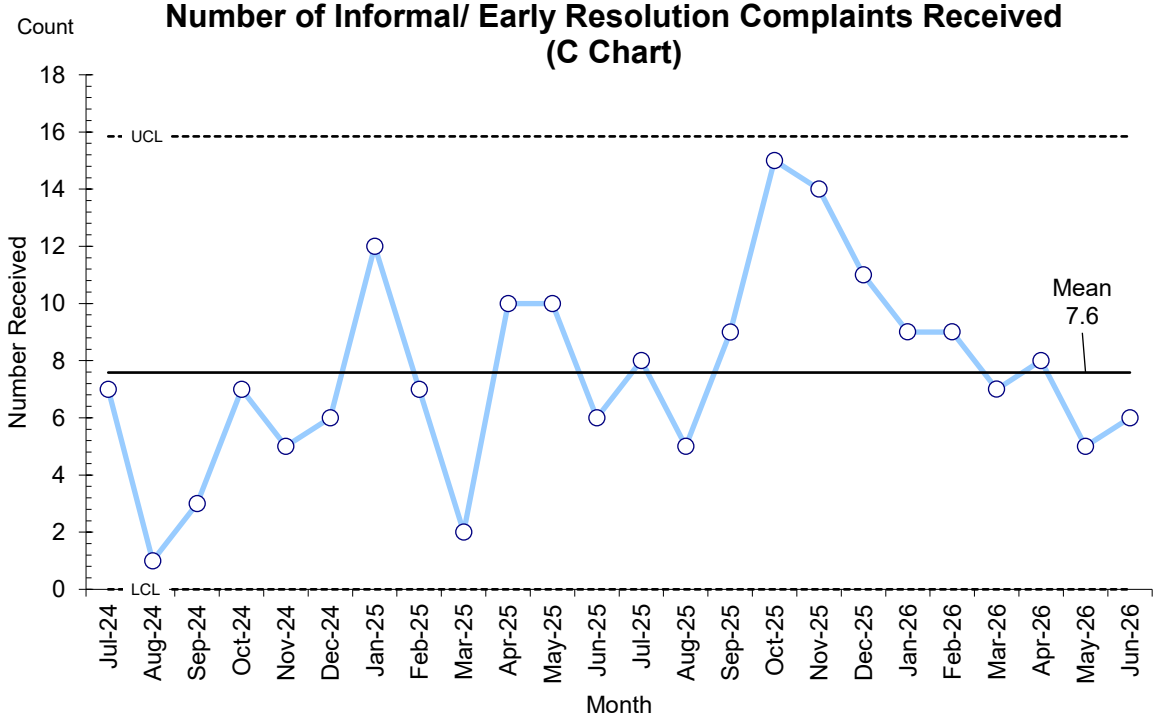
Number of Formal Complaints Received



No recent special cause variation noted.

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

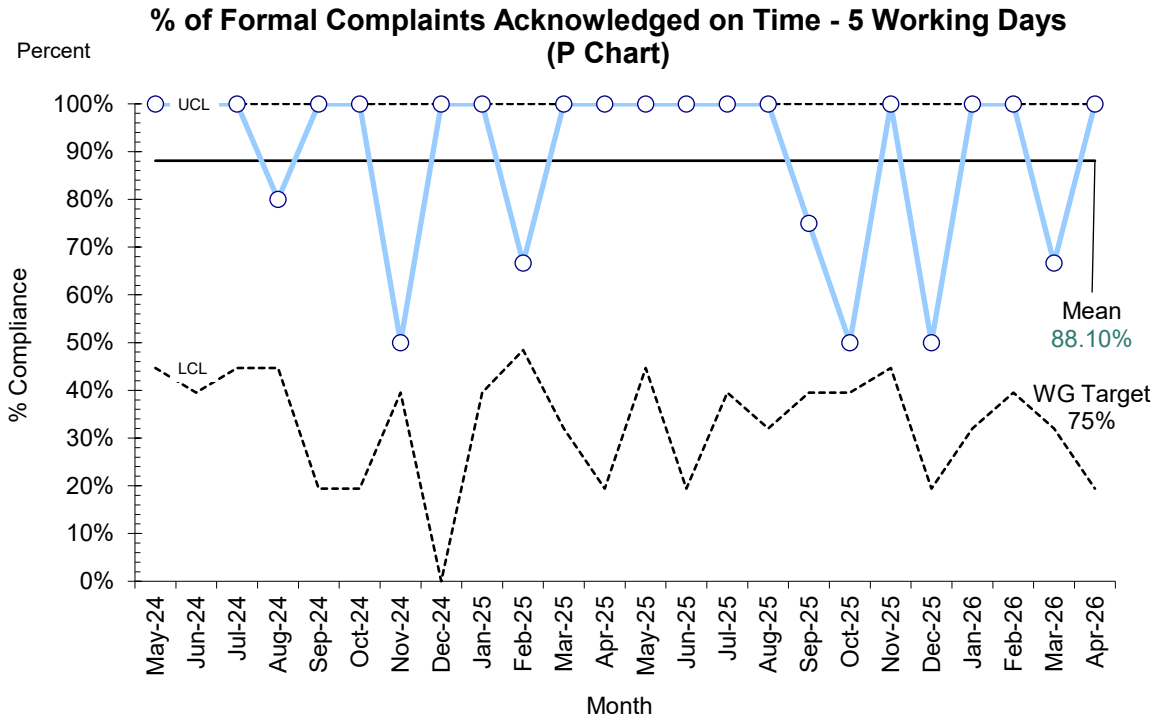
Number of Informal/ Early Resolution Complaints Received



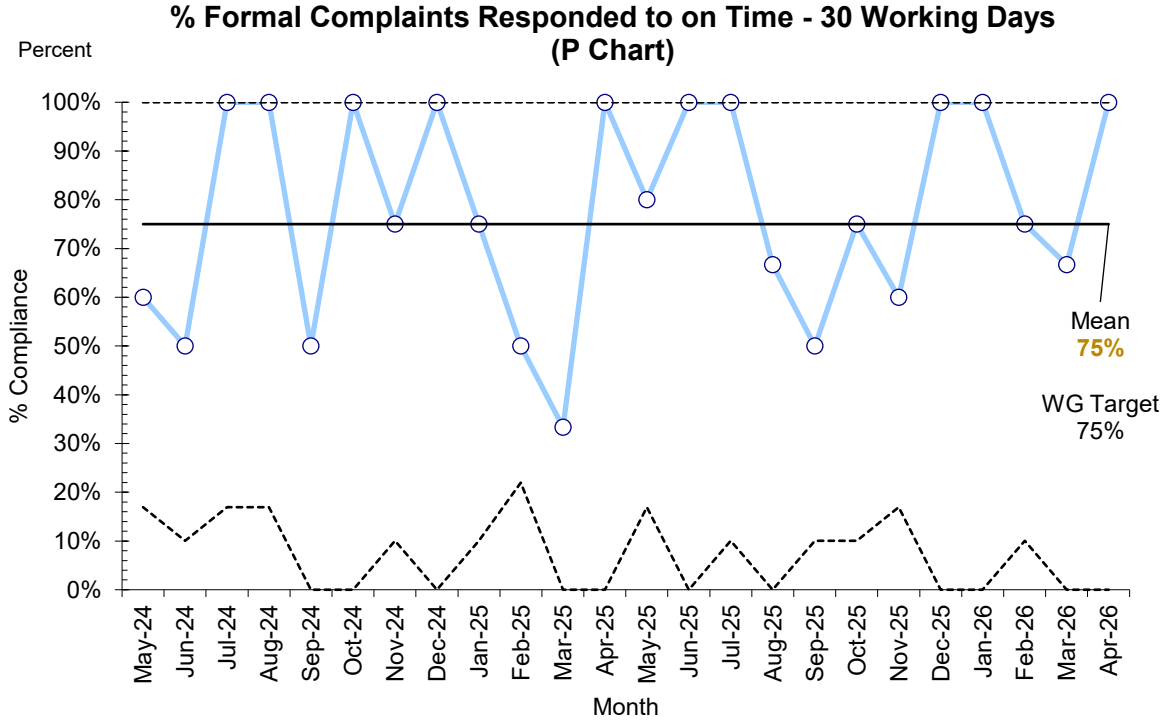
No special cause variation identified.

Clinical Governance, Quality, Safety and Improvement

Formal Complaints Compliance



No special cause variation identified. Compliance above WG target.

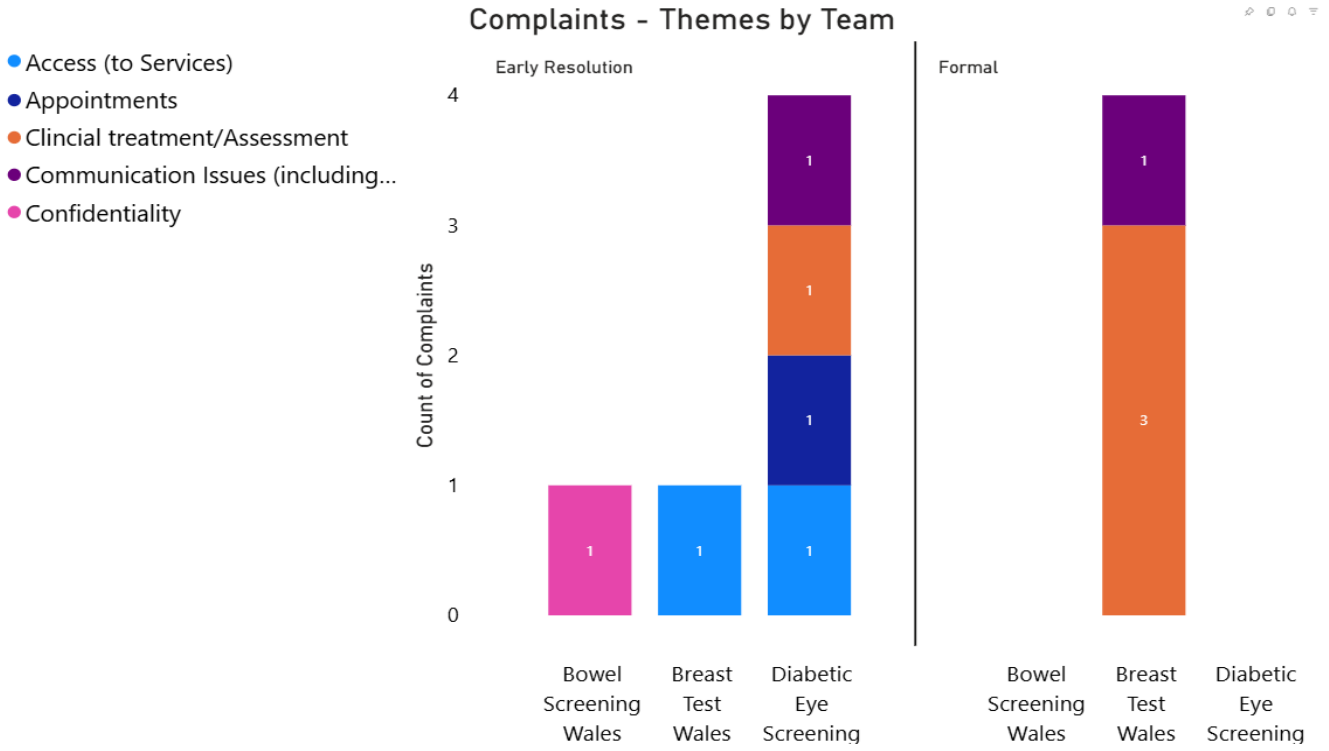


No special cause variation identified. Meeting Welsh Government target.

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

Clinical Governance, Quality, Safety and Improvement

Themes and Service Areas – June 2026



All June's formal complaints were received by Breast Test Wales. The main themes of these were Clinical treatment/assessment and communication issues particularly relating to delayed screening results and communication at appointments.
4 Formal complaints and 6 Early Resolution complaints received in June.

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

Claims

June 2026
1

1 new potential claims received in **June.**

Of the 33 ongoing claims, 27 are confirmed and 6 are currently potential claims.

Redress

June 2026
0

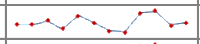
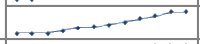
0 new Redress cases were received in **June**.

There are 7 ongoing Redress cases, 4 in Breast Test Wales and 3 in Cervical Screening Wales.

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

Section 2
Service Delivery

Key Performance Indicator Summary

Screening Services	Target	12 Month Look Back	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
Bowel Screening Wales – Waiting time for index colonoscopy (4 weeks) (Health Board Delivery)	90%		8.8%	14.1%	10.5%	19.7%	22.5%	28.5%	18.8%	24.1%	22.3%	11.8%	22%	
Cervical Screening Wales – Waiting time for colposcopy appointment (8 weeks) (Health Board Delivery)	90%		98.4%	98.8%	95.3%	98%	98.3%	98.9%	98.7%	99.0%	97.1%	98.2%	98.2%	
Breast Test Wales – Assessment invitations (3 weeks)	90%		24.1%	24.6%	31.6%	17.4%	41%	28.3%	13.5%	10.6%	45.7%	50.1%	23%	28.6%
Diabetic Eye Screening Wales – Coverage (12 Months)	80%		38.9%	38.4%	39.6%	39.6%	38.4%	38.4%	38.9%	39.5%	39.7%	39.8%	38.8%	38.9%
Abdominal Aortic Aneurysm – Timely referral to elective vascular network (MTD)	100%		66.7%	100%	100%	100%	100%	100%	83.3%	100%	100%	83.3%	100%	80%
Infection Services														
Total Microbiology Rejection Rates	<5%		5%	5%	4.8%	4.8%	4.8%	5%	5%	4.8%	4.8%	4.7%	5.0%	
Total Microbiology Diagnostic Sample Requests	*N/A		178,612	156,429	168,719	184,730	167,313	164.861	172,196	157,115	171,858	162,373	155,236	
Blood Culture - Collected to Incubation SMI <4hrs	>95%		68.3%	68.1%	68.3%	70.3%	69.9%	67.8%	69.7%	69.0%	68.4%	67.7%	65.8%	
Blood Culture - Received (PHW Laboratory) to Incubation <4hrs	>95%		98.4%	99.6%	99.6%	99.3%	99.2%	99.7%	99.7%	99.4%	98.3%	96.0%	96.5%	
Health Protection														
Test and Post (STI self-sampling) – Test Turnaround Times (Less than 7 days)	99%		99.94%	99.95%	99.97%	99.97%	100%	99.89%	99.98%	99.98%	99.92%	99.20%	99.87%	
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%	79%	87%	79%	95%	92%	95%	87%	94%	91%	78%	91%
Health & Wellbeing														
JUSTB – Number of Schools with 2-day training completed by month**	40-50 Schools in total		N/A	N/A	1	4	5	1	4	5	6	5	7	1
JUSTB – Number of Schools with 2-day training completed YTD**			N/A	N/A	1	5	10	11	15	20	26	31	38	39
Whole School Approach – Percentage of schools with an Action in Place (All schools)	80%		88%	88%	89%	90%	92%	93%	96%	96%	96%	97%	97%	97%
Whole School Approach – Percentage of schools with an Action in Place (Secondary schools)	100%		99%	99%	99%	99%	99%	99%	100%	100%	100%	100%	100%	100%
Help Me Quit - Benchmark for timely first contact (NTSS)	90%		89%	96%	93%	95%	95%	94%	94%	94%	79%	96%	72%	
Help Me Quit – 4-week self-reporting quit rate (NTSS)	35%		72%	75%	72%	59%	66%	81%	73%	76%	69%	74%	65%	
Research Data & Digital			Quarter 1 (25/26)			Quarter 2 (25/26)			Quarter 3 (25/26)			Quarter 4 (25/26)		
Number of Major Breaches	0 Major Breaches		0 Breaches			0 Breaches			0 Breaches			1 Breach		
Percentage of publications without breaches	100%		76%			76%			76%			76%		
Percentage of user follow up to RD&D products	100%		20%			33%			33%			33%		
Policy and International Health														
Indicators and targets to be developed where applicable														

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

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

Health Protection and Screening Services

Breast Test Wales (June 2026)

In June 2026 on an All-Wales level **28.6%** of women were given an assessment invitation within three weeks of screen against the standard of **>90%.**

On a regional level, 0% 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 13.2% in May to 15.8% in June. In the West Wales region, there was also an increase in the number of assessment invitations given within three weeks of screen, from 68% in May to 86% in June.

87.0% 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%

28.6%

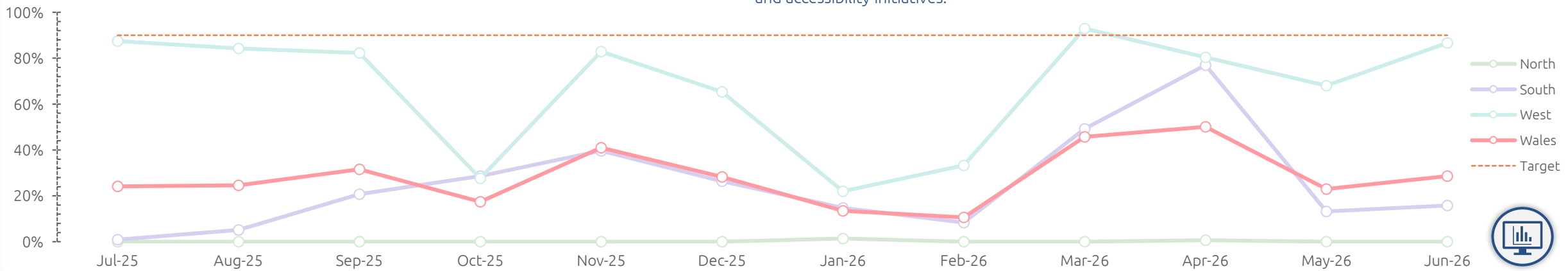
Breast Test Wales - Improvement plan

In June 2026 reading timeliness in North Wales remains broadly on trajectory, supported by sustained cross-regional reading support, weekly performance monitoring and continued progress in training and integrating new readers into the rota. Temporary pressures are anticipated during summer leave periods, but current controls remain effective.

Assessment timeliness remains the principal operational risk, particularly in North Wales, due to surgeon sickness, constraints within the Wrexham pathway and continued reliance on radiology-led clinics where surgical cover is unavailable. Short-term locum support and ongoing engagement with BCUHB are helping to mitigate immediate risks, although sustainable surgical provision remains unresolved.

Round length recovery remains off trajectory and continues to be constrained by workforce resilience, screening cancellations, mobile reliability and limitations in current planning and forecasting data. Modelling work is progressing and further data validation is underway to support prioritisation of the longest waits, but sustained throughput and reduced cancellations will be required to achieve recovery. Workforce shortages, sickness and leave remain significant dependencies.

Uptake and inequalities work continues through the Uptake Group, with Surge Team support being mobilised to better understand barriers to attendance and inform targeted interventions. Work is also underway to monitor the impact of changes to invitation arrangements and to use data and community insight to support future equity and accessibility initiatives.



Health Protection and Screening Services

Bowel Screening Wales (May/June 2026)

In June 2026, Bowel screening uptake and coverage both remain above the standard of >60%, reporting **62.5%** and **62.0%**, respectively.

In May, **22.0%** of participants were offered an appointment within 4 weeks in comparison with **11.8%** of participants were offered an appointment within 4 weeks in April.

As of 3rd July 2026, the average waiting time for a screening colonoscopy is at **6 weeks and 6 days**. Waiting times range from 2 to 14 weeks across the 14 screening centres. Average Specialist Screening Practitioner waiting time is 7 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% | 22%

Bowel Screening Wales - Improvement plan

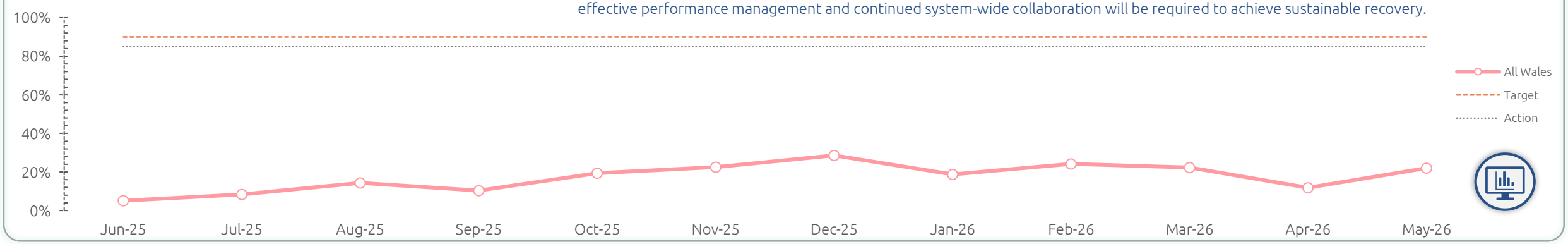
In June 2026, the Screening Colonoscopy Improvement Programme (SCIP) has transitioned from mobilisation into active delivery, with all five workstreams operational and governance arrangements fully established. The SCIP Collaborative Board has approved the programme's Golden Thread, KPI framework, and quality, equality and innovation assessment processes, providing a robust framework for monitoring recovery, assurance and performance improvement across Wales.

Early performance improvement is now evident, with average pathway waits reducing to approximately six weeks compared with around eleven weeks in the previous year, Specialist Screening Practitioner waits reducing to six days, and three Health Boards reporting appointment availability within the 28-day standard. Recovery plans have been received from all Health Boards and are being standardised into a consistent All-Wales format, supported by recovery trajectories that will enable ongoing monitoring of delivery against expected improvement.

Workforce development, capacity planning, quality assurance and regional collaboration continue to progress through the SCIP workstreams. Accreditation activity is advancing, service fragility assessments have been completed across all screening endoscopy centres, and work is underway to strengthen workforce resilience, develop mutual aid arrangements and support more sustainable service models. Quality, equality and innovation frameworks have also been established to ensure recovery activity is delivered safely, equitably and with appropriate governance oversight.

However, significant challenges remain. Workforce fragility continues to be the principal system risk, compounded by financial constraints, limited clinician availability, reliance on insourcing, variation in local recovery approaches and increasing downstream demand on pathology services. Additional concerns have emerged regarding the need for stronger Health Board executive engagement to support consistent implementation of recovery plans and programme recommendations.

The programme's focus is now shifting towards demonstrating measurable improvement against agreed recovery trajectories and performance KPIs. While all improvement areas remain on track and early recovery indicators are encouraging, significant variation persists across Wales, and overall performance remains below the long-term standard. Sustained delivery of Health Board recovery plans, increased substantive capacity, effective performance management and continued system-wide collaboration will be required to achieve sustainable recovery.



Health Protection and Screening Services

Diabetic Eye Screening Wales (June 2026)

In June 2026, **38.9%** of eligible patients were offered an appointment in the last twelve months against a standard of **>80%**. Over a 24-month period coverage in the same month is **66.8%**,which is significantly higher but below the standard of **>80%**.

Uptake of eye screening has returned to being above the 80% standard at 80.5% this month with 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 8.6% against the standard of <3%**.

DESW-001:Coverage 12 Months

80%

38.9%

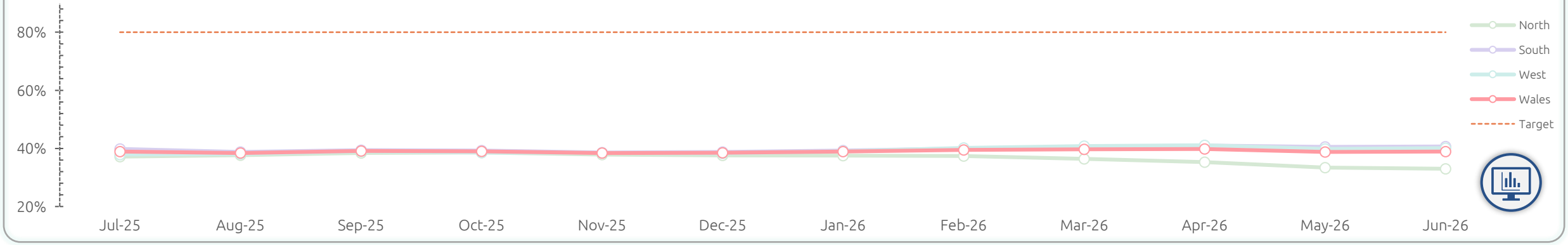
Diabetic Eye Screening Wales - Improvement plan

In June 2026, the Diabetic Eye Screening Wales (DESW) Improvement Plan continues to deliver measurable improvements in service efficiency and clinic capacity. Alternative clinic models, including Drop-In clinics and the Low-Risk Recall Pathway (LRRP), exceeded their June targets, generating additional capacity and increasing available appointments to 9,374 compared with 7,722 in May. Combined, these initiatives delivered a 5.3% increase in programme capacity, while clinic utilisation remained consistently strong, averaging 94.9% and remaining above the 90% standard throughout the month.

Innovation remains a central component of delivery. The retinal imaging without routine dilation evaluation has completed successfully, exceeding its participation target with 1,445 participants recruited against a target of 1,341. Early findings have provided sufficient assurance for the Programme Board to support, in principle, the reintroduction of single-person clinics, although full evaluation analysis is not expected until October 2026. Interim findings are anticipated in August and will be used to support modelling of future clinic designs and service delivery approaches.

Subject to the outcome of the evaluation, retinal imaging without routine dilation and the subsequent implementation of a staged mydriatic approach have the potential to significantly increase screening capacity and improve participant experience. The programme has developed a longer-term coverage trajectory which indicates that staged mydriasis could contribute substantially to future performance improvement, although delivery of the next phase remains dependent on completion of the evaluation analysis.

Delivery continues to be constrained by workforce and system dependencies. Staff sickness remains above historical averages, particularly among screeners and graders, and three members of staff remain on long-term sickness absence. Capacity growth is therefore dependent on maintaining staffing resilience, while manual administrative processes continue to create additional workload for teams delivering the new clinic models. Further risks remain relating to vacancy approvals, staff availability, change fatigue, cultural resistance to increased capacity expectations, and dependencies on the completion of evaluation work before further capacity gains can be realised.



Health Protection and Screening Services

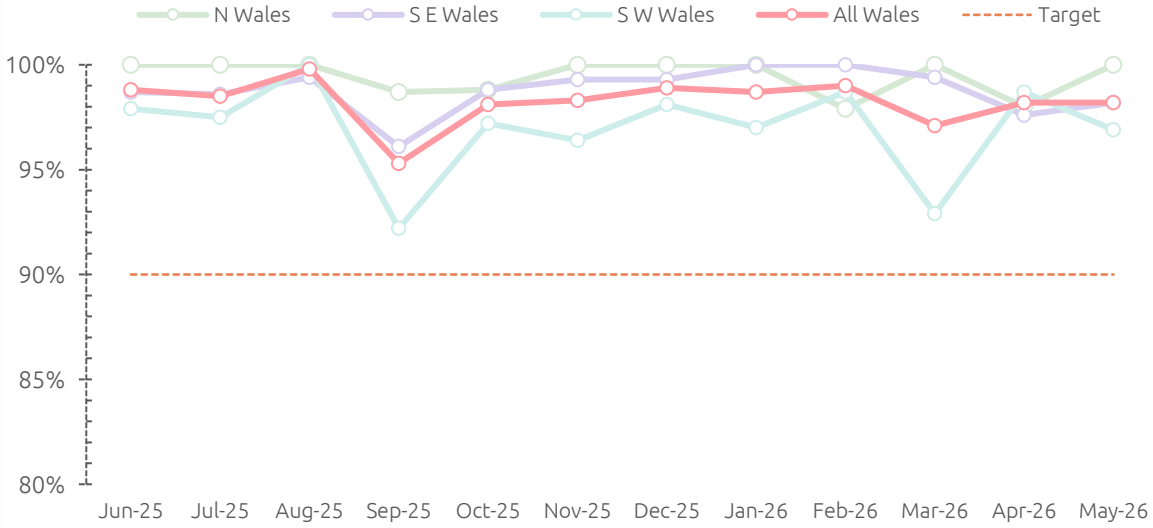
Cervical Screening Wales (May/June 26)

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 **67.7%** 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% | 98.2%



Abdominal Aortic Screening Wales (June 2026)

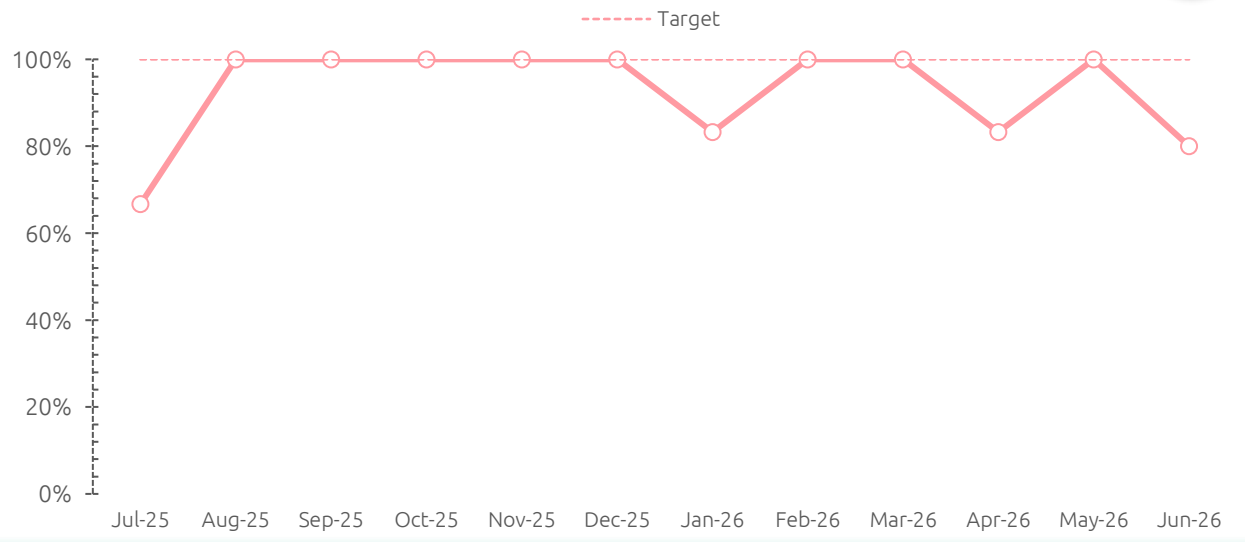
In June 2026, **80%** of men were referred to the elective vascular network MDT by the end of the following working day or same day.

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 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

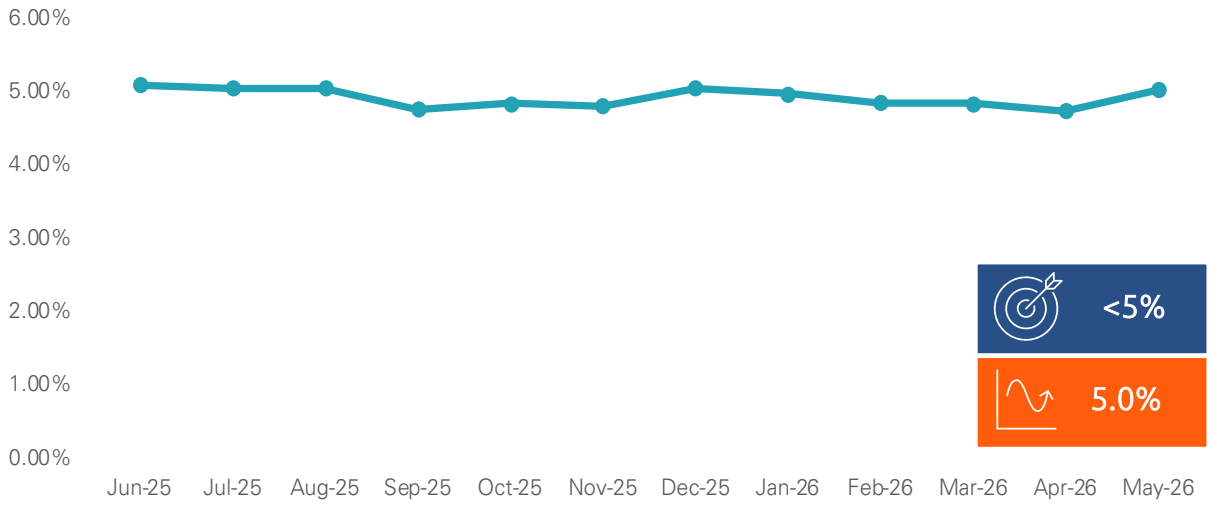
100% | 80%



Health Protection and Screening Services

Infection Services

Total Microbiology Rejection Rates

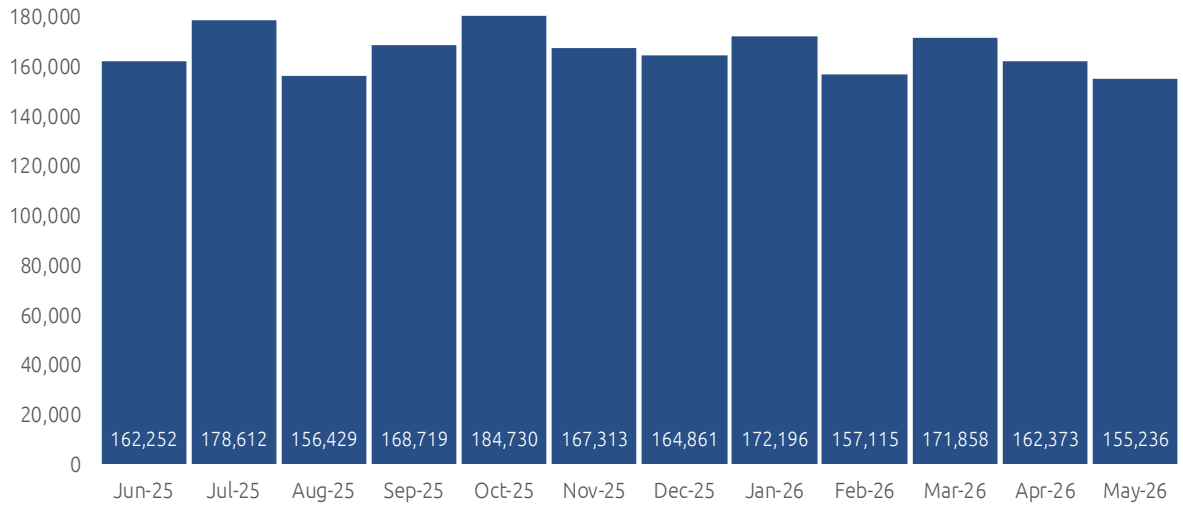


In May, 5.02% of 155,236 diagnostic sample requests were rejected. There are no defined targets for rejection rates but 5% is considered to be acceptable based on sample numbers.

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 we can ensure accuracy in patient results.

Infection work with service users to facilitate improvement in practices via health board portals, newsletters and more targeted work where needed. The upcoming LIMS 2.0 system will enable tailored test sets and better data collection.

Total Microbiology Diagnostic Sample Requests



In May 2026 155,236 samples were processed. We have constantly exceeded 155,000 samples in the last 12 months. There was a reduction in samples in May which is associated with the heat wave. That week saw a significant decrease in samples into Infection Division.

The division is a demand led service meaning the division has little influence over the sample numbers that come in. Request volumes frequently fluctuate due to seasonal factors and outbreaks as was evident in May 2026. Proactive planning and flexible resource management are essential to meet changing demand. Our service is ready to respond as needed throughout the year.

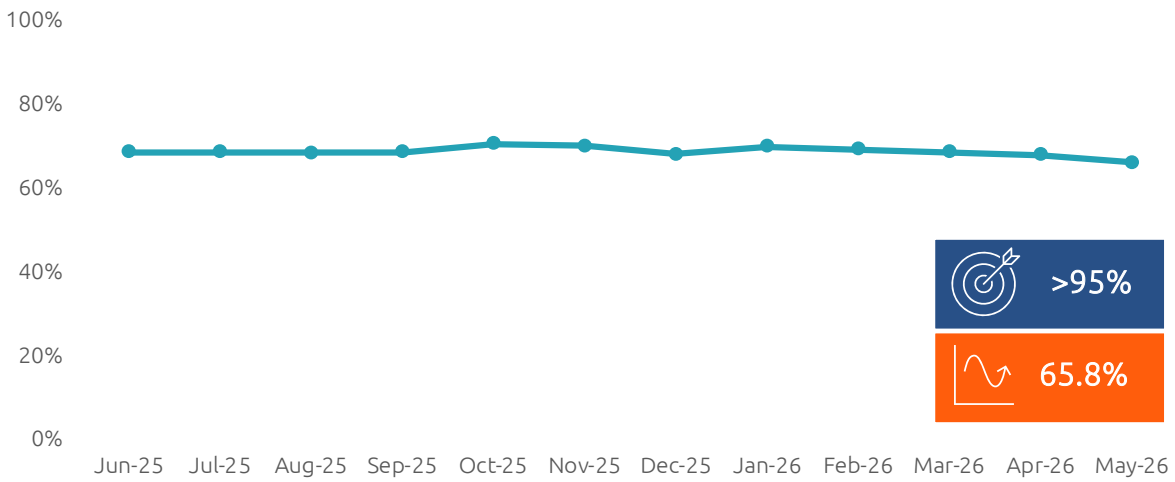
PHW want to ensure tests are clinically justified to ensure a justified use of resources while maintaining a high-quality service. Health Boards oversee specimen collection and submission, and we work with Health Board colleagues on targeted initiatives to try and achieve this.

*Target not applicable

Health Protection and Screening Services

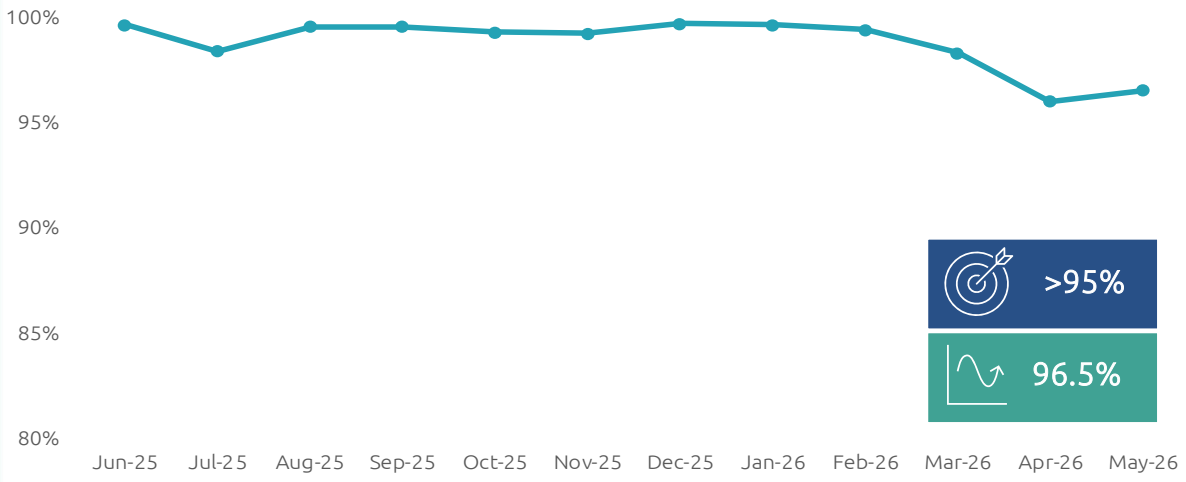
Infection Services

Blood Culture - Collected to Incubation SMI <4hrs



- The UK SMI requires blood culture samples to be incubated within four hours of collection. In May 2026, compliance decreased slightly to 65.82% from 67.69% the previous month.
- Refresh of Blood Culture analysers and challenges with LIMS testing has led to this reduced percentage of the overall pathway this 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. Operational issues are reviewed with stakeholders, addressed through educational programmes and retraining to reinforce compliance.

Blood Culture - Received (PHW Laboratory) to Incubation



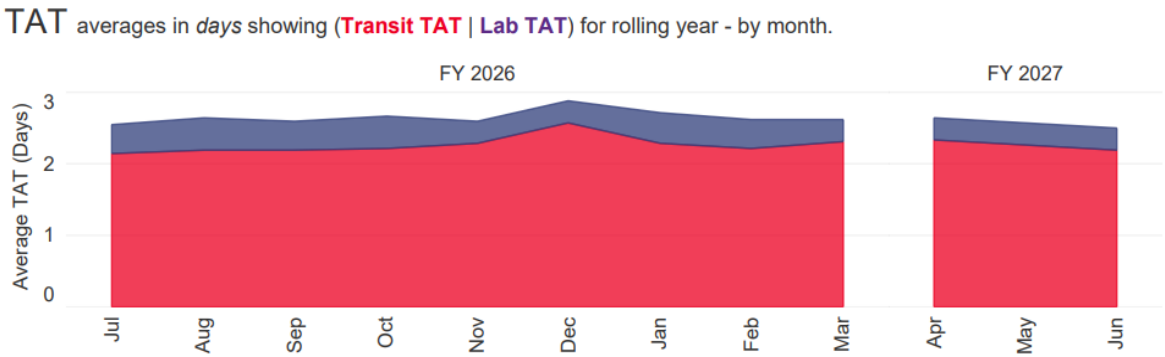
- Compliance with the four-hour incubation target for blood cultures is measured from lab receipt to analyser loading. In May, the rate was 96.51%, showing an increase on the previous month.
- The lab's scheduling and staffing support the timeliness of loading bottles. Timely specimen transport from wards remains the main challenge, but once specimens arrive, protocols are reliably followed.
- Additional transport runs between UHL and UHW, which have improved the received to incubation time in this service.

Health Protection and Screening Services

Health Protection

Test and Post – STI self-sampling

Test Turnaround Times



- In May, 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 May, 99.87% met the 7-day turnaround standard.
- 7 request(s) of 5,313 total requests (0.13%) did not meet the 7-day TAT standard.
- 5,313 total requests equated to 20,624 tests being undertaken.

99%

99.87%

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

Compliance to Surveillance Reporting Schedules (%)

90%

91%

- We have achieved the target in June.

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*
Number of publications	7	7	5	7	4	5	5	4
Number of major breaches	0	0	0	0	0	0	1	0
Number of minor breaches	0	1	0	1	0	1	3	1

*provisional – Q1 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
	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1*
No. research grant applications submitted (PHW is Chief Investigator or partner)	3	6	9	11	9	3	4	11
Research grant income to PHW (£)	125K	369K	66K	112K	21K	378K	1.79M	316K
No. personal development research awards	0	0	2	2	0	0	0	0
No. peer reviewed publications (PHW affiliated)	14	24	24	23	30	45	21	20
No. evaluations completed.	1	1	2	2	1	3	2	0

*provisional – Q1 not yet finalised

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

Policy and International Health

Reducing single-use plastic, environmental impact, and associated carbon emissions from our laboratories

Strategic Priority: *Tackling the public health effects of climate change*

Overview

- PHW's Infection Services laboratories rely heavily on single-use plastics, creating significant waste, environmental impact and associated carbon emissions
- Infection Services laboratories can achieve measurable reductions in single-use plastic waste and emissions through the implementation of sustainable solutions

Our Impact

Developed a report and recommendations that provide a clear pathway towards more sustainable laboratory processes

- Built a network of 90+ Green Lab Champions, strengthening staff engagement across Infection Services laboratories
- Identified a range of priority actions to trial, to enable measurable reductions in single-use plastics and carbon emissions

Projects delivered so far:

Stopped unnecessary report printing via the Laboratory Information Management System (LIMS) at Swansea laboratory, delivering:

- 156,000 sheets of paper saved annually
- £900 annual cost saving and £6,547 annual saving in staff time costs
- 0.7 tonnes CO_2 saved annually

Replaced 3.5L plastic jars for non-sharps clinical waste with cardboard Bio-Bins at the Cardiff laboratory, resulting in:

- Reduced plastic waste and compliance with new Welsh recycling laws
- Flat-packed units that reduce storage and transport space requirements

Stopped ordering disposable lab coats at the Swansea laboratory to reduce waste, resulting in:

- £600 annual cost savings
- 159Kg CO_2 savings

This work has supported colleagues in Health Protection and Screening Services to implement practical changes that contribute to Public Health Wales' sustainability and decarbonisation commitments, helping to position the organisation as an exemplar of good practice.

Ongoing and future work to build impact

- Scaling up Bio Bin use across suitable labs, with estimated annual savings of £20,000, 6 tonnes of CO_2, and 3,500 plastic 3.5L jars removed
- Expanding the use of StarLab Pipette Tips, enabling recycling of tip boxes and delivering estimated reductions of 27% in tip waste and 9% in costs
- Scaling up removal of disposable lab coat ordering across the lab network where feasible
- Expanding the Green Lab Champions network to ensure representation from all laboratories

Policy and International Health

Impact of consultation responses on housing & health policy 2025-26

Strategic Priority: Wider determinants of health

Overview

- Equitable access to affordable good quality housing, supporting health.
- We aim to influence policy to improve affordable, good quality housing for all in Wales.

Our Impact

- PHW submitted 28 consultation responses across all topics in 2025-26, including 4 on housing. Responses are tracked via a dashboard enabling systematic analysis of influence across topics, priorities and directorates.
- PHW evidence on health and housing consistently aligns with final policy and inquiry outcomes, indicating strong uptake of prevention, wellbeing and equity framing.
- Influence on housing policy is evidenced through citations in Welsh Government, stakeholder policy documents and feedback confirming PHW input is valued and shapes decision-making.

Summary

Here we use the example of health and housing consultation activity to demonstrate how this work is translating into demonstrable policy influence, with evidence of uptake and application of prevention-focused recommendations. To look at the dashboard that captures all our consultations activity please click here.

Specific impacts from each consultation response:

- Evidence to a Senedd inquiry on fuel poverty helped secure a recommendation (accepted by Welsh Government) to improve data and set delivery targets for the Tackling Fuel Poverty Plan.
- Response to the Welsh Government housing White Paper aligned with wider stakeholder views and fed into a commitment to explore a Right to Adequate Housing Bill.
- Influenced the Rent and Service Charge Standard 2026–2036, including adoption of 'warm rents' as a future policy area.
- Impacted the UK Government Warm Homes Discount Scheme consultation, shaping continuation, targeting, health focus and industry initiatives.
- Evidence on hazardous disrepair in social housing informed Senedd Research briefings that heavily reference PHW.

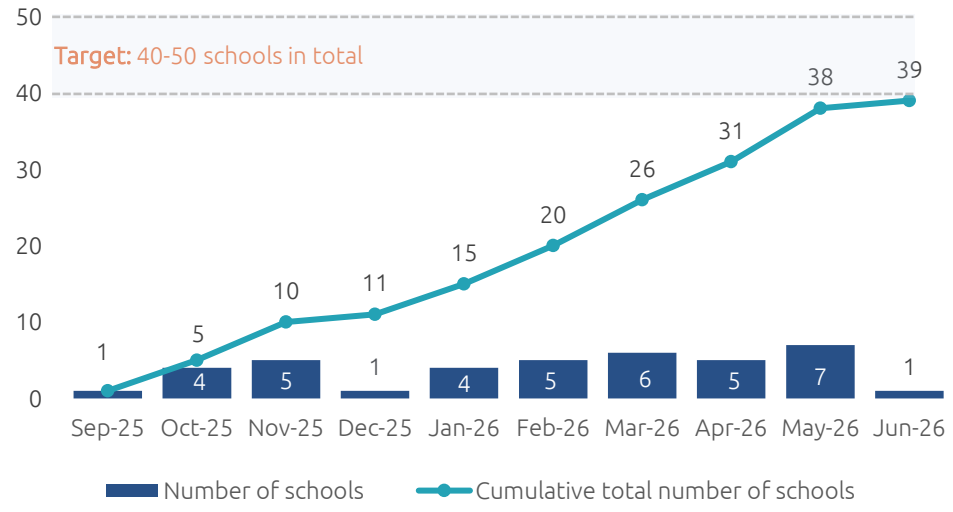
Ongoing and future work to build impact

- Publish key responses on the new website to increase reach
- Work with Senedd Research to suggest Committee inquiries on housing and health topics
- Strengthen relationships with housing officials in Welsh Government, and other stakeholders, to support linking health and housing briefs

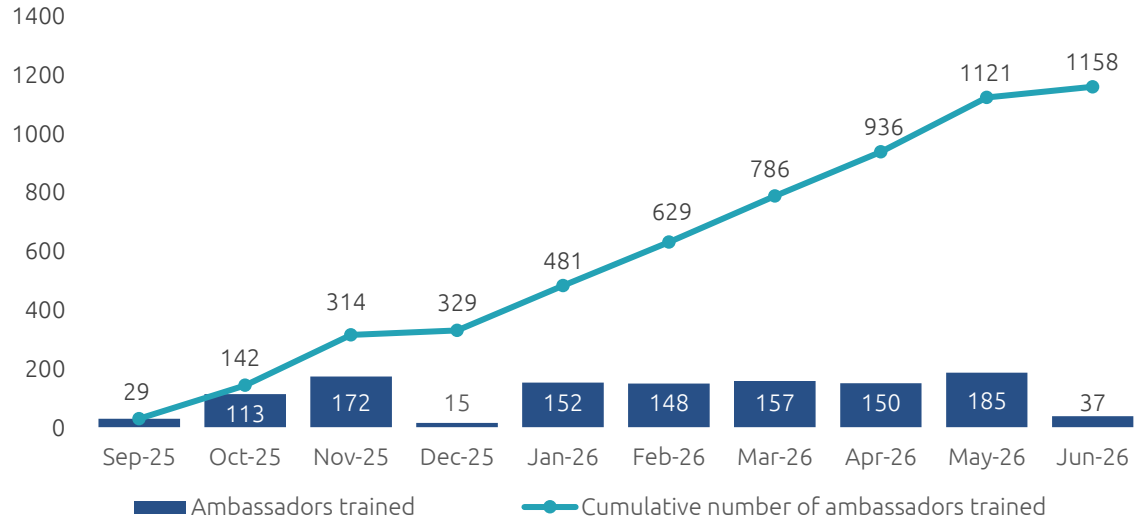
Health and Wellbeing

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)

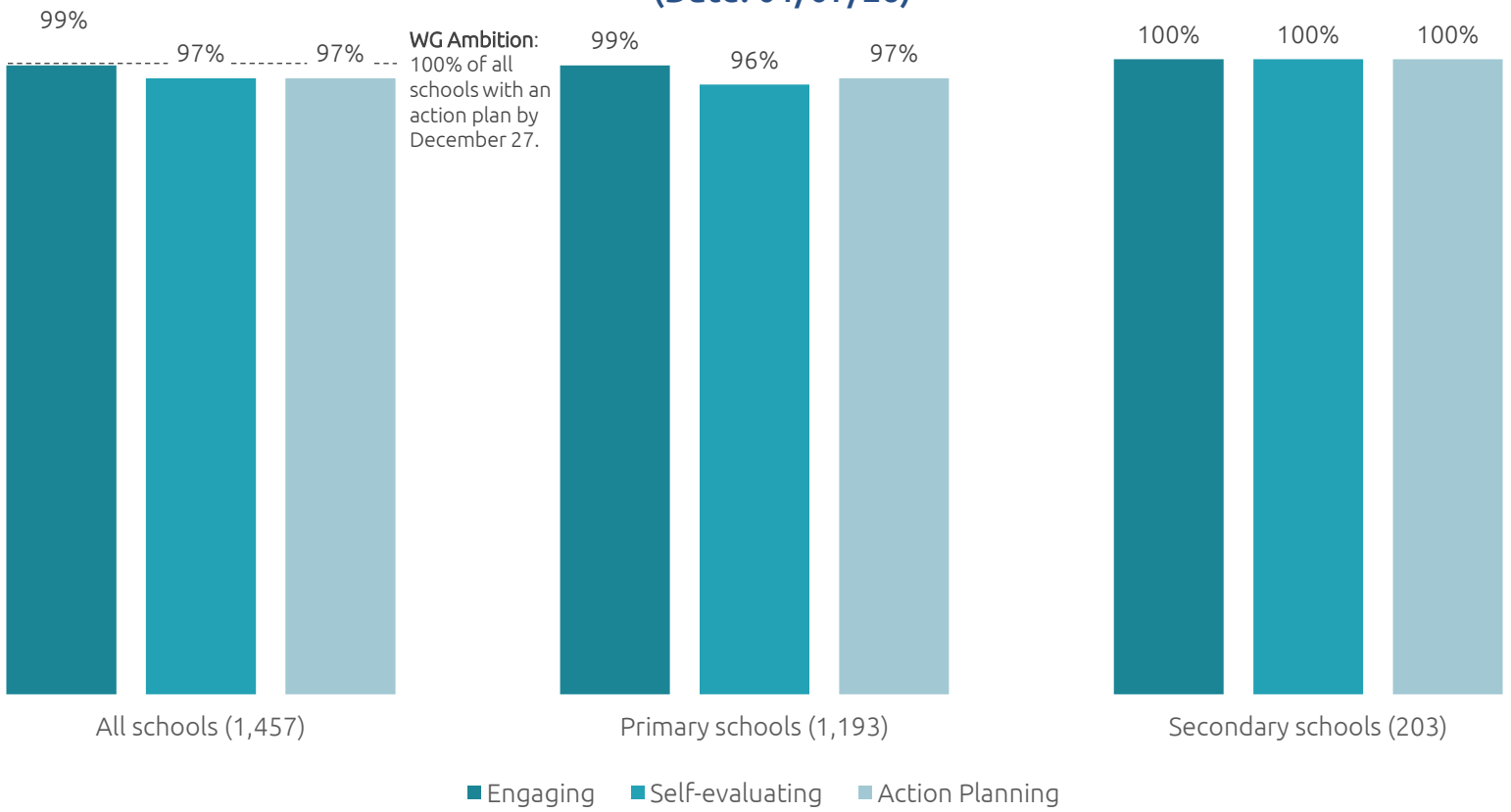


- JUSTB / BYW BYWYD is an evidence-based smoking prevention programme that utilises peer influence and networks to disseminate smoke-free norms.
- The programme is delivered during term-time to Year 8 pupils in secondary schools with the highest smoking rates.
- We aimed to deliver to 40-50 schools in total during the 2025/26 academic school year. The team engaged 40 schools however due to the extreme weather one school was cancelled making a total of 39 schools delivered this academic year.
- A review of the JUSTB programme will be carried out this year (26/27).
- This monthly report is designed to show progress over the academic year from September 2025 to June 2026 (Just B delivery window).
- We delivered in 1 school in June, training a further 37 ambassadors giving a total of 1,158 ambassadors.

Health and Wellbeing

Whole School Approach to Emotional and Mental Wellbeing

Percentage of schools 'engaging', 'self-evaluating', or 'action planning' as part of their Whole-School Approach to Emotional and Mental Well-being (WSAEMWB) (Date: 01/07/26)



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 **December 2027**. This is currently at **97%**, therefore, we do not expect significant changes in these data for the remainder of 2026/27.

Health and Wellbeing

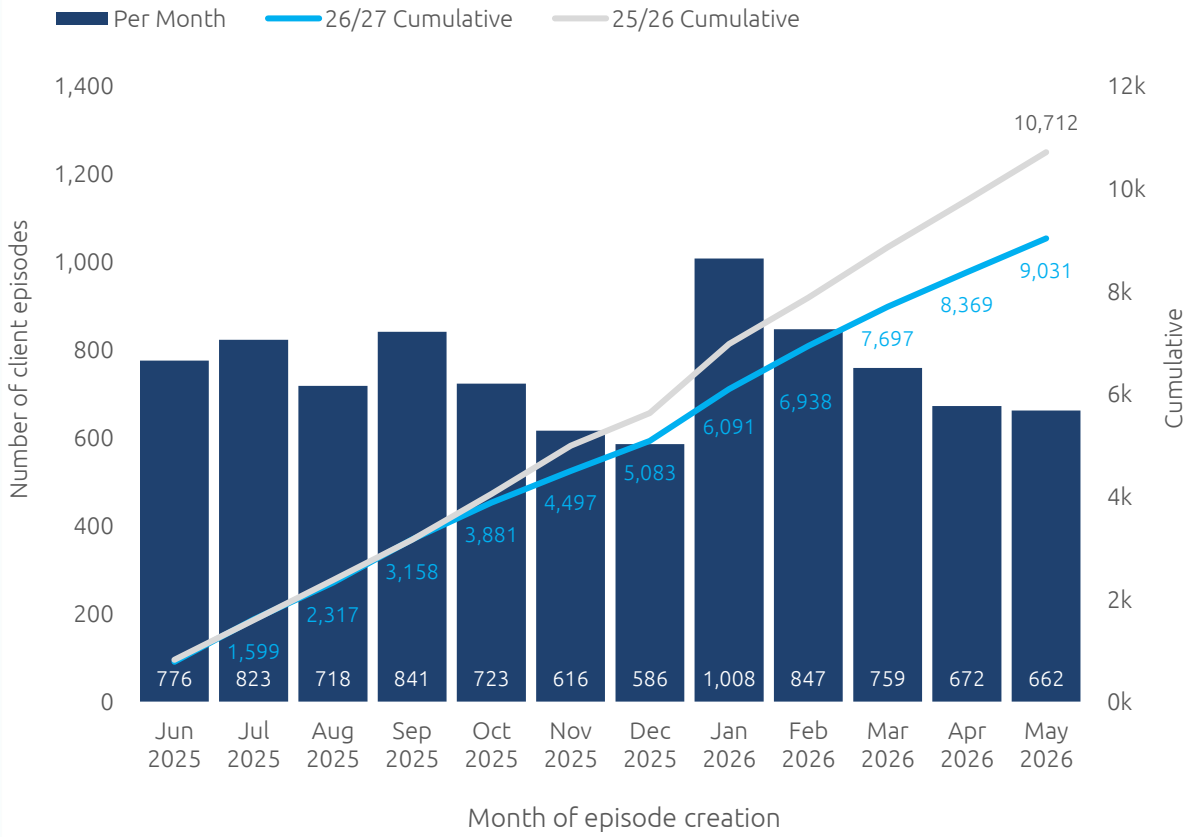
Help Me Quit

In May 2026, the Hub was responsible for contacting 1,211 new referrals compared with 1,262 in the same month of the previous year. The Help Me Quit Hub handled 635 inbound calls (883 in May 2025) and the Hub created 662 new client episodes in May 2026 (936 in May 2025).

Timeliness of first contact: 94% 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 72% compared with 68% in the same month of the previous year.

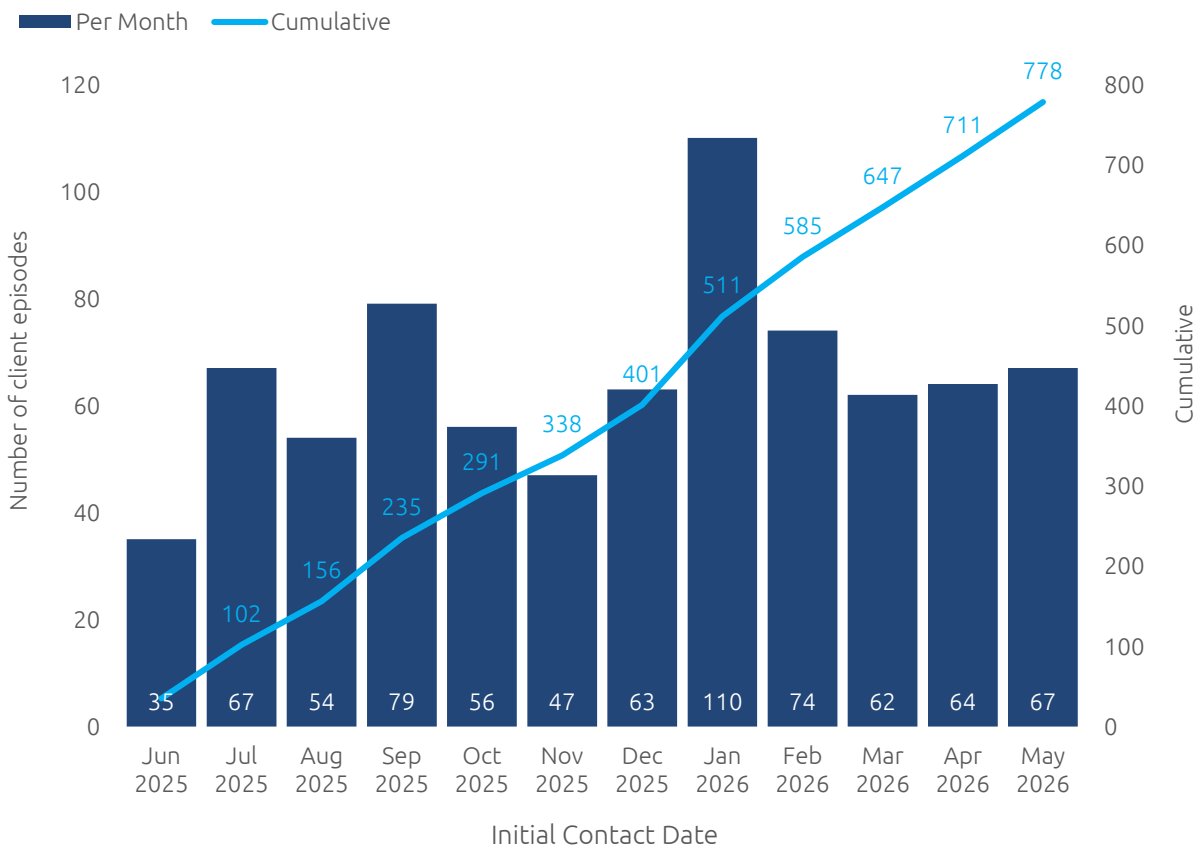
Number of client episodes created by the Hub



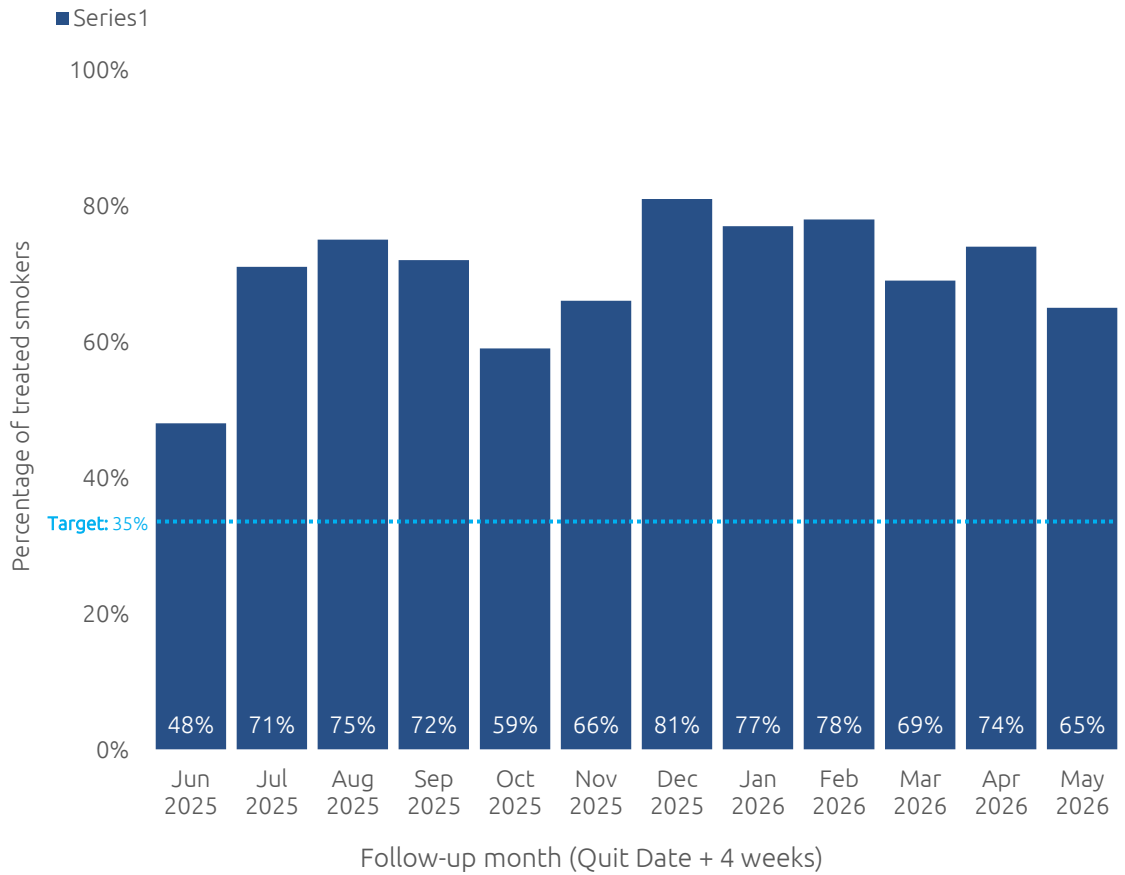
Health and Wellbeing

Help Me Quit

Number of clients who attend an assessment session (NTSS)

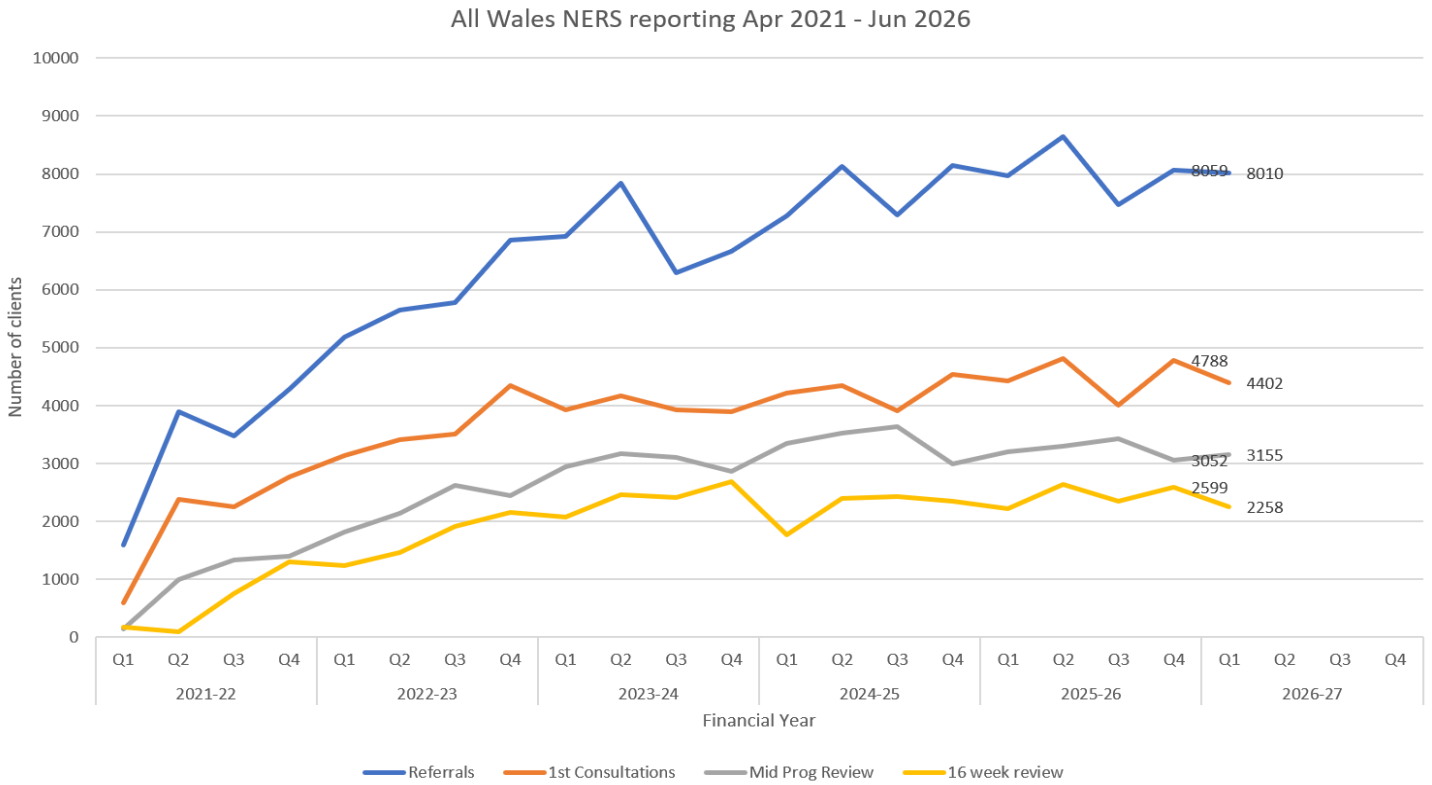


4-week self-reporting quit rate (NTSS)



Health and Wellbeing

National Exercise Referral Programme



- 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. 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.
- 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 10.5 WTE from 2012 to 2026 due to real-time cuts in grant funding.
- Referrals continue to be high, with 32,149 received in 25/26.
- 116,696 people have completed the NERS in Wales since 2012.

Section 3
Strategy Delivery

Key Performance Indicator Summary

Strategic Plan	12 Month Look Back	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
Strategic Plan – Percentage of milestones currently green or complete		90.2%	89.3%	89.8%	88.5%	86.5%	85.2%	85.7%	84.4%	82.8%	94.5%	90.5%	85.7%
Strategic Plan – Percentage of milestones currently red		2.1%	0.8%	2.9%	1.6%	1.2%	2.9%	0%	1.6%	6.2%	0.0%	3.0%	4.9%
Request for Change (RFC) – Number of milestone changes submitted for approval		5	5	7	5	7	8	1	8	15	2	9	7
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%	81.8%	81.8%	72.7%	72.7%	72.7%	72.7%	81.8%	100%	100%	94%
Strategic Priority 3 – Promoting healthy behaviours		89.5%	86.8%	89.5%	86.8%	84.2%	84.2%	84.2%	84.2%	84.2%	94.4%	94.1%	91.2%
Strategic Priority 4 – Sustainable health and care system		88.4%	88.4%	86%	91%	88%	91%	90.7%	90.7%	88.4%	100%	90%	90%
Strategic Priority 5 – Excellent public health services		91.4%	91.4%	91.4%	82.8%	77.6%	77.6%	79.3%	79.3%	79.3%	88%	84%	76%
Strategic Priority 6 – Climate change		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	92%
Enabling delivery of our plan		90%	88.8%	90%	91.3%	92.5%	87.5%	87.5%	83.8%	90.0%	93.0%	88.6%	84.5%
Strategic Change Programmes – Percentage of milestones currently green/amber		88%	88%	88%	89%	89%	88%	88.9%	75%	N/A	63%	75%	75%
Strategic Change Programmes – Percentage of milestones currently red		0%	0%	0%	0%	0%	0%	0%	0%	N/A	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 job planning policy, to include ensuring that > 90% of all Consultants have an agreed job plan in place at all times by 30 September 2026 and aligned to service demand and capacity plans	>90% of Consultants to have agreed job plan by 30/09/26	RED: As of 16 July 2026, 46% of Medical and Dental Consultants have a completed job plan (compared to 40% in April 2026). This figure is based on the records provided to the OMD; either taken from the electronic job planning platform (Allocate) or where paper-based job plans have been sent to the OMD for assurance.
Continue to deliver a further and sustained reduction in agency expenditure, with a target 30% reduction in 2026/27 from 2025/26 outturn and ensuring no off-contract expenditure (Workforce Productivity).	30% reduction in 2026/27 and no off-contract expenditure	GREEN: Planning for agency reduction is embedded in internal performance reporting, with agency spend at 0.7% of the total pay bill at month 3 (22% reduction YTD).
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 June 2026, £99K was spent on agency staff, £39K of which was categorised as Admin and Clerical.

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	RED: The organisational rolling 12-month sickness absence FTE % has fluctuated around 4% over the past three years. For June 2026, the rolling 12-month absence FTE % was 4.60% (3.85% in-month). For the equivalent period in 2025, it was 4.51%.
Actions rolled over to 2026/27 with re-defined action definition		
Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme community-based falls response framework and, in support, implement a focus on prevention and early intervention in line with the policy statement on population health management (Timely Access to Care).	Delivered principles in the six goals	GREEN: All Public Health Wales actions are on track. However, there are a range of actions within the All-Wales programmes which are outside of Public Health Wales' Remit.
Ensure progress of the focused Diabetes High Value High Impact pathway (Population Health & Prevention).	No performance target indicated	GREEN: All Public Health Wales actions are on track. However, there are a range of actions not in the gift of Public Health Wales, which need further action and accountability.
Eradicate unsupported systems and devices and ensure a clear cyber response plan for the organisation (Improving Value, Optimising Outcomes, & minimising Variation).	No performance target indicated	GREEN: All Public Health Wales actions are on track.

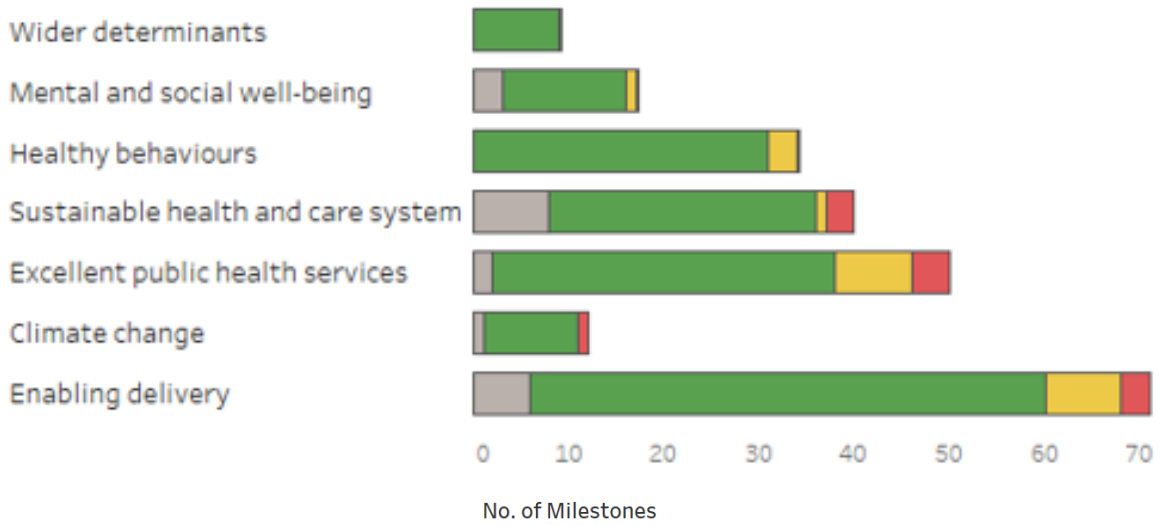
Strategic Plan Milestone Delivery

Strategic Priority Delivery Status	20 Completed ▲11	181 Green ▼21	21 Amber ▲6	11 Red ▲4

Request for Change

A total of 11 Request for Change were approved in June 2026. Six of these related to month 2 RFCs and five related to month 3 RFCs.

By Strategic Priority



Month 3 Reporting

As at month 3, 86% of milestones are on track, with a further 11 completed during the month. Key achievements include delivering the Public Inquiry Module 4 improvement actions and capturing learning as well as hosting Tackling Diabetes Together national targeted education event/campaign.

There is a higher number of red and amber milestones this month, which is partly attributable to the pause in approval of month 2 RFCs, resulting from the ongoing work on the IMTP addendum requested by Welsh Government. Consequently, **month 2 RFCs were submitted for approval alongside month 3 RFCs**.

Themes within the red and amber milestones include external dependencies on Welsh Government, Directors of Public Health, health boards, and links to our strategic change programmes. Several of which are also linked to the ministerial templates submitted to Welsh Government as part of our IMTP.

Of the RFCs submitted, these include date changes to ensure alignment with ongoing pieces of work (including the Breast Test Wales review, which submitted a date change RFC in month 2 due to returning to draft status), anticipated publication of an IPC framework from Welsh Government and to better reflect the scope of work. The remaining RFCs comprise of scope change and milestone closure resulting from changes in government priorities.

Further discussions are taking place in relation to the IMTP addendum and Q1 baseline review, and the outcome of this work will be reflected in a re-baselined plan from next month.

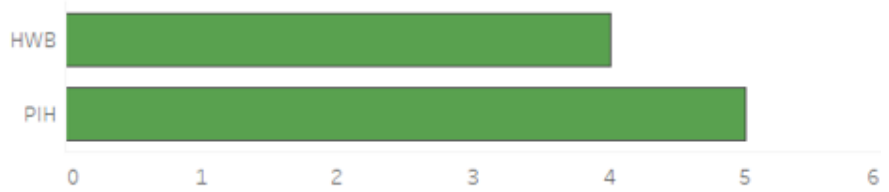
Strategic Plan Milestone Delivery

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 3

Strategic Priority Overview

Early years, education and work and income:

- Established five nations child poverty group, developing collective workplan
- Co-produced a Wales-wide financial wellbeing webinar to drive prevention, partnership working, and to reduce health inequalities
- Rapid scoping review on Interventions supporting young people with mental, behavioural and neurodevelopmental conditions into work, and their impact on mental health completed.

Healthy places:

- Presented evidence on housing and health to Welsh Government housing leaders, leading to participation in the Welsh Housing Quality Standards Steering Group.
- Presented at EuroHealthNet Policy Lab, how affordable housing contributes to healthier communities.
- Launched creating connected places for health and wellbeing guide at WHO online event.
- Learning group session on applying systems thinking to developing PSB well-being assessments and identifying priorities for well-being plans.

Policy and health impact assessment:

- Led a workforce awareness programme to increase organisational capability and readiness for the Health Impact Assessment (Wales) Regulations 2025.

Partnership Implementation:

- Co-developing Marmot nation/Health Equity Wales approach through delivery board, developing theory of change (in progress) and scoping learning system.
- Supported and strengthened population health strategies to address Inequalities in women's health jointly with Betsi Cadwaladr and Cwm Taf Morgannwg Health Boards.
- Identified priorities working with Gwent PSB to inform their action on economic chances.

Route Map:

- Revised IMTP submitted in line with Welsh Government direction. Establishing route map business as usual arrangements including topic leads.

Issues/Risks

- Priorities of new government focus heavily on WDoH which is an opportunity and a challenge within existing capacity

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 3

Strategic Priority Overview

Screentime review:

- Working group established to review evidence of impact screentime and digital use on babies, children and young peoples' development (June Milestone).
- This is a cross-programme piece of work between the Early Years and Child Health, Mental and Social Wellbeing and Education Settings programme teams.

Babies, Children and Young Peoples' Needs Assessment:

- Quarter 1 milestone to share learning from the needs assessment completed with publication of the report, BBC Wales story, and dissemination to key stakeholders including presentation at the Mental Health Strategic Programme Research and Evaluation Network on 30th June – jointly delivered by Health Improvement and Research and Evaluation Team members.
- Work now underway to establish a Knowledge and Development Exchange Group for BCYP MH&WB in collaboration with the Wolfson Centre (contributing to related Q3 milestone).

Cynefin: A Creative Health Review for Wales:

- Quarter 1 milestone to initiate Cynefin achieved with the first of 4 learning events held on 24th June with over 140 attendees and engagement by the CMO and wider 'Champions' who will work with us over coming months to develop policy and practice recommendations.

Issues/Risks

- Delay in making user journey improvements to the Hapus website identified as required in our evaluation - awaiting clarity on prioritisation process within the organisation website improvement programme.

Strategic Plan Milestone Delivery

Strategic Priority 3 – Promoting healthy behaviours

Current Delivery Status

By Directorate

Changes to Plan

No requests for change received in month 3

Strategic Priority Overview

Tobacco:

- Led all-Wales implementation planning for the Tobacco and Vapes Act. Shaped Welsh Government policy through evidence and advice on vaping among children and young people. Delivered high-impact smoking cessation campaigns, generating 852 referrals to Help Me Quit services.

Healthy Weight:

- Secured and commenced delivery of a £8 million funded project from the Obesity Pathway Innovation Programme to transform obesity prevention and treatment across Wales for a once-for-Wales, digitally enabled obesity pathway with all Health Boards and DHCW. Continued to progress healthier food environment through national leadership and evidence generation to enable policy development.

Physical Activity:

- Completed national stakeholder engagement to inform development of the Daily Active 8 Domains resource. Supported delivery of the Active Mile initiative, helping schools increase opportunities for physical activity. Influenced UK-wide physical activity messaging through contribution to Chief Medical Officers' guidance.

Gambling, and Substance misuse:

- Continued work to establish the gambling programme and grants scheme and the programme of work for substance misuse.

Children's and Early years:

- Continued to progress breastfeeding, Early Years Nutrition and School Food programmes

Healthy Working Wales:

- Strengthened workforce wellbeing through national employer engagement on financial wellbeing, healthy work and published evidence-based recommendations on supporting young people into work

Issues/Risks

- 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.

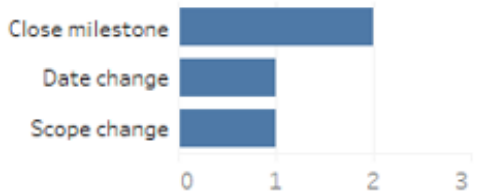
Strategic Plan Milestone Delivery

Strategic Priority 4 – Supporting a sustainable health and care system

Current Delivery Status

By Directorate

Changes to Plan



4
Total RFC's YTD 2026/27

1
RFC submitted in June

Strategic Priority Overview

- **National Safeguarding Annual Report 2025/26** published.
- **CVD Prevention:** Promising results from Y1 hypertension QIP reviewed and shared with GMS Quality Committee and partners across Wales: Over 30,000 additional people with blood pressure treated to target, equating to 184 heart attacks prevented, 275 strokes prevented and NHS savings of nearly £7 million.
- **Dental Public Health:** Final paper for the largest UK trial of an oral health intervention in care homes (led by Paul Brocklehurst) has been accepted for publication. Results highlight the importance of a continued programme of prevention (such as the Gwen am Byth programme in Wales, which is overseen by Mary Wilson in the Dental Public Health team).
- **Publication in BMJ Open:** Which 'health check' programmes for the assessment of cardiovascular risk factors and disease could be used to prevent illness and improve health in countries with universal healthcare? A systematic umbrella review
- Launch of Contraception After Pregnancy e-learning module on Y Ty Dysgu platform.
- PHW leading the Community by Design Prevention & Population Health Management strategic shift; model for prevention in healthcare in Wales under development.

Issues/Risks

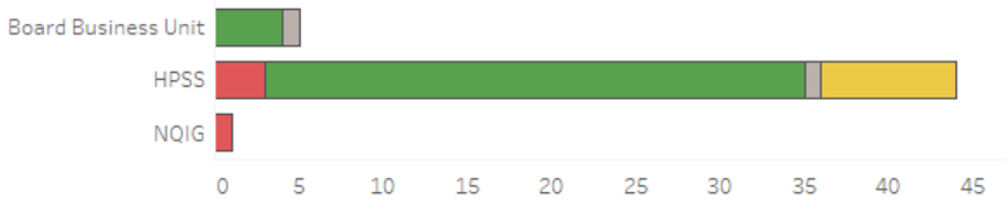
- Cross-organisational coordination and capacity to deliver ambitions of the strategic priority.
- Workforce capacity to deliver the ambitions of the route map.
- System capacity to engage in prevention & long-term thinking vs operational pressures.

Strategic Plan Milestone Delivery

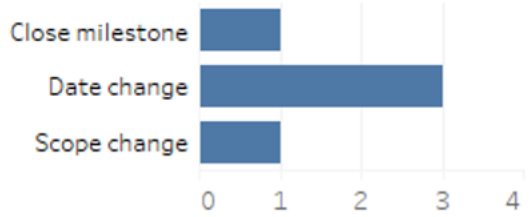
Strategic Priority 5 – Delivering excellent public health services

Current Delivery Status

By Directorate



Changes to Plan



5
Total RFC's YTD 2026/27

4
RFC's submitted in June

Strategic Priority Overview

- Three screening improvement plans are in place. BTW is improving timeliness but faces assessment and workforce risks. BSW has launched a colonoscopy programme and recovery plan despite constraints. DESW is increasing capacity, though workforce and system pressures remain.
- Strategic Response Group and Sexual Health Improvement Group have been stood down. Work continues completion of actions from IMT. Changes have been implemented to strengthen governance and operational oversight of the service. A new interim Lead HP Nurse has been appointed to the new structure with an Improvement Manager role to be recruited imminently.
- Digital Health Protection (DHP) programme team has launched a new Phase 1 Hub, to prepare Tarian users for the first phase of the new programme.
- SMS feedback has been rolled out from DESW (Dec 2025) to AAA (Apr 2026), generating 9,386 responses with a 96.3% positive rating; BTW rollout is planned for Aug 2026, with wider expansion subject to funding.
- The Behavioural Science Unit is providing training, tools and evaluation for telephone interventions designed to increase screening uptake among non-responders.
- The Well-being Economics and Value team at PIH is progressing work on social value of immunisation, Covid-19 vaccination, economic impact of RSV vaccines for pregnant women, and led work around cost effectiveness of TB screening and outbreak management.

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.

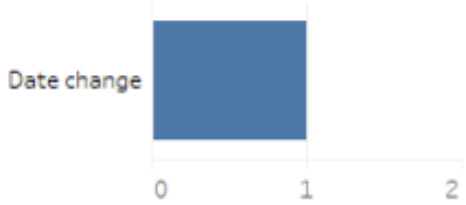
Strategic Plan Milestone Delivery

Strategic Priority 6 – Climate change

Current Delivery Status

By Directorate

Changes to Plan



1
Total RFC's YTD 2026/27

1
RFC's submitted in June

Strategic priority overview:

Heatwave response:

- Significant heatwave response mounted by organisation. Highlights include:
  - Early, consistent messaging set the tone, giving clear instructions for the public and partners.
  - 11 social media posts covering heat advice, cold water shock, signs of heatstroke and thunderstorm asthma saw a total of 1.7m organic views, 2.4k reactions and 1.7k shares.
  - Thunderstorm asthma post performed exceptionally, with 1.3m views 92% of which came from people who do not follow us.
- Heat period rapid morbidity and mortality surveillance report developed which identified spike in all-cause mortality from May heatwave (too early to tell for June) as well as spikes in 999 calls for May and June.

Surveillance:

- Cold morbidity and mortality reports (2024-2025) published in May which showed impacts on older people and women – these will be used to inform winter planning. These complement our heat morbidity and mortality reports (publication pending).

Research:

- Expression of interest submitted to UKRI to host a Policy Fellow who would specifically focus on our response to coal tip safety, natural hazards and nature-based solutions in relation to climate.

Climate Change Programme Board:

- In person workshop held with colleagues from programme board and sub-groups, focusing on what areas of work we are doing well and where we need to see progress. Identified significant leaning we can build on to improve our practice.

Issues/Risks

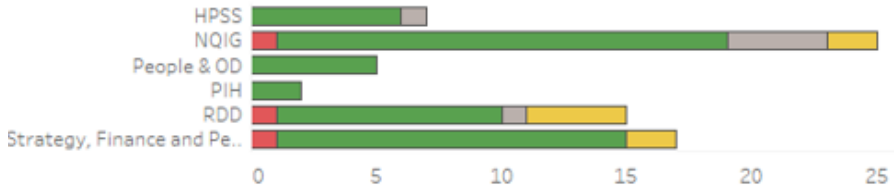
- Governance: We are strengthening cross organisational alignment of climate related risks. Our cross organisational assurance of delivery is challenging and is an area of current focus.
- Capacity remains a significant challenge with ~10WTE colleagues working on this strategic priority, with implications for delivery at pace and scale required of this complex challenge

Strategic Plan Milestone Delivery

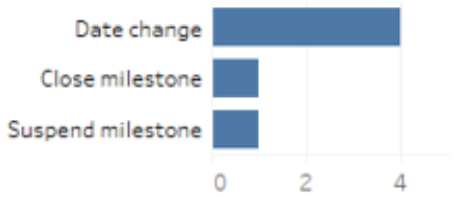
Enabling delivery of our plan

Current Delivery Status

By Directorate



Changes to Plan



6
Total RFC's YTD 2026/27

1
RFC's submitted in June

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 June 2026, is provided below.

Green	Green/Amber	Amber	Amber/Red	Red
2	1	3	2	0

Key Information

Data, Analytics, Registers and Cloud (DARC) continues to report Amber/Red. In relation to analytical migration to NDAP, the first outputs (Suicide Surveillance) are now being run successfully on the Google Cloud Platform. However, ongoing funding uncertainty due to Welsh Government review of digital funding is making it difficult to address gaps in technical capacity.

Diabetic Eye Screening Wales (Amber/Red) continues to lack programme capacity which is unsustainable. The continuation of the programme is dependent on an approach to broader screening transformation which is currently being worked through.

Digital Health Protection (Amber) remains on track for delivery of Phase 1 in July 2026. Whilst an alternative approach to accessing laboratory data has been identified, further commissioning and rollout planning are required. Benefits realisation, organisational readiness and Phase 2 delivery continue to require close management attention.

Gambling Harm Reduction (Amber) is currently dependent on external approvals and procurement activity, whilst progress has been made with approval to procure a third-party organisation to administer the grants scheme, identification of research priorities for Wales and development of the local offer model.

Programme Detail

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

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

Health inequalities – mental and social well-being

Activity from SP2, Promoting Mental and Social Well-being

What have we done?

Building evidence and mobilising knowledge

- Published the Health Needs Assessment: Mental Health of Babies, Children and Young People in Wales describing inequity in mental wellbeing and mental health outcomes. A key recommendation is to target inequalities in access and outcomes – taking a proportionate response to addressing disparities arising from geography, socioeconomic status, ethnicity, neurodiversity, and other vulnerabilities to ensure equitable access to mental health support.

Strengthened partnerships

- Co-convened the Storytelling for Health Symposium, in partnership with University of South Wales & Cwm Taf Morgannwg University Health Board, on the theme of 'Unheard Voices'. This brought people together from across disciplines and sectors to share practice and champion the voices of those who might otherwise not be heard in health and wellbeing settings. We engaged Future Generations Commissioner, NICE and NHS Performance & Improvement alongside creative practitioners.

Inspired action

- Worked with Arts Council Wales to jointly commission and produce 6 projects with artists across Wales. Artists worked with people from priority groups, who are more likely to experience poorer wellbeing outcomes – people experiencing poverty or access to fewer resources and opportunities, females, people of global majority, those living with long term conditions, neurodiverse people, young mothers, those seeking sanctuary, and younger men. 9 new wellbeing tools have been created. These are shared via Hapus and aim to inspire others to take action to protect and promote their wellbeing, through positive activities.

So what? Our impact so far

- Influenced system wide action on improving mental health & wellbeing outcomes for babies, children & young people including commitment to manage a Knowledge Development & Exchange Group.
- Raised the profile of voices from people seeking sanctuary, experiencing poverty and discrimination - by including creators sharing their experiences in a panel discussion at the Storytelling for Health Symposium.
- Created stronger relationships with stakeholders across health (including health boards, NHS P&I), academia, the Voluntary Sector, and sectors with a strong influence on mental health and wellbeing (including nature & environment, arts & culture, sport).
- Built capacity in the Voluntary Sector to better understand the impact of their work on mental wellbeing outcomes in different population groups, co-delivering a webinar with Prof. Sarah Stewart Brown, University of Warwick. We saw a 57.1% increase in knowledge following the webinar. All survey respondents were interested in further learning or support on the topic – leading to plans for further support through 26/27.

What are we working on? Next Steps

- Delivery of 'Cynefin' with system partners. 'Cynefin' is a series of discussions bringing together leaders from health and the arts to explore how embedding arts and culture within public services, alongside a focus on addressing inequity through a Marmot approach, could affect a step change for health in Wales.

Health inequalities – mental and social well-being inequalities data

Children and young people

- Girls consistently report poorer mental health and wellbeing than boys[1]
  - Both primary and secondary school
  - Disparities wider in older year groups
- In secondary school, pupils who identify as neither girl nor boy report the poorest outcomes – 54% report low mental wellbeing in 2023[2]
- Mental health symptoms are more common among adolescents from less affluent families. Gap has widened in recent years[2]
- By ethnicity, mental wellbeing scores are[2]:
  - Highest in Black/Black British and Asian/Asian British pupils, indicating better wellbeing
  - Similar across all other ethnic groups
- Rates of hospital admissions and GP contacts for anxiety are also much higher in girls than boys, and girls have seen steep increases in both in recent years[1]

Adults

- Mental wellbeing scores among adults living in the most deprived fifth of areas are consistently much lower than in the least deprived areas[3].
- 43% of people living in the most deprived areas say they do not feel safe either at home, walking in their local area, and/or travelling, compared to 26% in the least deprived areas[3].
- People living in the most deprived areas are, however, more likely to report feeling a sense of community[3].
- The gap in mental wellbeing between Wales and the rest of the UK has widened substantially since the pandemic. In 2023/24, 27.3% of Welsh adults had poor mental health compared to roughly 24% of the UK as a whole[4].
- People living in urban areas, especially women, young adults, and people experiencing poverty, are more likely to experience a mental health crisis than those in rural areas[4].

[1] Health Needs Assessment: Mental Health of Babies, Children and Young People in Wales - Public Health Wales
[2] School Health Research Network, publichealthwales.shinyapps.io/SHRN_Dashboard/
[3] National Survey for Wales, 2024/25
[4] Mental Health Foundation 2026

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 measure available	
	Healthy weight – children aged 4-5	71.8%	2024/25	↓	68.5%	76.5%	–	72.3% (2018/19)	Updated
	Meeting physical activity guidelines – adults	59.2%	2024/25	↑	47.7% **	61.4% **	↓	51.5% *(2018/19)*	
	Meeting physical activity guidelines – adolescents*	18.3%	2023	↑	15.3%	20.4%	↑	18.3% *(2017)*	
	Alcohol consumption above guidelines – adults	15.4%	2024/25	↓	14.6% **	21.3% **	↑	18.7% *(2018/19)*	
	Alcohol consumption– adolescents*	35.6%	2023	↓	32.4%	37.6%	↓	46.3% *(2017)*	

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

Outcomes Measurement

Strategic Priority	Indicator	Latest value	Time period	Change since last measure	Most deprived fifth	Least deprived fifth	Change in deprivation gap since last measure	Baseline
Sustainable health and care system	Avoidable mortality rate	274 per 100,000	2022-2024	↓	In development	In development	In development	266 per 100,000 *(2017-2019)*
	Preventable mortality rate	178 per 100,000	2022-2024	↓	In development	In development	In development	168 per 100,000 *(2017-2019)*
	Treatable mortality rate	96 per 100,000	2022-2024	–	In development	In development	In development	98 per 100,000 *(2017-2019)*
	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

New dashboard on the health of primary school children

- New dashboard containing 41 indicators of the health and wellbeing of primary school children published for the first time in Wales, from the School Health Research Network (SHRN) survey 2024.

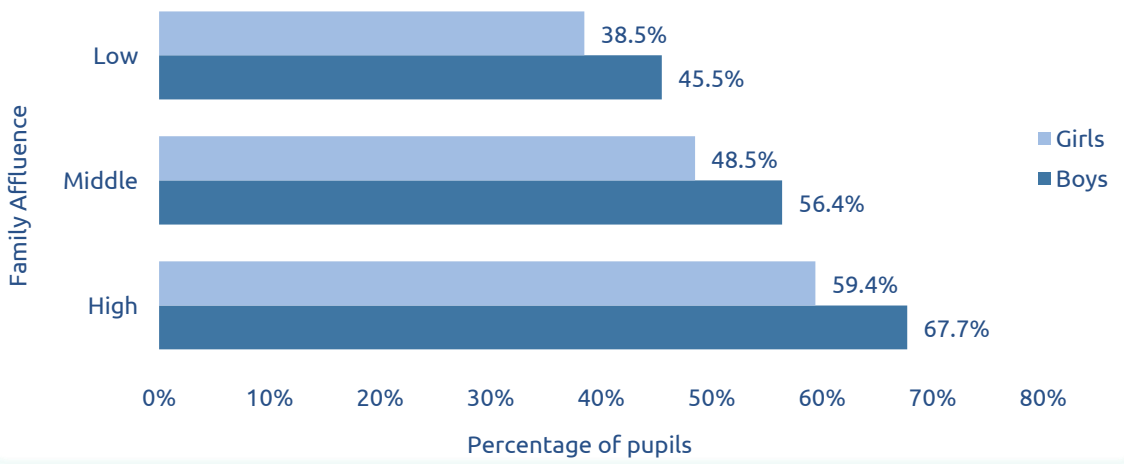
Key messages:

- Most primary school children in Wales report having problems sleeping, with around 2 in 3 children affected. Our research also shows a strong association between sleep, mental health difficulties and poor wellbeing scores in secondary school children. These new findings show that **a major risk factor for poor mental health that frequently begins early in childhood**.
- Girls consistently report higher levels of emotional difficulties than boys across all primary school year groups
- Compared to children from higher-affluence families, children from lower-affluence families are more likely to report:
    - Emotional (32% vs 26%) and behavioural (19% vs 14%) difficulties
    - Experiencing cyber-bullying (33% vs 28%)
    - Low fruit (43% vs 58%) and vegetable (32% vs 47%) consumption
    - Trying a vape (7.3% vs 4.9%)
- Children from higher-affluence families are more likely to exercise at least five times a week. Boys report higher levels of regular exercise than girls across all affluence groups. Most pronounced gender gap in higher-affluence groups.
- Most feel their teachers care about them (89%), and accept them (91%), though less than half of children report liking school a lot (44%)

Weight at age 4-5

- The latest Child Measurement Programme data shows that 71.8% of children aged 4 to 5 with healthy weight in 2024/25, down from 73.5% in 2023/24
- In 2024/25 the prevalence of children living with overweight and obesity was the highest since 2013/14, at 27.3%
- The prevalence of children with obesity is also the highest since 2013/14, at 12.8%
- The prevalence of children with obesity is higher in Wales than other UK nations (England 10.5%, Scotland 11.8%)
- Children in the most deprived fifth of areas are 75% more likely to be living with obesity compared to the least deprived (15.6% vs 8.9%)
- Boys are twice as likely to be underweight compared to girls (1.2% vs 0.6%)

Percentage of primary school pupils reporting exercising at least five times a week by family affluence, 2024



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

Outcomes Measurement

Early years, children and young people – data and outcomes measurement activity

- Working with Welsh Government to align data activity around the early years, including contributing to the Health Outcomes Framework for Wales and data collection improvement efforts
- Exploring potential policy modelling projects focused on the early years, including modelling of the Healthy Start scheme and the Cynnal/Welsh Child Payment
- Exploring development of a routine indicator of weight gain in the early years, driven by recent findings from the Child Measurement Programme and ad hoc research

- Behavioural science in systems – Creating conditions work
    - First application of behavioural science in systems to healthy weight in the first 1,000 days
    - Driven by increasing childhood obesity prevalence (see previous slide) and a wide deprivation gap
    - Delivered collaboratively across health boards, EYCH, Behavioural Science Unit, and Research, Data and Digital Directorate
    - Applies population segmentation to identify highest-risk groups and co-design targeted, system-level interventions
    - Why it matters:
        - Demonstrates how advanced data and insight translate into targeted action.
        - Enables sharper focus on those most at risk → reducing inequalities.
        - Builds a scalable, evidence-led model for prevention.

- National childhood development indicator (feasibility)
    - Commissioned by Welsh Government to assess feasibility of a population-level childhood development indicator (a current gap)
    - Would establish a consistent, national measure of early child outcomes. Would form a key indicator for future PHW outcomes measurement
    - Why it matters:
        - Provides the outcome metric needed to assess population-level impact. It strengthens alignment between data, evaluation and resource allocation, supporting the goals of the IMP measurement system
        - Underpins a shift to outcomes-led, data-driven decision making

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