GIG CYMRU NHS WALES
Iechyd Cyhoeddus Cymru
Public Health Wales

Performance and Insight Report

October 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 **Screening Services, Health Protection and Infection Services, Health and Wellbeing programmes, 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

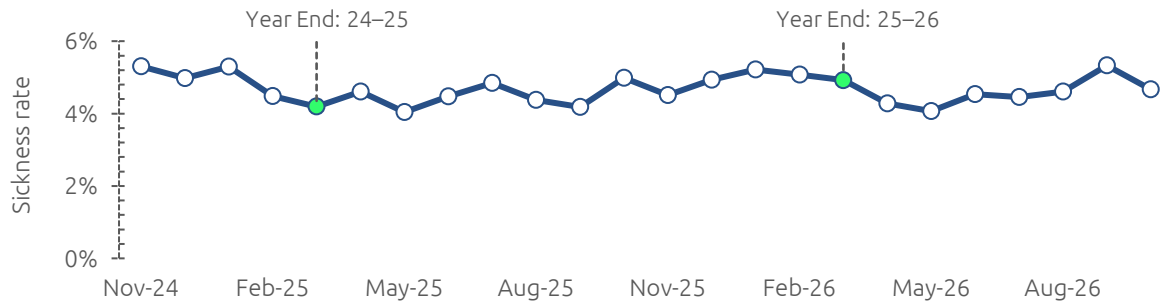
People Governance	Target	12 Month Look Back	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26
12m Rolling Sickness Absence FTE %	YoY Reduction		4.52%	4.58%	4.46%	4.52%	4.60%	4.64%	4.63%	4.60%	4.57%	4.58%	4.67%	4.72%
Statutory and Mandatory Training	85%		92.9%	92.9%	92.9%	92.8%	92.3%	92.4%	92.5%	92.5%	92.5%	92.3%	92.6%	92.5%
Appraisal Compliance	85%		86.5%	86.5%	86.0%	85.7%	83.4%	79.9%	78.6%	81.0%	83.1%	83.8%	81.7%	80.9%
Diversity ESR Data	N/A		77%	77%	77%	78%	78%	78%	78%	78%	78%	78%	78%	78%
Agency Spend	30% YoY Reduction		1,180m	1,270m	1,379m	1,491m	1,645m	113k	218k	316k	436k	479k	570k	647k
Admin and Clerical Agency Spend	£0 Spend		22k	40k	49k	71k	97k	51k	47k	39k	53k	26k	24k	2k
Financial Governance														
Revenue Position YTD	Breakeven		-£0.040m	-£0.069m	-£0.034m	-£0.054m	-£0.088m	-£5k	-0.002m	-0.089m	-0.312m	Breakeven	Breakeven	Breakeven
Revenue Position Forecast	Breakeven		£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
Capital Year-End Variance	Breakeven		£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
Public Sector Payment Policy (PSPP) In-Month	95%		97.03%	97.34%	97.14%	96.74%	97.42%	97.00%	95.96%	96.91%	97.31%	96.88%	97.02%	97.08%
Public Sector Payment Policy (PSPP) Cumulative			97.34%	97.34%	97.32%	97.27%	97.29%	97.00%	96.55%	96.70%	96.85%	96.86%	96.88%	96.91%
Information Governance														
Freedom of Information Request Response*	Within 20-Days		0	0	1	0	1	2	1	3	2	4	3	
Subject Access Request Response*	1 Month Avg		0	1	0	1	1	0	1	0	1	2	2	
Personal Data Breaches Reported	N/A		3	3	4	2	2	3	3	4	5	0	5	
Personal Data Breaches Reported - Escalated			2	0	1	0	0	1	0	0	1	0	1	
Mandatory Information Governance Training	85%		90%	90%	90%	95%	89%	89%	89%	88%	88%	87%	86%	87%
Clinical Governance														
Incidents closed as Moderate Harm or above Incidents - In Month	N/A												0	0
Incidents closed as Moderate Harm or above Incidents - YTD													5	4
Number of externally reported incidents (NRI's, EWI, RIDDOR, IRMER) - In Month	N/A		0	4	1	0	1	0	0	0	0	0	2	1
Number of externally reported incidents (NRI's, EWI, RIDDOR, IRMER) - Rolling 12m			13	20	24	24	23	26	26	25	24	20	21	21
Incident Closure Compliance*	85% PHW		85%	71%	70%	72%	74%	75%	75%	69%	78%	79%		
Formal Complaints - Acknowledged within 5 working days**	75% WG 95% PHW		100% (5)	100% (2)	100% (3)	100% (4)	67% (3)	100% (2)	100% (2)	100% (4)	N/A (0)	100% (3)		
Formal Complaints – Responded to within 30 working days**	75% WG 95% PHW		60% (5)	100% (2)	100% (3)	75% (4)	100% (3)	100% (2)	50% (2)	25% (4)	N/A (0)	100% (1)		
Formal Complaints – Responded to within 60 working days**	75% WG 95% PHW											50% (2)		
Early Resolution Complaints – In Month***	75%		14	11	8	9	4	8	5	6	5	4	2	3
Early Resolution Complaints – YTD***	N/A		103	109	105	108	110	111	13	19	24	28	30	34
Appropriate complaints resolved through early resolution	40%								100%	100%	100%	100%	67%	100%
Early Resolution Complaints - Acknowledged in 5 working days	75%								100% (5)	100% (6)	100% (5)	100% (4)	100% (3)	
Early Resolution Complaints - Responded to in 10 working days	75%								100% (5)	83% (5)	100% (5)	75% (4)	67% (3)	
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 August 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

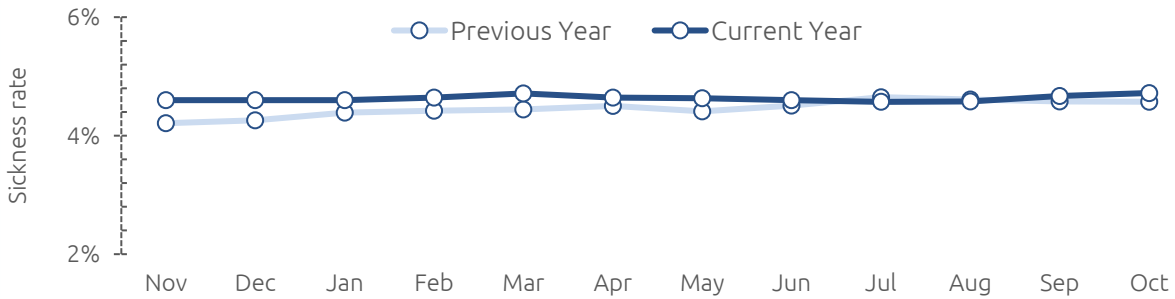
Sickness Absence



4.66%

Decreased by **0.67%** in October 2026.
Long-term absence accounting for 77% of FTE days lost, with short-term absence resulting in 23% of FTE days lost.

12 Month Rolling Absence



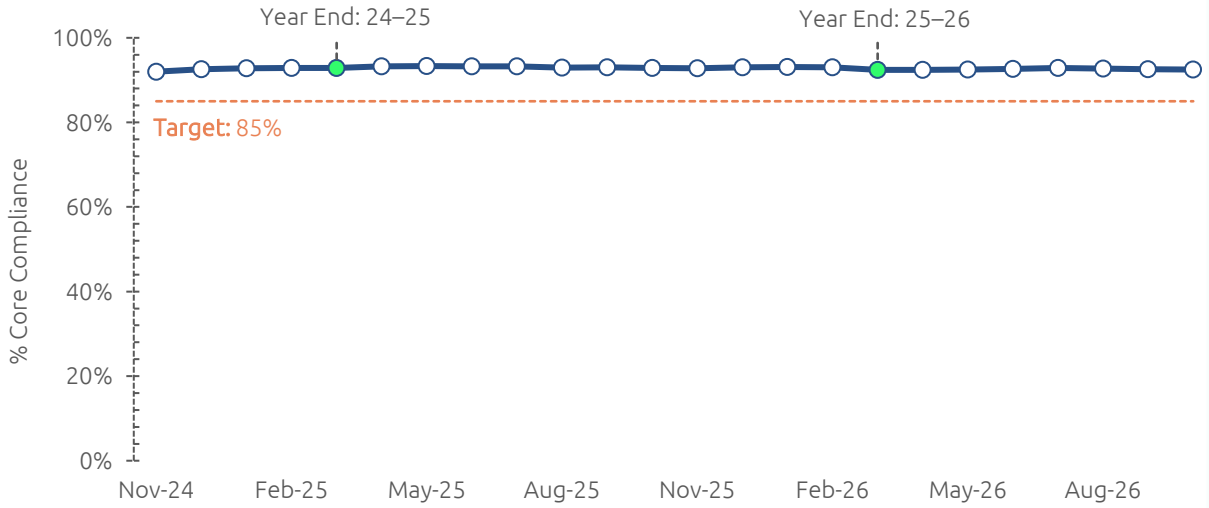
4.72%

+0.15% Year on Year

Sickness absence levels remain in line with the previous year and are less than 0.1% above the year-on-year reduction target. Absence levels have remained relatively stable at around 4% over the past three years.

Additional assurance is provided in the focus area on page 6

Statutory and Mandatory Training



85%

Remains **above** target in October 2026.

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

92.5%

All modules have **exceeded target** within the financial year.

The Performance Team is working on a method to separately report the non-Executive / Board performance in certain aspects of training and other related measures.

In Focus: Sickness Absence

Key Insights

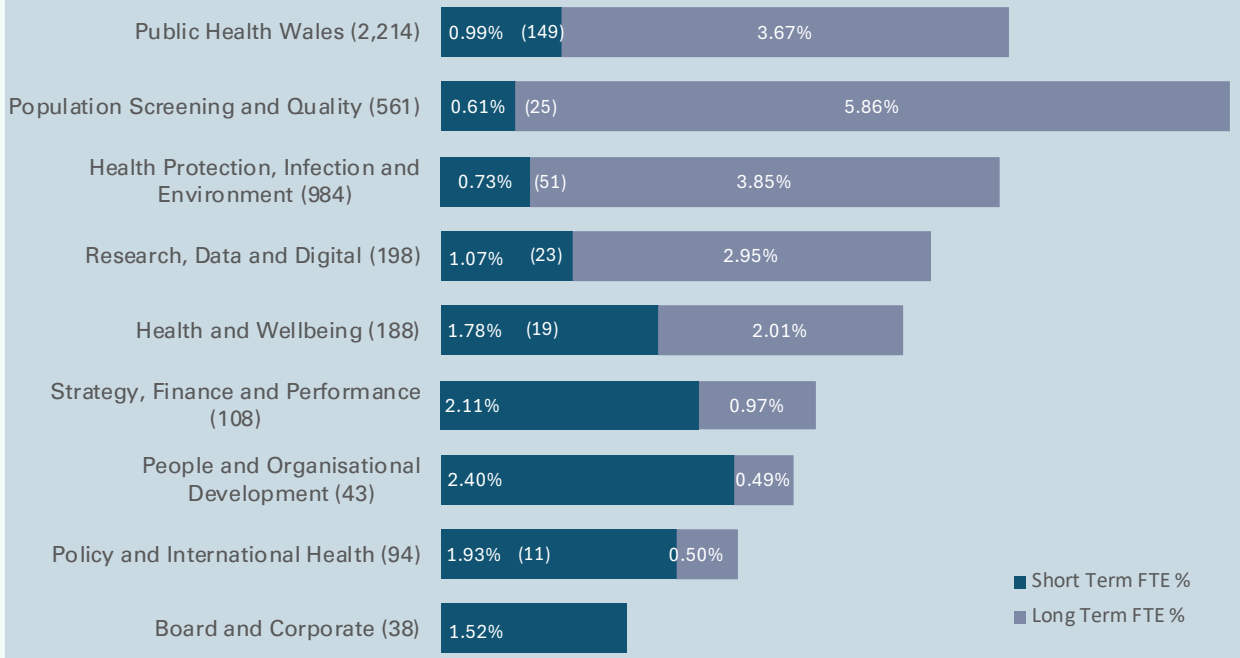
- Overall sickness absence reduced to 4.66% in October 2026, compared with 5.33% in September 2026.
- Long-term absence remains the principal driver, accounting for 77% of FTE days lost, indicating that sustained improvement is likely to depend on supporting those with more complex and prolonged health conditions.
- Mental health-related absence continues to be the most frequently reported reason for sickness absence, consistent with wider NHS and UK-wide workforce trends.

Assurance and Actions

- People and OD continue to provide training and guidance to Managers on supporting staff and managing sickness absence in line with the Managing Attendance at Work Policy.
- Managers have been reminded of the importance of early action, including timely and accurate ESR recording, prompt return-to-work discussions and access to appropriate wellbeing and workplace support.
- The People and OD Advisory team continues to monitor long-term absence cases and work with People Managers to ensure appropriate support is considered, helping staff return to work safely and sustainably wherever possible.
- Short-term absence is being monitored to identify cases where review prompts have been reached. Managers are contacted and offered advice on attendance review meetings and other appropriate support.
- In October, NHS Wales organisations held a poster session to share best practice in sickness absence management and staff wellbeing. Learning from the session will inform ongoing all-Wales activity to strengthen absence management practice and support.

Sickness Absence by Directorate

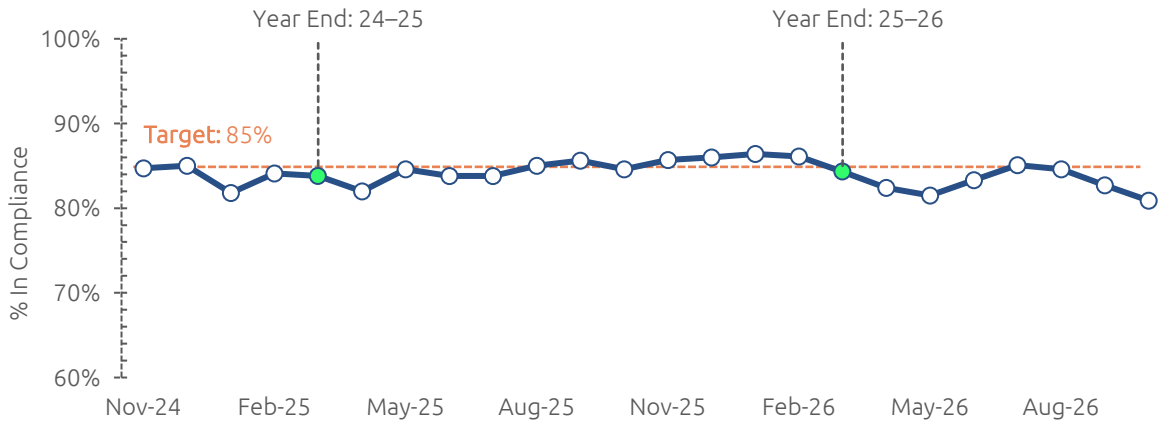
The breakdown of Directorate level sickness absence for October 2026 is provided below, split by Short-Term (less than 28 days) and Long-Term (28 days or more) Absence FTE %.



*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%

80.9%

Appraisal compliance has decreased and remains **below** the 85% target. Health Protection, Infection and Environment is below target at 76.5% with Population Screening & Quality at 79%.

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

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

Additional assurance is provided in the focus area on page 8

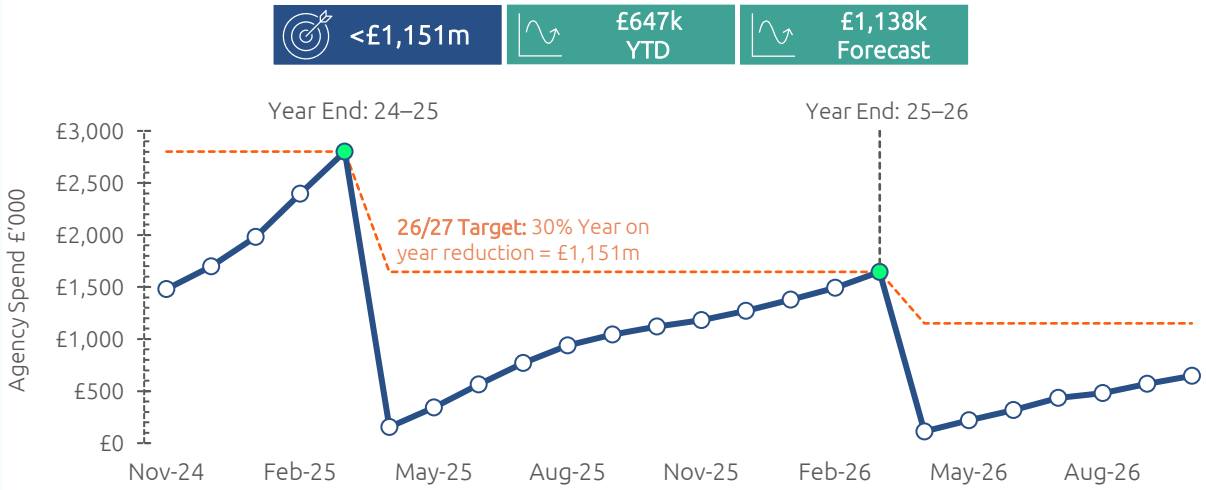
Equality and Diversity

78%

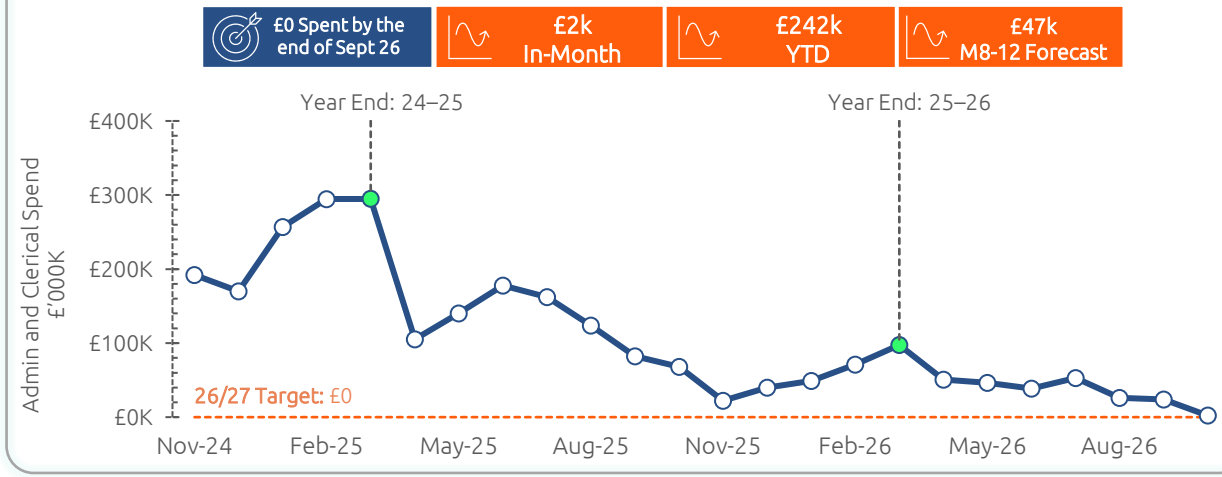
We encourage all staff to record their diversity data in ESR so that we can use the data effectively and ensure we are meeting the needs of our workforce.

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

Agency Spend



Admin and Clerical Agency Spend



In Focus: Appraisals

Improvement Actions

- The Partner and Assistant Partner continue to work with divisional leaders and POD Operations colleagues to ensure ESR records accurately reflect completed My Conversation discussions. MyC compliance is routinely monitored through SMT and Directorate Management Team meetings, it is a standing item at these meetings as part of People Metrics reporting with POD highlighting any concerns.
- Whilst the overall position is largely unchanged from the previous month, with Health Protection, Infection Services and several Screening programmes below target, assurance has been provided that one-to-one MyC meetings have taken place, but ESR records have not always been updated promptly.
- Operational pressures, including implementation of the LIMS project, sickness absence, competing priorities and ongoing recruitment activity, have affected the timely updating of ESR records.

Health Protection

- Compliance is currently 84.5% and was raised at the Health Protection SMT meeting, with managers agreeing to act.

Infection Services

Compliance has been affected by:

- Implementation of the LIMS project.
- Increased sickness absence.
- Reduced capacity to complete ESR administrative updates.

Screening Services

- Three programmes remain below target, with Breast Test Wales having a significant impact due to its size. One-to-one MyC discussions have been completed, but competing priorities and sickness absence have delayed ESR updates. Recruitment activity and vacancies have also contributed to the issue.

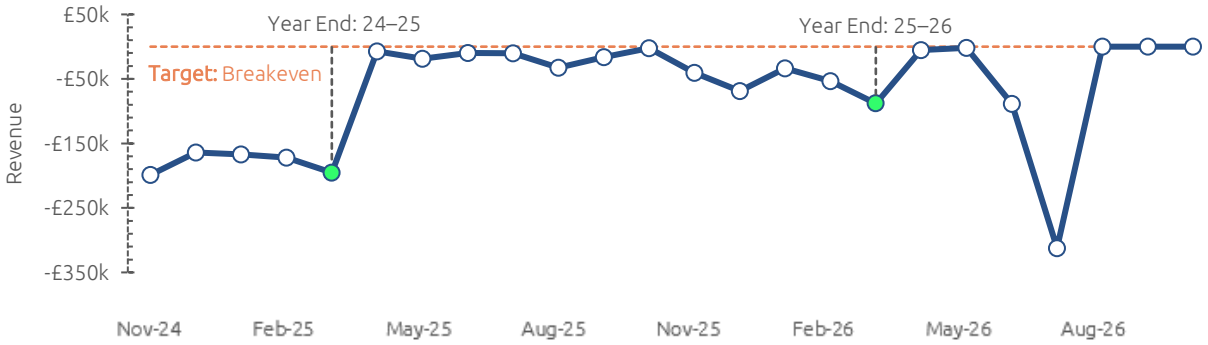
Toolkit Improvements

- The Culture, Organisational Development and Learning Team continue to use insights from the My Contribution Policy review workshop to inform a light touch review of the My Contribution Toolkit. The aim is to ensure that content is still relevant and fit for purpose. Any required improvements, including the development of new resources, will be actioned over the coming months.

Financial Governance

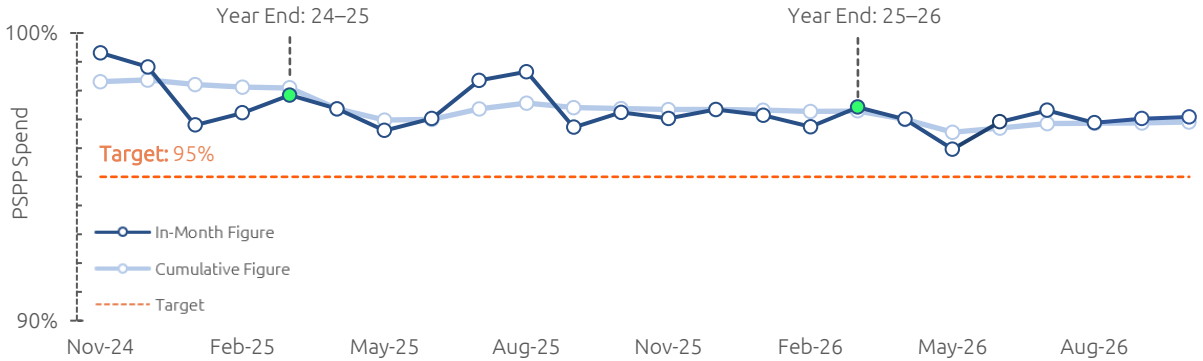
Revenue Position

Break-even | Break-even YTD | Forecast Breakeven



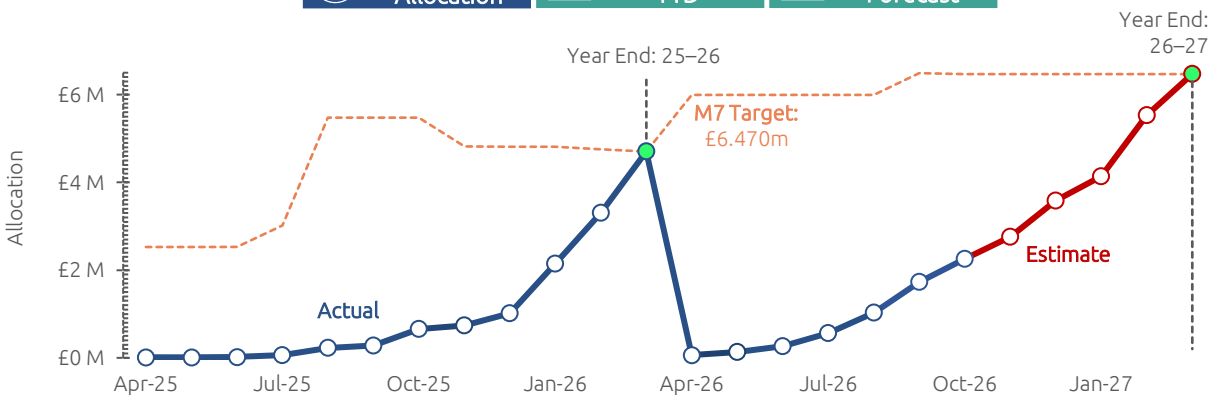
Public Sector Payment Policy (PSPP)

95% | 97.08% In-Month | 96.91% Cumulative | >95% Forecast



Capital Position

£6.391m Allocation | £2.256m YTD | £6.391m Forecast



The Capital position is forecast **breakeven**. PHW capital funding is made up of a discretionary allocation of £1.809m and a strategic allocation of £4.582m.

Revenue Position Summary:

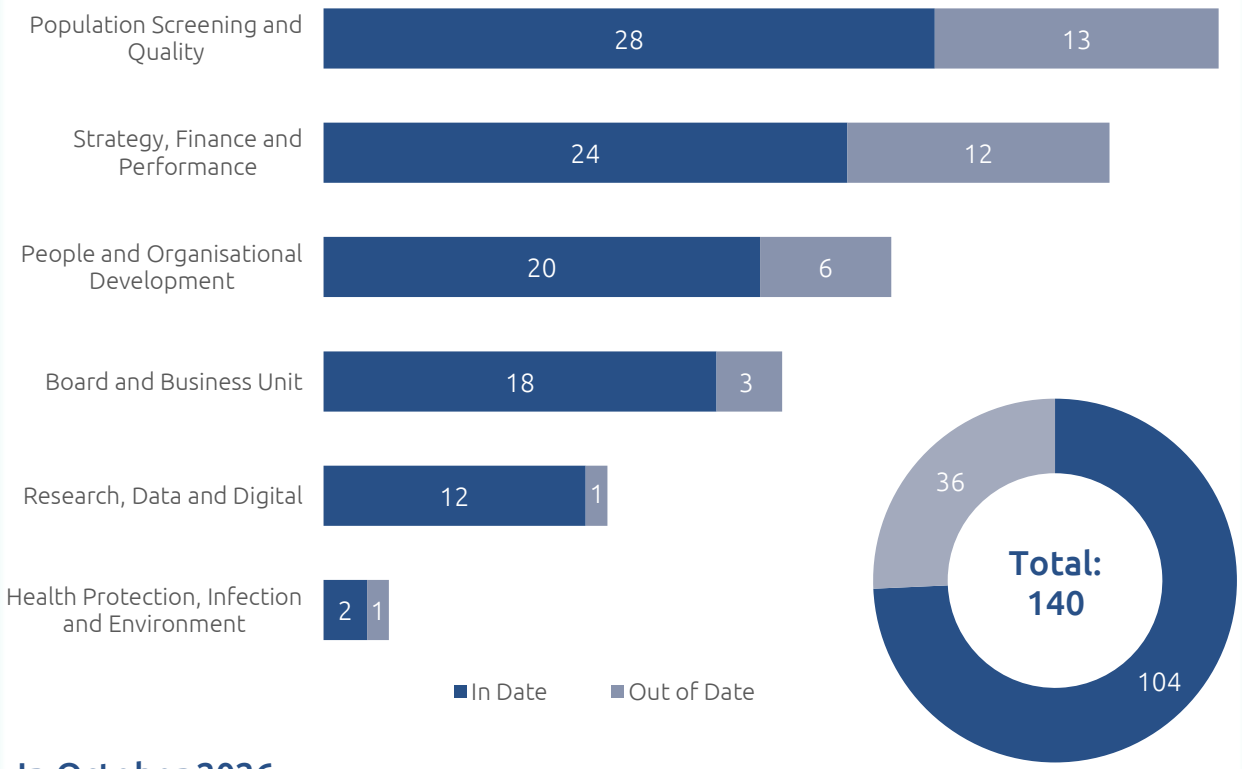
The revenue position remains forecast to achieve breakeven at year-end. Changes to revenue reporting arrangements have impacted monthly movements and performance should be interpreted in this context.

Click to access further detail in the latest Finance Board Report

Corporate and Information Governance

Corporate Governance:

Corporate Policies Compliance



In October 2026:

- 7 policies were approved: 4 in Population, Screening and Quality and 3 for People and Organisational Development
- 2 All Wales People and Organisational Development Policies were also adopted.

In date Policies

- 2 in date policies are in the final review stages.
- 6 in date policies are out for consultation

New Policies being developed



Review of Policies - Out of date

- Of the 36 Policies out of date, 15 policies / procedures are currently out to consultation/ going through the approval process (numbers that are either out to consultation or awaiting a meeting for final approval).

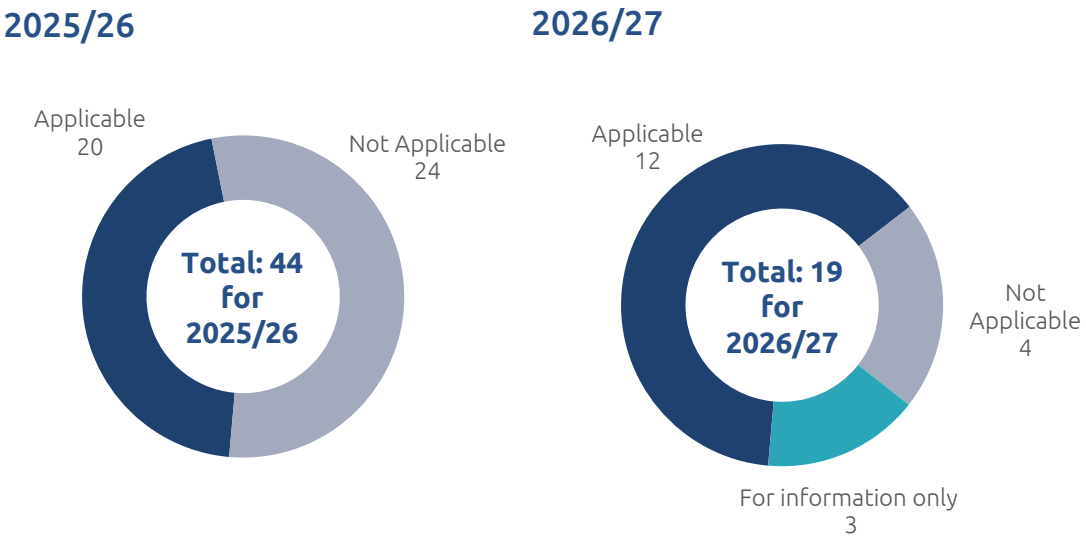


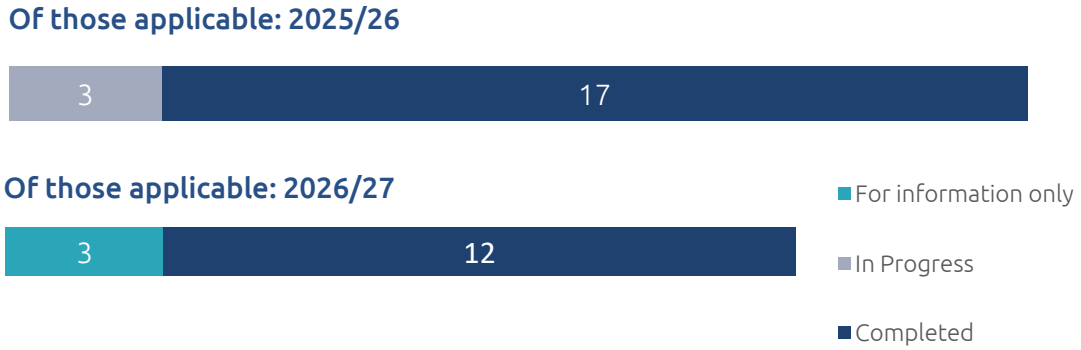
- The remaining 21 out of date policies are subject to quarterly monitoring and oversight by the Leadership team, with the most recent review undertaken in October 2026. All have been assessed as low risk to the organisation.
- Delays are primarily due to dependencies on national guidance and legislative developments, operational capacity and drafting pressures; and the need to align policies with wider organisational developments. Directorates recognise the need to progress these policies and a significant number are scheduled for consultation and/or approval over the coming months, with several expected to be considered by the Quality, Safety & Improvement Committee in November 2026. Outstanding policies include Safeguarding, PTR, Duty of Candor and Alerts.

Corporate and Information Governance

Corporate Governance:

Welsh Health Circular (WHC) Compliance





For the Period 1 – 31 October 2026:

2 WHCs were received. One was considered for information only and one for statements of compliance:

- **WHC 2026 (030)** – All Wales Nutrition and Catering Principles and Standards for Food and Fluid Provision for Patients in Hospital (2026) (*For Information Only)*
- **WHC 2026 (032)** – Guidance on the NHS varicella (chickenpox) vaccination selective catch-up (*For Statements of Compliance)*

WHCs currently In Progress update:

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

Corporate and Information Governance

Information Governance

Data Protection (Subject Access) Requests

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

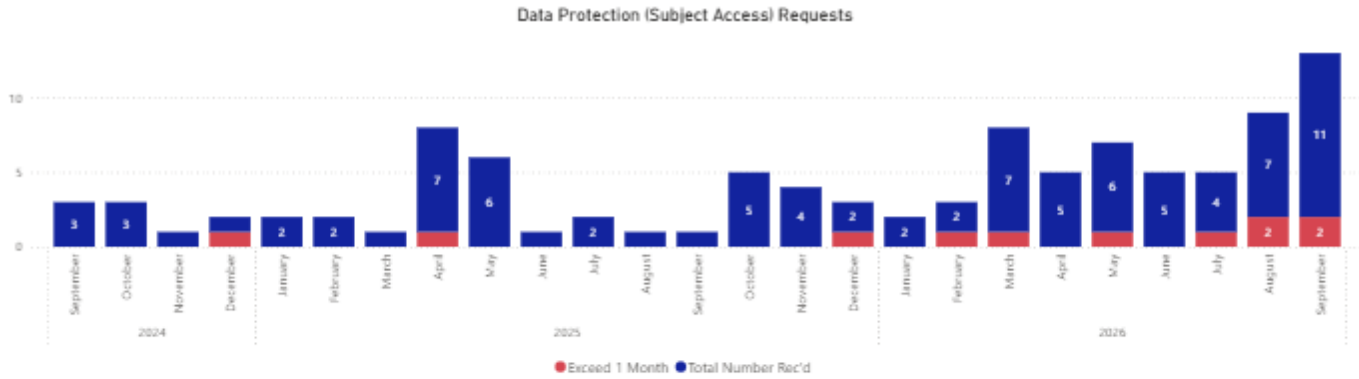
11 Received

1 Month

2 Exceeded

In **September 2026, 11 Data Subject Access Requests** were received, with 2 of the requests non-compliant.

Both requests were out of compliance and required the documents to be requested again due to readability issues. Delays were compounded by capacity pressures and unexpected staff absence.



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.

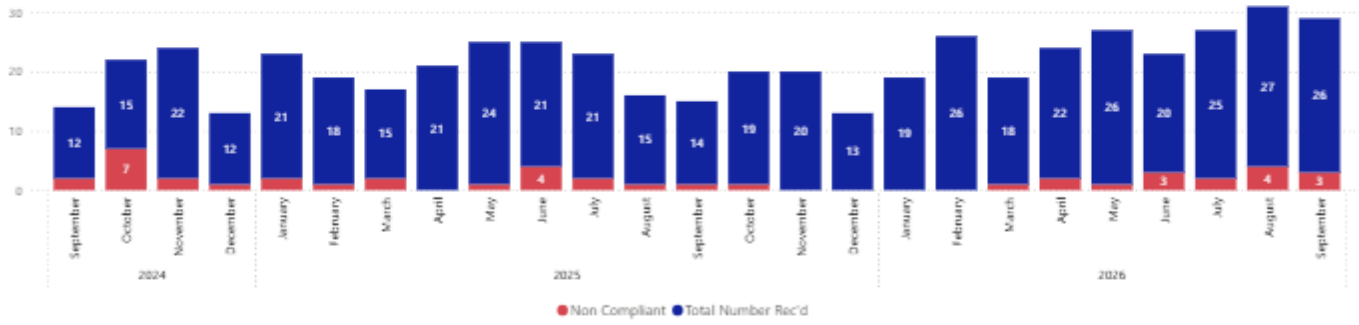
In **September 2026,** of the 26 requests received non-compliance was noted for 3 requests:

26 Received

20 days

3 Non-Compliant

- **FOI 2026 195a Hafod Landfill:**
  Status: Complete. Health Protection returned information 4 days prior to deadline. Response was queried and required consultation with multiple third parties prior to release.
- **FOI 2026 197 PCB Correspondence:**
  Status: Open and in review stage. Health Protection returned 512 documents initially identified as within scope. Review is ongoing.
- **FOI 2026 203 UK PCB Correspondence:**
  Status: Open and out for consultation. Health Protection returned information on the FOI deadline date, which led to non-compliance. Third party response deadline on 10/11.



Information Governance Dashboard, FOI & SAR
Live data
Data updated on 03/11/26, 13:31

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.

Additional assurance on FOI provided in the focus area on page 13

In Focus: Freedom of Information

The current open caseload has reached 25 open requests, which includes 5 complex cases. This represents a heightened operational risk to FOI statutory compliance.

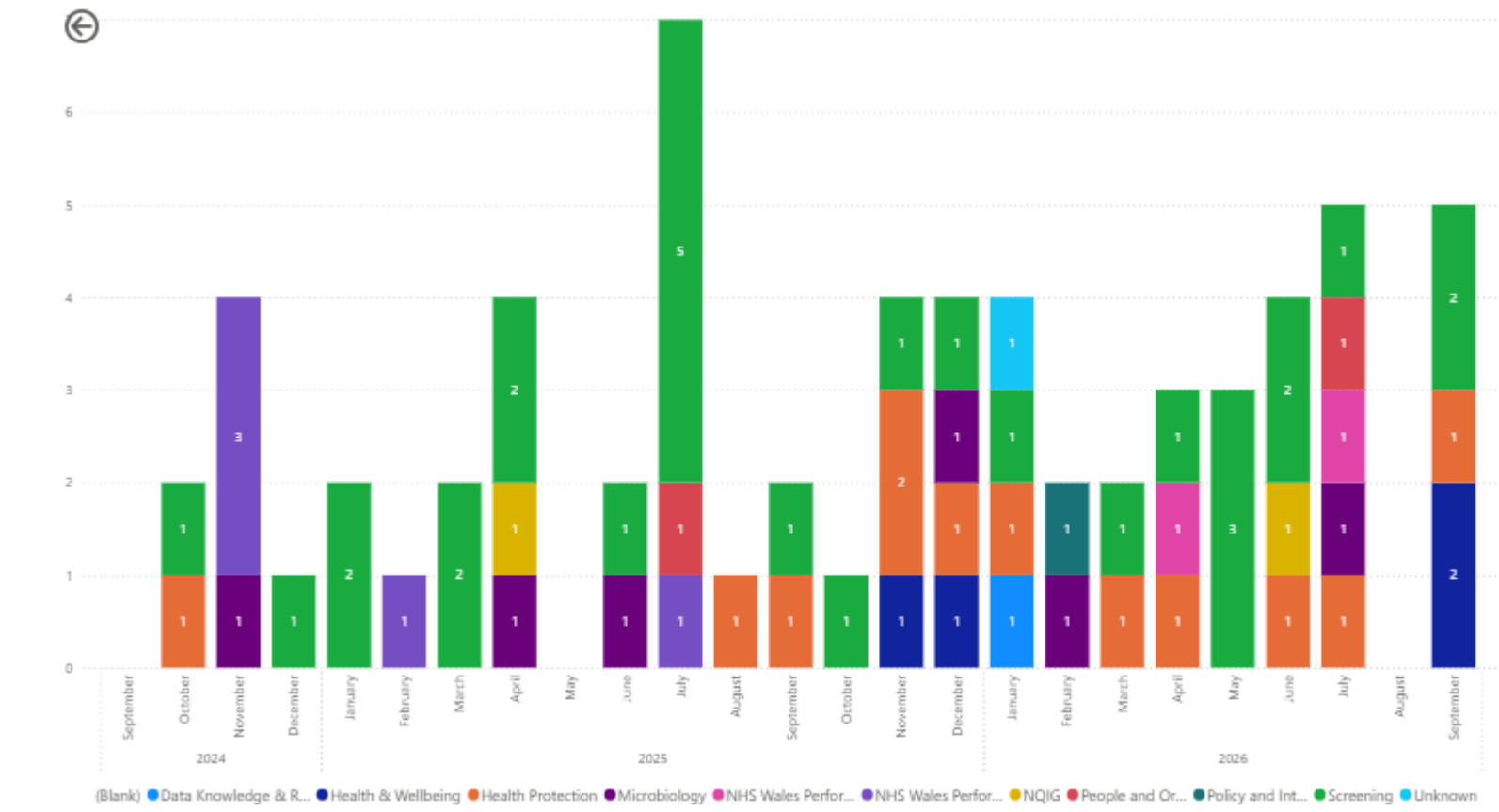
Without a reduction in backlog levels or additional capacity within contributing service areas, there is an increased likelihood of response deadlines being missed, particularly where requests require cross-organisational coordination, consultation with external organisations or detailed consideration of exemptions.

This could adversely impact compliance performance, increase the likelihood of ICO complaints, and create reputational risks for the organisation.

Corporate and Information Governance

Information Governance

Personal Data Breaches



Information Governance Dashboard, Personal Data Breaches
Live data
Data updated on 03/11/26, 13:31

Filters

Reported	Escalated
5	1

Personal Data Breaches

1. Appointment letter sent to wrong address. Whilst demographics are recorded by Child Health the discrepancy was not identified by PHW. **Reported to ICO, confirmed no further action.**
2. Staff records left unattended during office reconfiguration.
3. Email sent in error to an external contracting agency by mistake due to use of outlook's prompting autocomplete.
4. Positive referral sent to incorrect sexual health clinic.
5. Mother sent another child's bloodspot results.

Clinical Governance, Quality, Safety and Improvement

Externally Reportable Incidents – October update

0	Early Warning Incidents reported	0	Duty of Candour Incidents reported
1	Nationally Reportable Incidents reported	0	Incidents closed as Moderate harm or above

Further Information

Nationally Reportable Incident

1 Nationally Reportable Incident (NRI) was reported within Infection Services during October 2026. Following the implementation of the TrakCare Lab Enterprise (TCLE) system, it was identified that 252 laboratory results had been excluded from the routine reporting pathway and were not visible within the existing 'Overdue Worklist' process between 24 August 2026 and 30 September 2026. As a result, these results remained unreported until the issue was detected on 7 October 2026. An investigation is currently underway, and a range of immediate mitigating actions have been implemented to minimise any actual or potential impact. This has included the urgent identification, review and reporting of all outstanding results. To date there has been no harm identified.

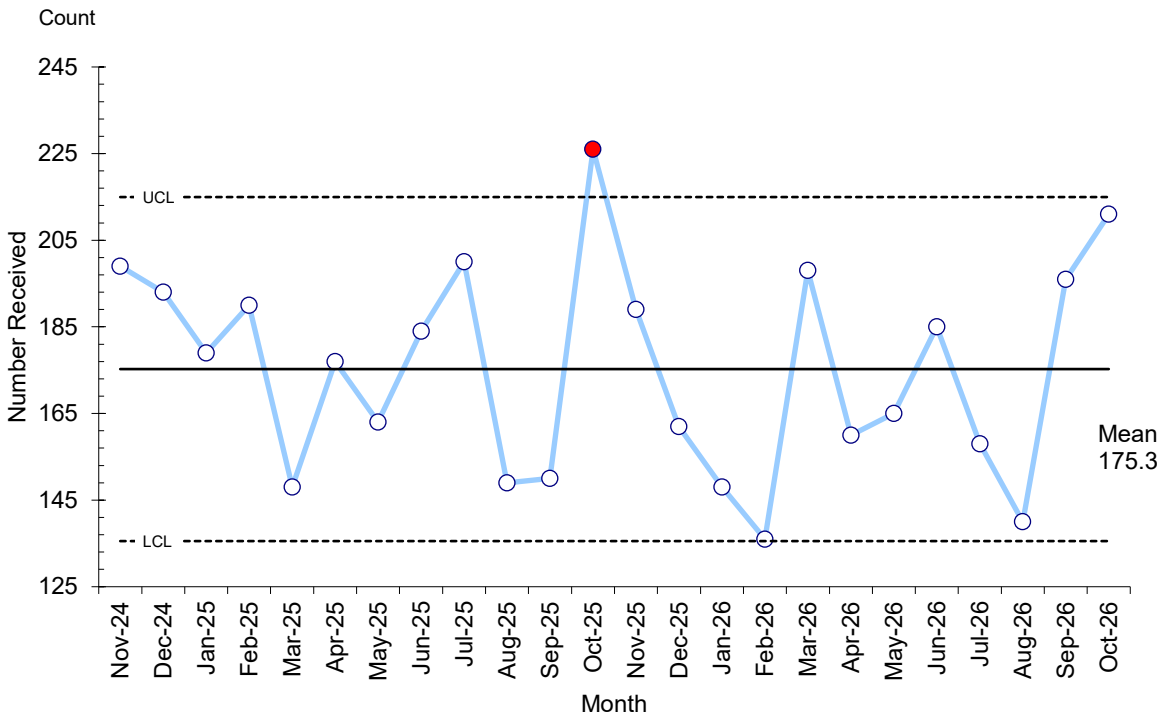
In Focus

Under Listening to People (LtP) process, complaint responses can now a designated response timeframe of 30, 60, 90 or 120 working days. In August, 3 complaints were received by PHW. 1 complaint was managed within a 30-working-day response timeframe and 2 complaints managed within a 60-working-day response timeframe. The complaint subject to the 30-working-day target was responded to within the required timeframe, achieving 100% compliance. Of the 2 complaints subject to the 60-working-day target, 1 was responded to within the agreed timeframe, while 1 remained open at the time of reporting, resulting in 50% compliance against the target.

NB: Please note as the LtP regulations only started in April 2026 there are currently not enough data points to provide graphical/chart information for this report.

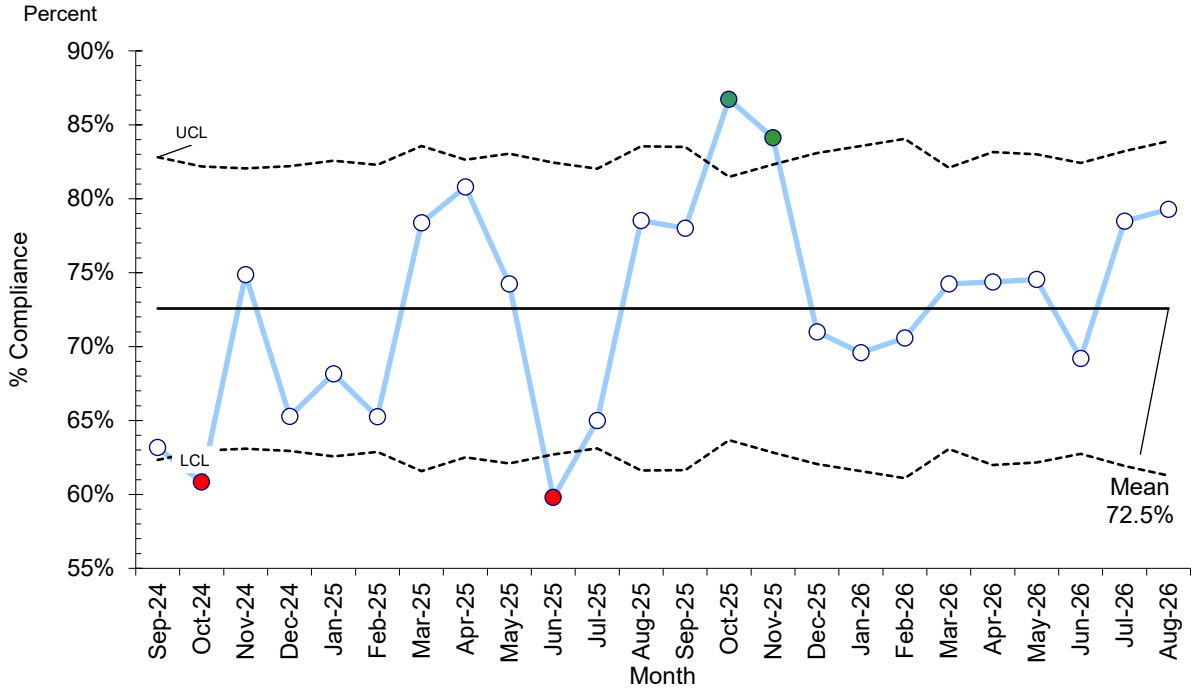
Clinical Governance, Quality, Safety and Improvement

Number of Incidents Reported Over Time (C Chart)



No special cause variation noted.

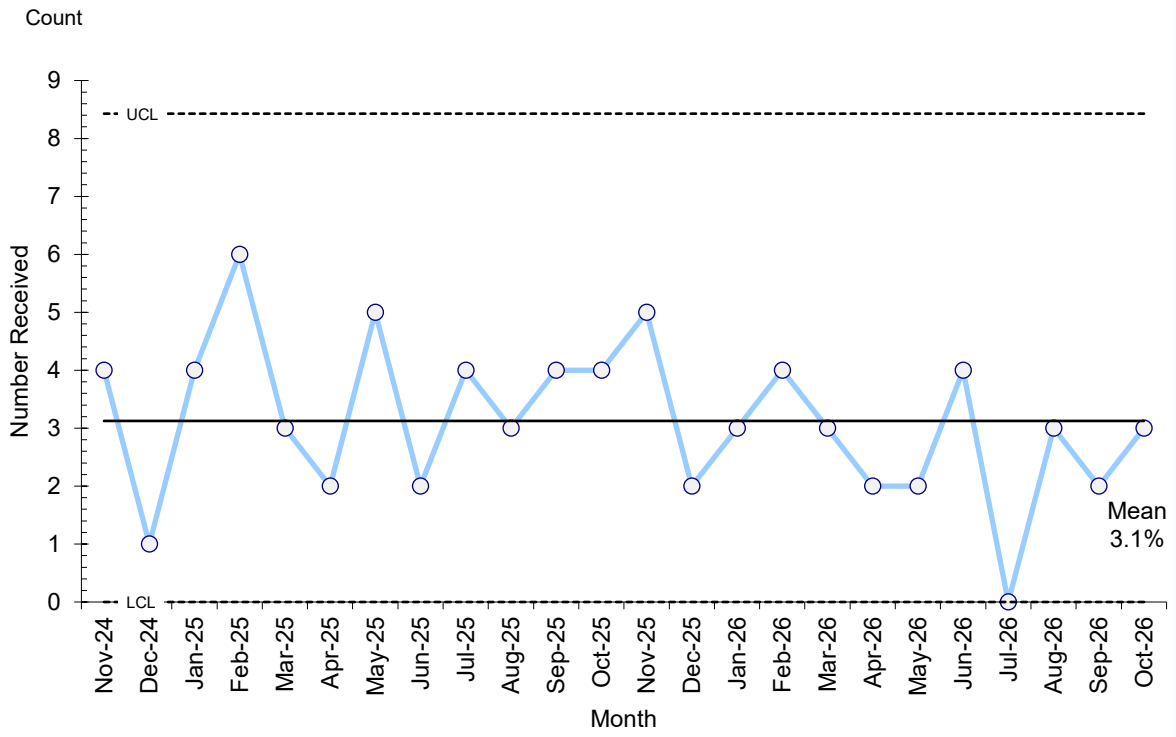
Percentage of Incidents Closed within 30 Working Days (P Chart)



No special cause variation noted. It is to note that in November 2025 there were 25 overdue incidents with the longest open at 414 days. November 2026 there are currently 27 overdue with the longest open at 118 days.

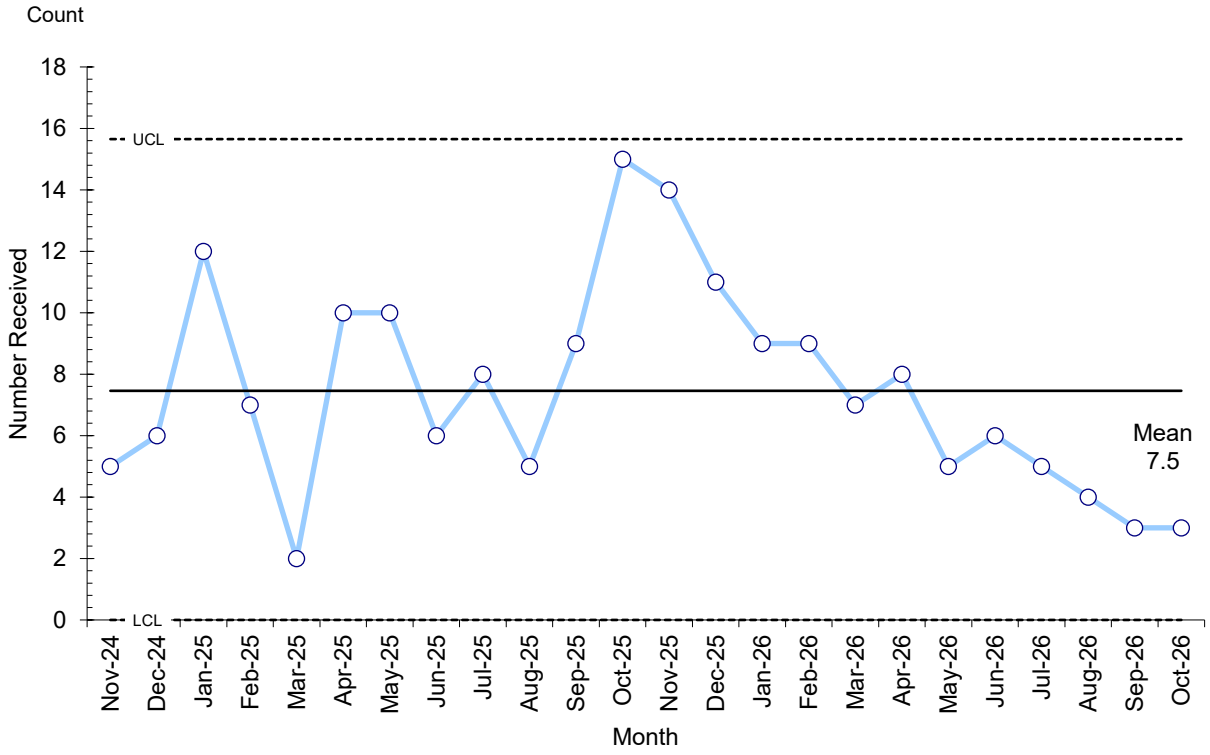
Clinical Governance, Quality, Safety and Improvement

Number of Formal Complaints Received (C Chart)



No special cause variation noted.

Number of Informal Complaints Received (C Chart)



No special cause variation noted.

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

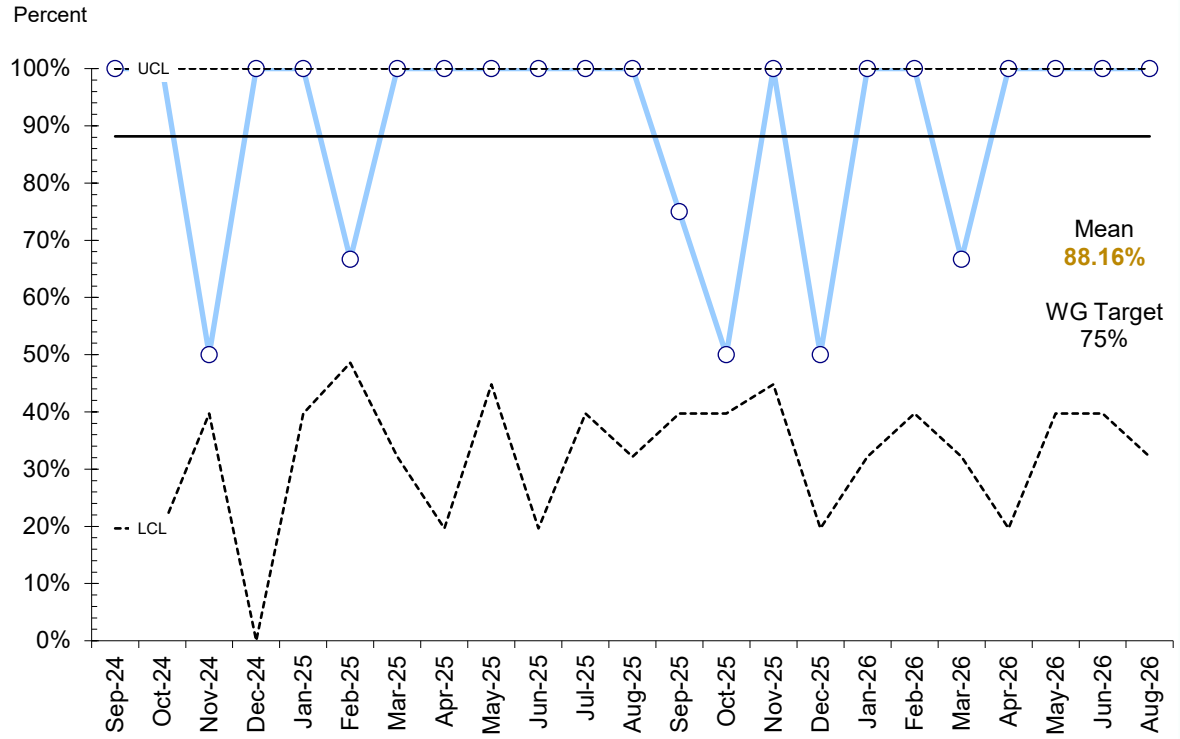
Clinical Governance, Quality, Safety and Improvement

Formal Complaints Compliance

Additional assurance provided ion page 20

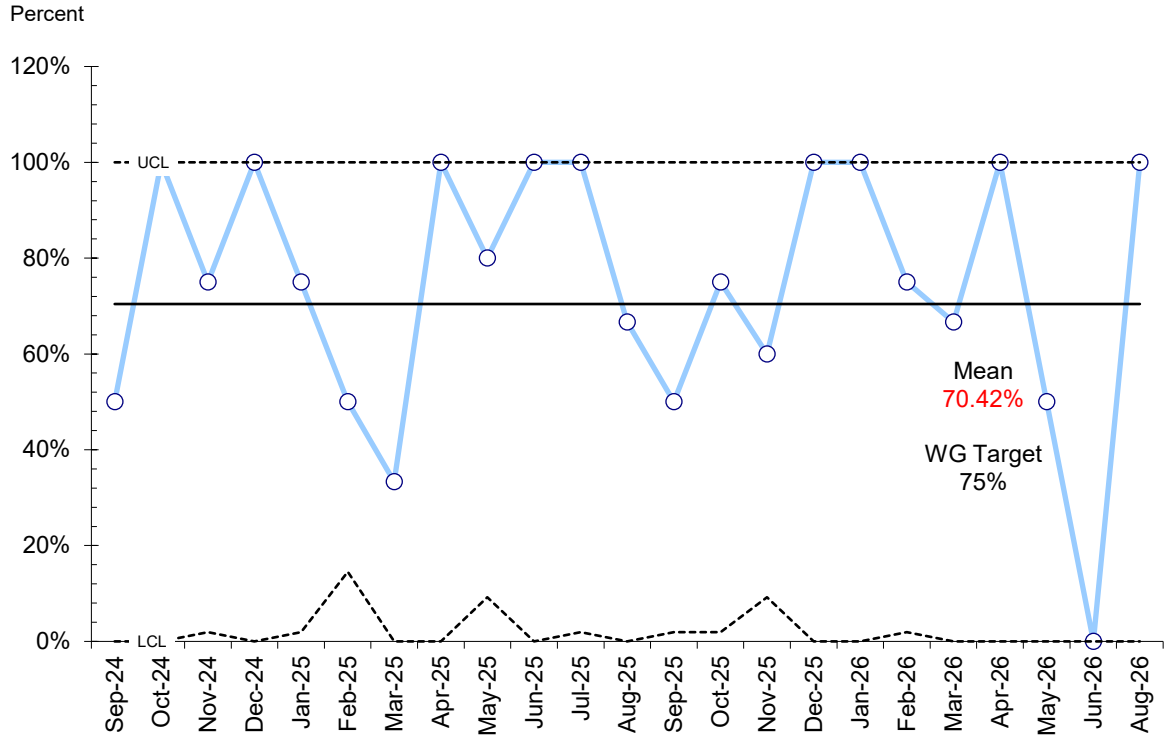
Please note: July 2026 data points for Formal Complaints Compliance have been suppressed, as no formal complaints were received during that period.

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



No special cause variation noted.

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

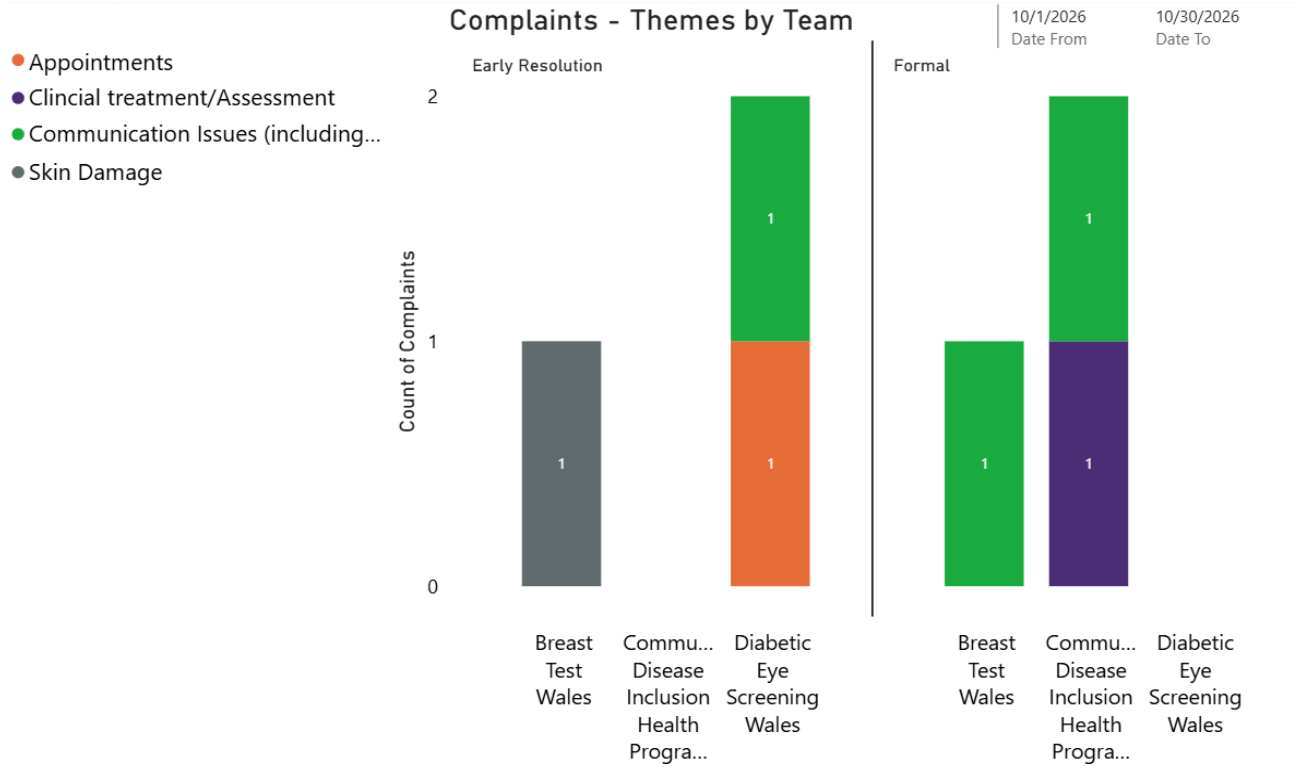


The above chart demonstrates the 30-working day response of which there was only 1 out of 3 complaint which was assigned a 30-working day response.

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

Clinical Governance, Quality, Safety and Improvement

Complaint Themes and Service Areas – October 2026



Complaints received by the Sexual Health Service have increased this month with 2 formal complaints received. Communication issues accounted for 3 complaints, representing 50% of all complaints received during the reporting period.

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

Claims

October 2026
1

There has been 1 potential claim received in October 2026.

In total there are 39 ongoing claims, of which 28 are confirmed claims and 11 potential claims.

Redress

October 2026
0

No new Redress cases were reported in October 2026.

There are 9 ongoing Redress cases; 5 in Cervical Screening Wales and 4 in Breast Test Wales.

In Focus: Complaints

Formal Complaints – Responded to within 60 working days

A 60 working day response was not met due to it taking over 5 weeks to arrange an in-person listening discussion with the complainant and delays in getting the response back from the service.

Early Resolution Complaints - Responded to in 10 working days

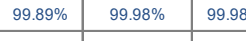
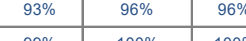
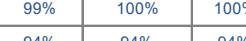
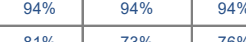
Of the three Early Resolution complaints received in September 2026, two (67%) were responded to within the 10-working day target. One complaint (33%) exceeded the target by one working day.

This complaint was initially managed as a formal complaint, and a listening discussion was arranged with the complainant. Following the discussion with the service area, the complainant confirmed that they were satisfied that their concerns had been resolved and agreed for the complaint to be concluded under the Early Resolution process. As a result of the time taken to arrange the listening discussion, the complaint was closed one working day outside the Early Resolution target timeframe.



Section 2
Service Delivery

Key Performance Indicator Summary

Screening Services	Target	12 Month Look Back	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26
Bowel Screening Wales – Waiting time for index colonoscopy (4 weeks) (Health Board Delivery)	**90%**		22.5%	28.5%	18.8%	24.1%	22.3%	11.8%	22%	24.1%	29.9%	27.7%	30.7%	
Cervical Screening Wales – Waiting time for colposcopy appointment (8 weeks) (Health Board Delivery)	**90%**		98.3%	98.9%	98.7%	99.0%	97.1%	98.2%	98.2%	99.5%	97.7%	96%	97%	
Breast Test Wales – Assessment invitations (3 weeks)	**90%**		41%	28.3%	13.5%	10.6%	45.7%	50.1%	23%	28.6%	16.2%	34.3%	41.8%	28.5%
Diabetic Eye Screening Wales – Coverage (12 Months)	**80%**		38.4%	38.4%	38.9%	39.5%	39.7%	39.8%	38.8%	38.9%	38.4%	38%	37%	37%
Abdominal Aortic Aneurysm – Timely referral to elective vascular network (MTD)	**100%**		100%	100%	83.3%	100%	100%	83.3%	100%	80%	75%	100%	67%	100%
Infection Services														
Total Microbiology Rejection Rates	**<5%**		4.8%	5%	5%	4.8%	4.8%	4.7%	5.0%	5.1%	4.8%	5.6%	6.0%	
Total Microbiology Diagnostic Sample Requests	***N/A**		167,313	164.861	172,196	157,115	171,858	162,373	155,236	167,749	178,894	149,462	167,689	
Blood Culture - Collected to Incubation SMI <4hrs	**>95%**		69.9%	67.8%	69.7%	69.0%	68.4%	67.7%	65.8%	67.8%	64%	66%	65%	
Blood Culture - Received (PHW Laboratory) to Incubation <4hrs	**>95%**		99.2%	99.7%	99.7%	99.4%	98.3%	96.0%	96.5%	99.0%	97.2%	98.7%	98.4%	
Health Protection														
Test and Post (STI self-sampling) – Test Turnaround Times (Less than 7 days)	**99%**		100%	99.89%	99.98%	99.98%	99.92%	99.20%	99.87%	99.96%	99.95%	99.95%	99.98%	
Response times by priority - Urgent (<4 hours)	**90%**		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Response times by priority - High (<24 hours)	**90%**		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Response times by priority - Medium (<48 hours)	**90%**		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Compliance to surveillance reporting schedules	**90%**		95%	92%	95%	87%	94%	91%	78%	91%	97%	70%	84%	90%
Health & Wellbeing														
JUSTB – Number of Schools with 2-day training completed by month**	**40-50 Schools in total**		5	1	4	5	6	5	7	1	N/A	N/A	1	2
JUSTB – Number of Schools with 2-day training completed YTD**			10	11	15	20	26	31	38	39	N/A	N/A	1	3
Whole School Approach – Percentage of schools with an Action in Place (All schools)	**80%**		92%	93%	96%	96%	96%	97%	97%	97%	98%	N/A	N/A	98%
Whole School Approach – Percentage of schools with an Action in Place (Secondary schools)	**100%**		99%	99%	100%	100%	100%	100%	100%	100%	100%	N/A	N/A	100%
Help Me Quit - Benchmark for timely first contact (NTSS)	**90%**		95%	94%	94%	94%	79%	96%	72%	96%	95%	95%	95%	
Help Me Quit – 4-week self-reporting quit rate (NTSS)	**35%**		66%	81%	73%	76%	69%	74%	65%	76%	67%	89%	74%	
Research Data & Digital				Quarter 3 (25/26)			Quarter 4 (25/26)			Quarter 1 (26/27)			Quarter 2 (26/27)	
Number of Major Breaches	**0 Major Breaches**			0 Breaches			1 Breach			0 Breach			0 Breach	
Percentage of publications without breaches	**100%**			76%			76%			76%			76%	
Percentage of user follow up to RD&D products	**100%**			33%			33%			33%			33%	
Policy and International Health														
Indicators and targets to be developed where applicable														

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

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

Population Screening

Uptake Table

Programme	Indicator	Standard	October 2026	September 2026	August 2026
Breast Test Wales	Uptake	>70%	68.5%	68.6%	68.4%
Newborn Hearing Screening Wales		>98%	Not Available-	*97.9%	99.1%
Bowel Screening Wales		>60%	64%	64.8%	67.2%
Diabetic Eye Screening Wales		>80%	81.4%	81.7%	83.6%
Cervical Screening Wales	Coverage Age-Appropriate Quarterly	>80%	Awaiting data	N/A-	N/A-
Abdominal Aortic Aneurysm Screening Wales	Uptake within twelve months	>80%	80.2%	81.7%	82.5%

**The September cohort has had limited time to be invited for screening, with performance expected to improve when the data is refreshed next month.*

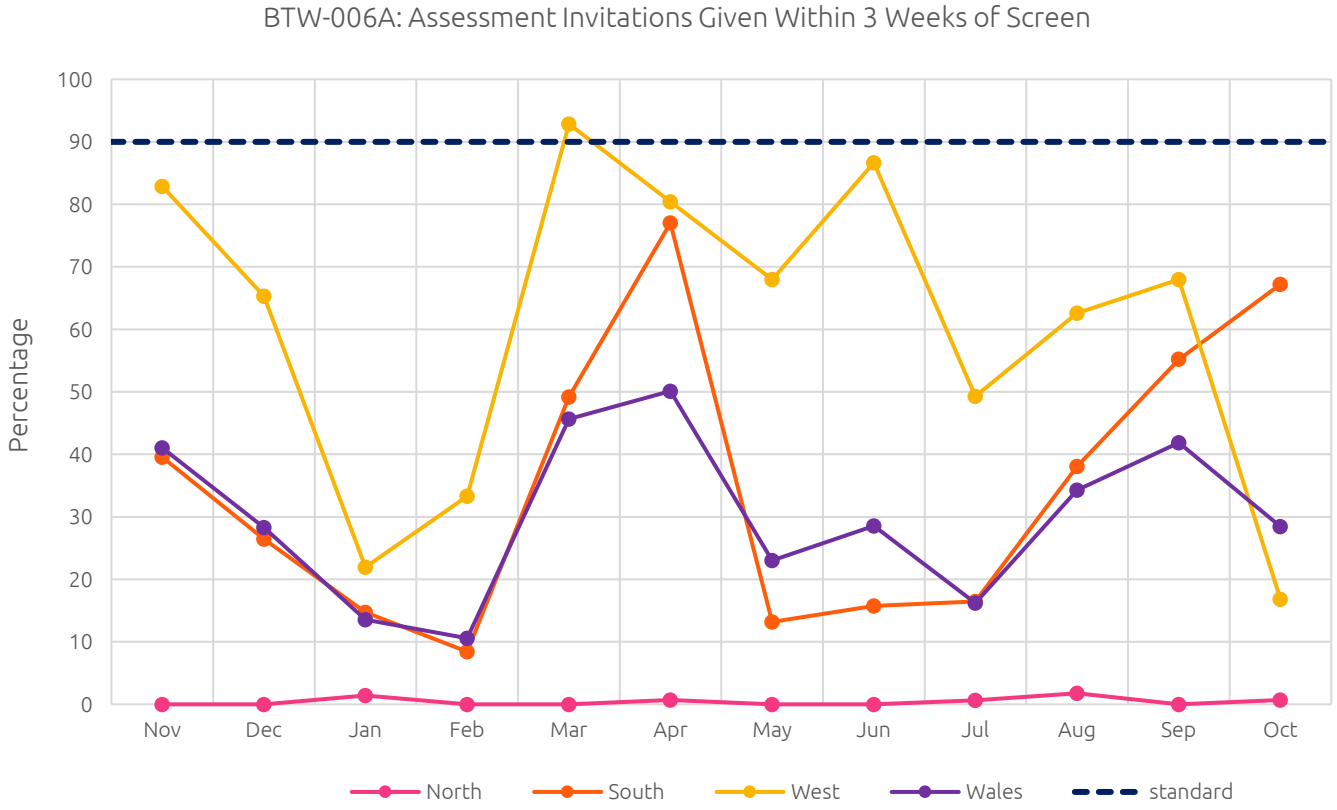
Population Screening

Breast Test Wales

90%

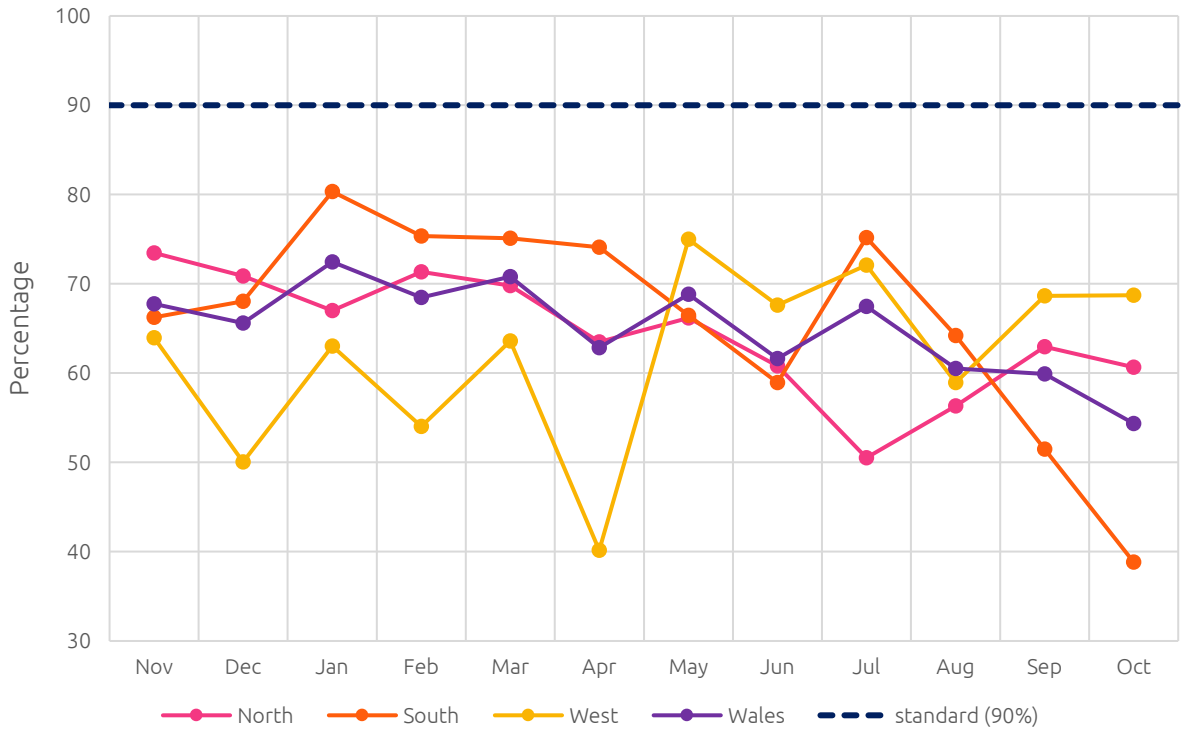
28.5%

- Assessment invitations within three weeks fell to 28.5% in October from 41.8% in September (down 13.4 percentage points), leaving Wales 61.5 points below the 90% standard.
- Round-length recovery remains Red and off trajectory, primarily due to workforce shortages and mobile remediation requirements.
- Regional variation remains substantial: North Wales 0.7%, South East 67.2% and West Wales 16.8%.
- Normal-result timeliness remains strong, with 94.9% issued within two weeks, exceeding the >90% standard.
- Improvement actions are progressing, with cross-regional reading support, workflow optimisation and North Wales network improvements now embedded. A regular consultant-led Wrexham clinic is due to commence in November, while nursing cross-cover and recruitment have improved workforce resilience.
- Assessment recovery remains Amber, with staffing constraints continuing to limit additional clinic capacity despite radiology-led clinics, locum support and prioritisation of longest waits.
- Next priorities are to implement the Wrexham clinic, secure sustainable surgical provision, complete the workforce review and progress priority business cases, alongside continued uptake and inequalities work. Breast Screening Review recommendations remain pending publication.

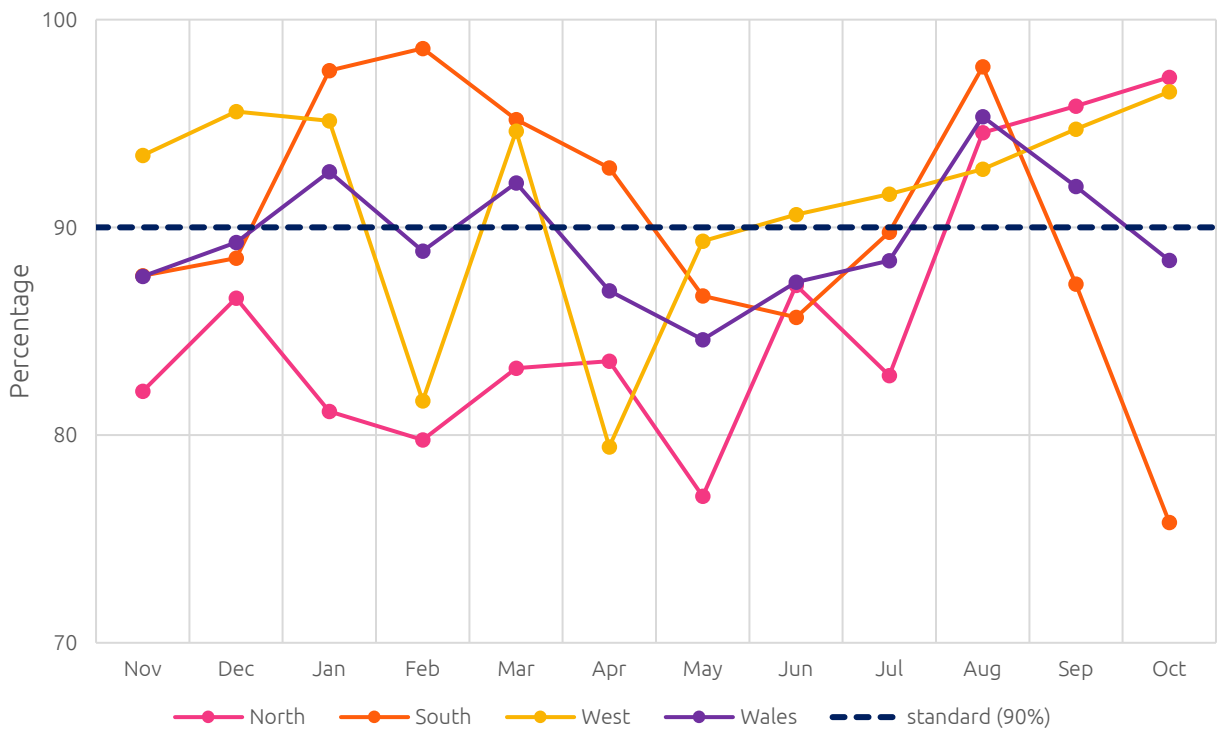


Population Screening

BTW-009A: Round Length (36 months)



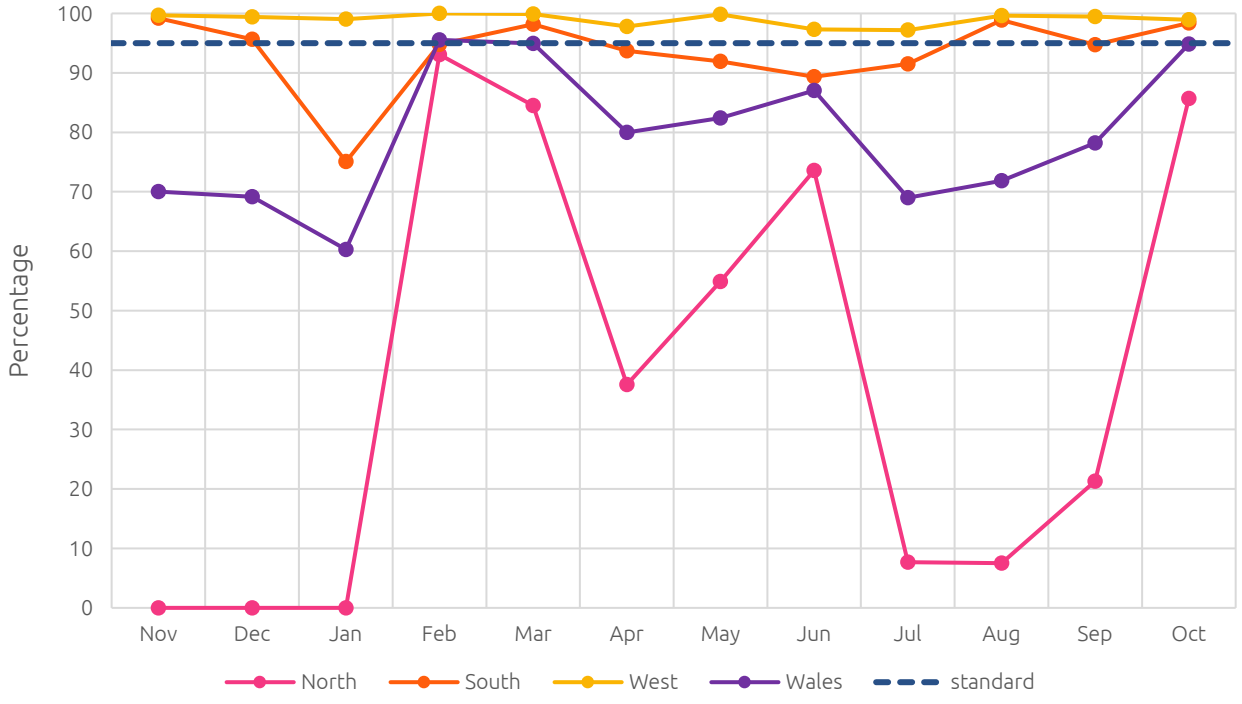
BTW-009B: Round Length (38 months)



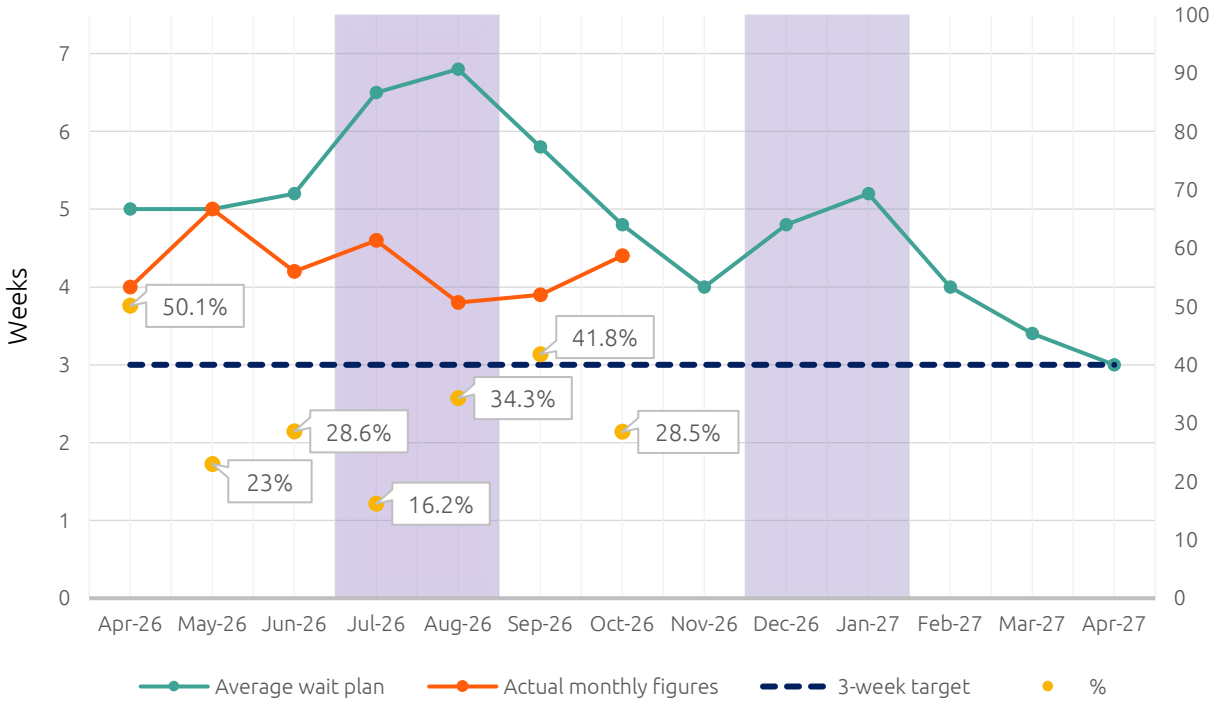
- **Wales performs substantially better within 38 months than 36 months, at 88.4% within 38 months compared with 54.4% within 36 months in October.** The 34.1 percentage point gap highlights the challenge of offering appointments within the shorter timeframe.
- **Both measures deteriorated in October.** Performance within 36 months fell by 5.5 percentage points from September, while performance within 38 months fell by 3.6 percentage points.
- **The 38-month measure demonstrates stronger performance is achievable**, having reached 95.3% in August.

Population Screening

BTW-005: Normal Results Sent Within 2 Weeks of Screen



3 Week Assessment Time: Invitation Average Wait Trajectory



- **Results turnaround improved significantly**, with 94.9% of normal results sent within two weeks in October, up from 78.2% in September and just below the 95% standard.
- **Assessment waits worsened this month**, increasing from 3.9 to 4.4 weeks, but remain below the planned trajectory.
- **The longest waits have shortened in North and South**, falling to eight and four weeks, respectively. West remains at five weeks compared with September.

Assessment Longest Wait by Region

Region	April 2026	September 2026	November 2026	Change since April
North	11 wks (11)	9 wks (4)	8 wks (5)	▼ 3 wks
South	5 wks (2)	5 wks (4)	4 wks (12)	▼ 1 wk
West	4 wks (19)	5 wks (2)	5 wks (6)	▲ 1 wk

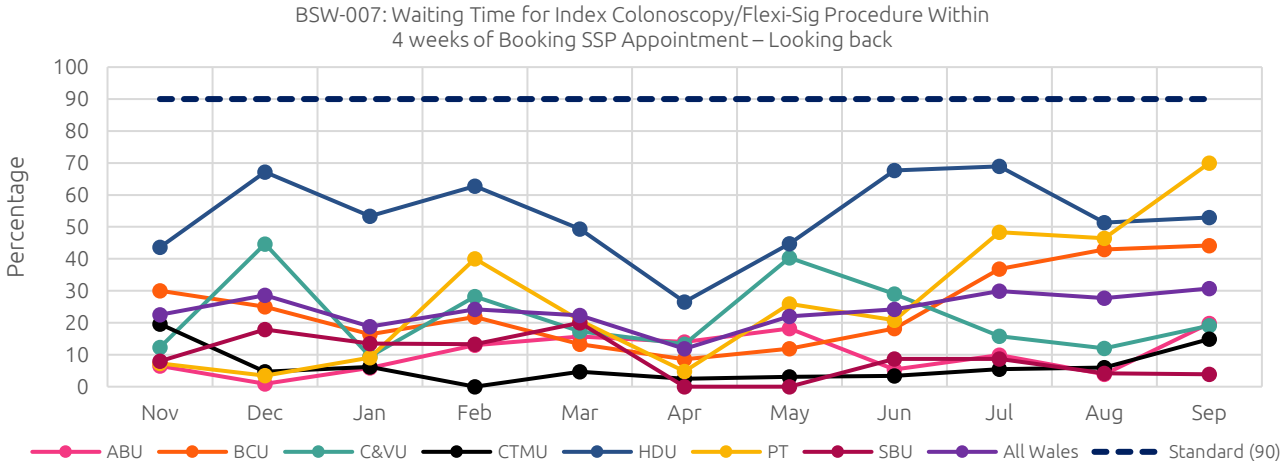
Population Screening

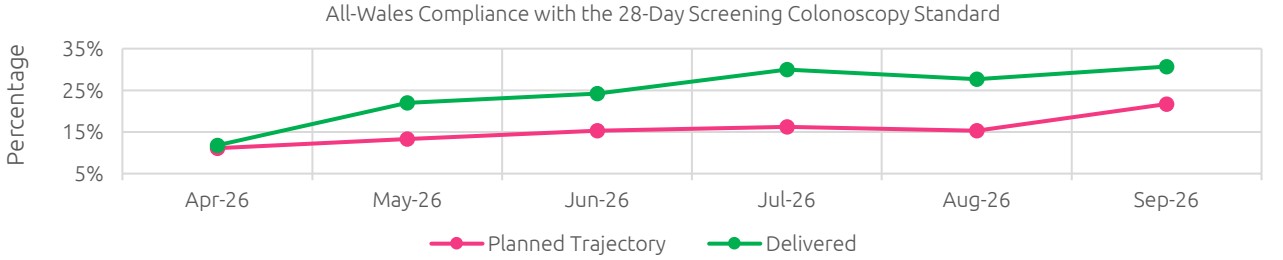
Bowel Screening Wales

90%

30.7%

- **Uptake and coverage remain above the >60% standard**, at **63% and 61.2%, respectively**.
- **Waiting-time performance is improving.** The proportion offered an appointment within four weeks increased to 30.7% in September, from 11.8% in April. Average colonoscopy wait was 5 weeks and 1 day, ranging from 3–10 weeks across screening centres, while the 7-day SSP wait remains within standard.
- **Recovery is ahead of trajectory.** September 28-day compliance reached 30.7% against a planned 21.7%, and on 23rd October 301 participants were waiting over 28 days, 170 fewer than anticipated. The mean overall pathway wait has reduced from 61 to 37 days, although remains above the 28-day standard.
- **Powys recorded the largest month-on-month improvement, increasing from 46.4% in August to 70.0% in September (+23.6 percentage points).** Aneurin Bevan increased to 19.8% from 3.9% (+15.9 points). Betsi Cadwaladr sustained improvement across July – September, rising from 36.8% to 44.2%.
- Key improvement actions are progressing, with capacity modelling, standardised scheduling and strengthened quality and safety governance now embedded. Workforce development and digital pre-assessment work are also progressing.
- Overall assurance remains Amber. National performance is improving and delivery remains on track, but sustainable recovery is not yet secured due to Health Board variation, workforce constraints and reliance on insourcing.
- Next priorities include finalising the SSP mutual aid framework, progressing digital pre-assessment, reviewing longest waits and undertaking All-Wales capacity planning.

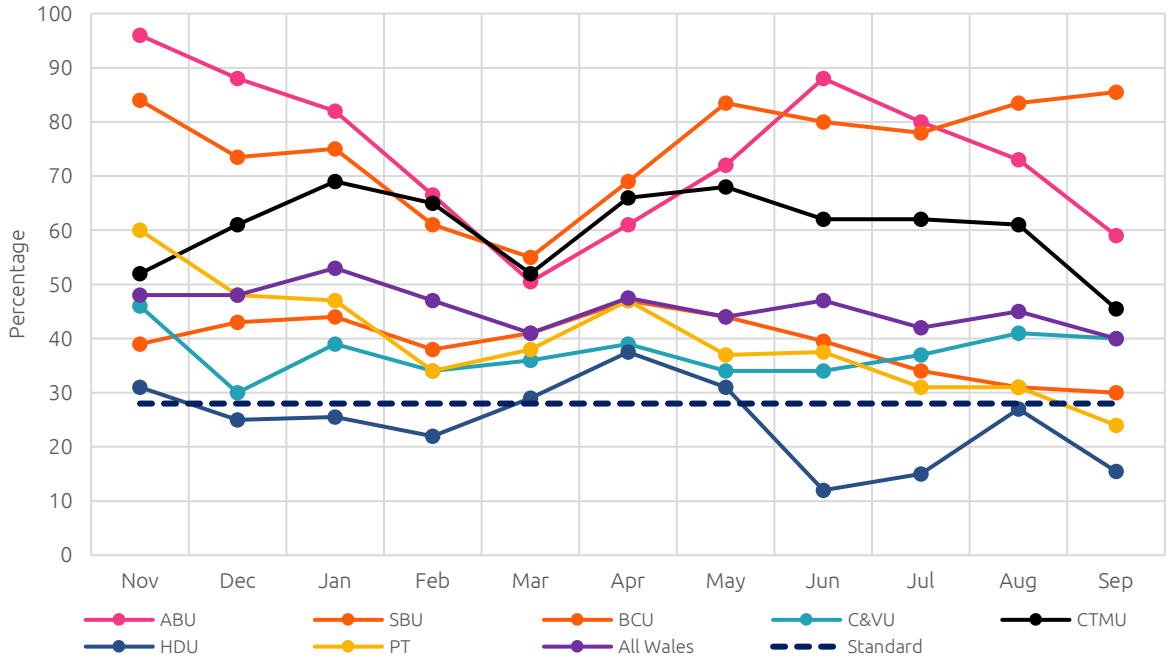




All-Wales Compliance with the 28-Day Screening Colonoscopy Standard						
2026	Apr	May	Jun	Jul	Aug	Sep
Planned Trajectory	11.1%	13.3%	15.3%	16.2%	15.3%	21.7%
Delivered	11.8%	22.0%	24.2%	30.0%	27.7%	30.7%

Population Screening

BSW-007E: Median Waiting Time (Days) from Date of booking a SSP assessment to date of First Offered Index Colonoscopy/ Flexi-sig - Look back



Participants waiting > 28 days - Delivery against trajectory

HB	Trajectories	Opening Backlog	Target Residual Mar-27	Reduction Required	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27
ABU	Planned	123	50	73	123	119	116	113	111	103	94	85	82	79	68	50
	Delivered				154	177	180	140	118	98	83					
BCU	Planned	133	55	78	133	129	125	122	121	111	102	92	89	86	74	55
	Delivered				139	111	79	63	35	44	39					
CAV	Planned	70	20	50	70	68	65	63	62	56	50	44	42	40	32	20
	Delivered				76	84	76	82	72	80	47					
CTM	Planned	124	55	69	124	121	117	114	113	105	96	88	85	83	72	55
	Delivered				118	94	70	72	79	41	30					
HD	Planned	44	10	34	44	42	41	39	39	34	30	26	25	24	18	10
	Delivered				54	31	9	7	11	3	6					
POW	Planned	14	5	9	14	14	13	13	13	11	10	9	9	9	7	5
	Delivered				15	12	18	17	11	7	9					
SBU	Planned	112	55	57	112	109	106	104	103	96	89	82	80	78	69	55
	Delivered				110	113	112	110	111	96	85					
ALL Wales	Planned	**620**	**250**	**370**	**620**	**606**	**583**	**568**	**562**	**516**	**471**	**426**	**412**	**399**	**340**	**250**
	Delivered				**666**	**601**	**544**	**491**	**437**	**370**	**301**					

- The all-Wales median waiting time from booking a Specialist Screening Practitioner assessment to the first offered index procedure has reduced from 53 days in January 2026 to 40 days in September 2026.
- Waiting times continue to vary across Health Boards, ranging from 15.5 days to 85.5 days in September 2026, reflecting differences in local service performance.
- Although the overall trend demonstrates improvement, further reductions in waiting times and variation between Health Boards remain priorities to support more timely and equitable access to colonoscopy.

- The all-Wales backlog of participants waiting over 28 days has reduced from 666 in April 2026 to 301 in October 2026, representing a 55% reduction.
- Performance continues to exceed the planned reduction trajectory, with the October backlog 170 participants below the planned position of 471.
- All Health Boards are now performing ahead of their individual backlog reduction trajectories. Continued improvement is required to achieve the all-Wales target of 250 by March 2027.

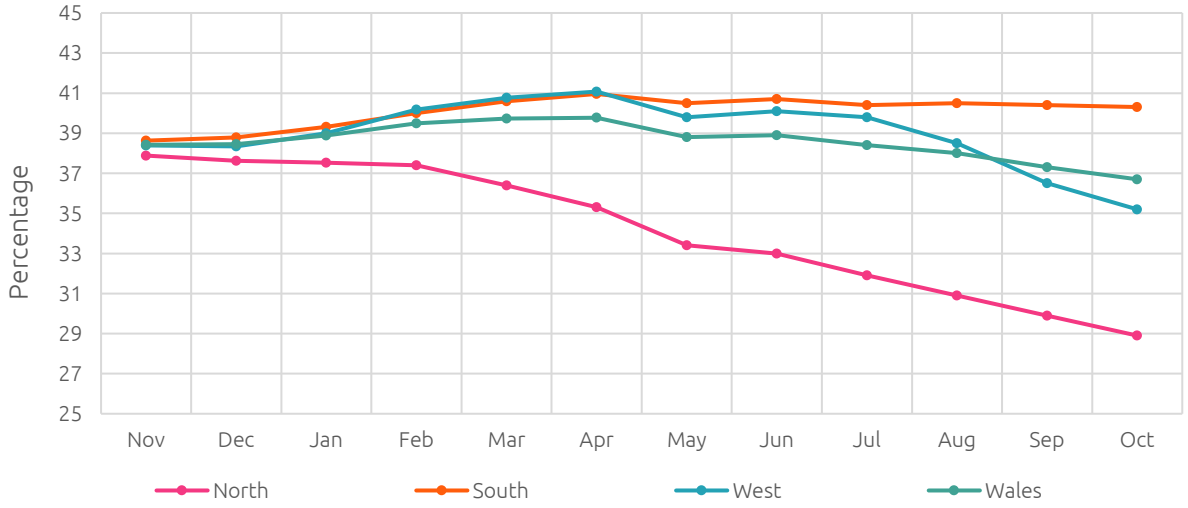
Population Screening

Diabetic Eye Screening Wales

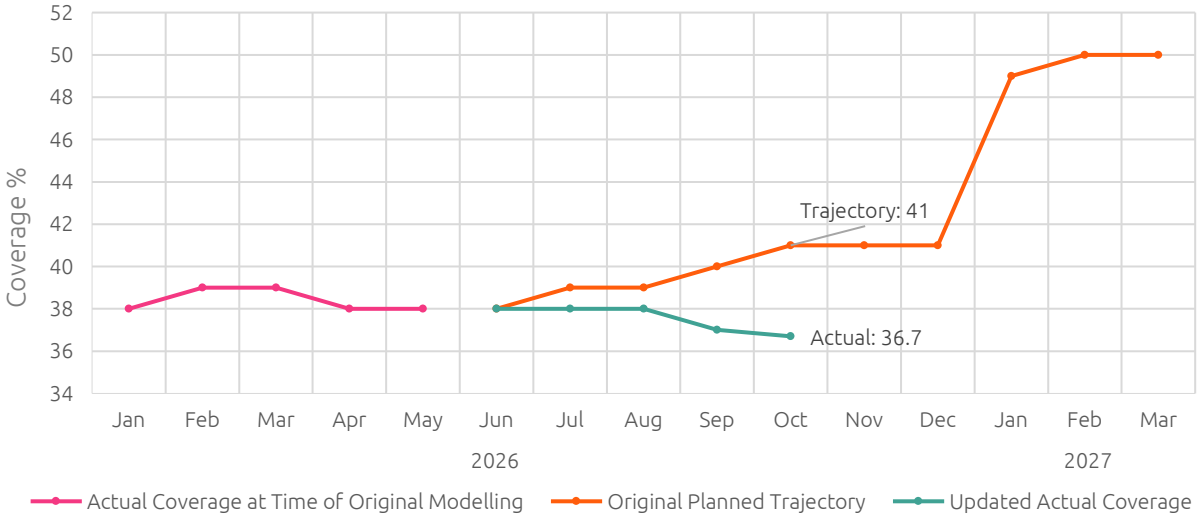
80%

36.7%

DESW-001A: Coverage 12 Months



DESW Coverage Position Against Original Recovery Trajectory



- **Coverage remains significantly below the >80% standard, at 36.7% for 12-month annual recall and 65.2% over 24 months. Performance is around 3 percentage points behind recovery trajectory.**
- Inadequate image rates are improving, reducing from 9% in August to 8.6% in October, but remain above the <3% standard. Revised criteria have affected performance, with training and review underway.
- Improvement actions are progressing. Low-Risk Recall Pathway actions are complete and clinic utilisation exceeded 90% across all clinics, averaging 94.9%. Additional drop-in and low-risk recall clinics delivered a 10.19% capacity increase.
- Workforce pressures remain a key constraint, with vacancies and high sickness absence continuing to affect delivery.
- Recovery is delayed, with meaningful coverage improvements now anticipated from March–April 2027, rather than January, due to camera evaluation delays and further clinic-model work.
- Next steps: deliver eight solo clinics in December, resolve the automated-booking travel-distance issue and progress outstanding digital developments.

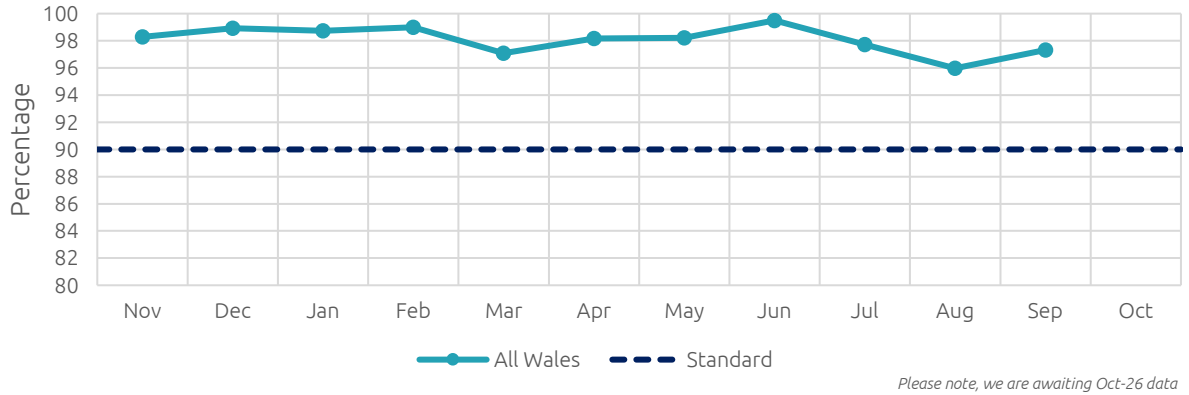
Population Screening

Cervical Screening Wales

90%

97.3%

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



Please note, we are awaiting Oct-26 data

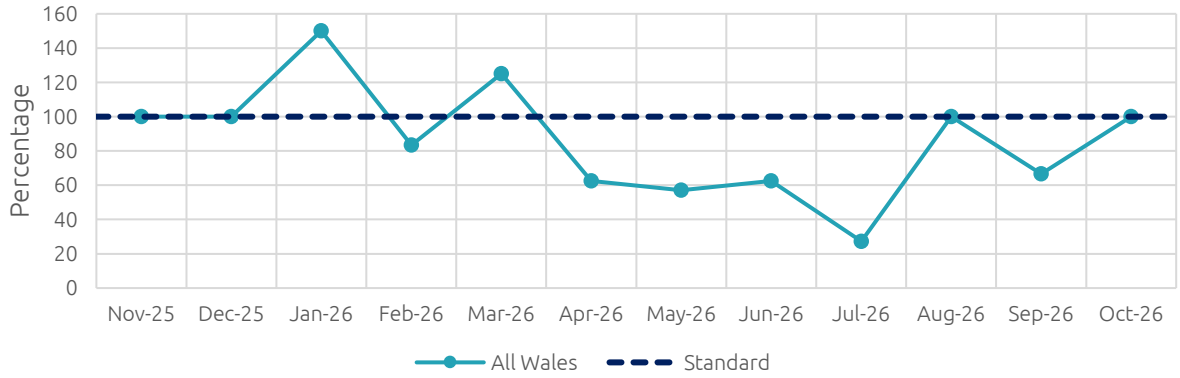
- Referral waiting time performance remains strong, with the 8-week appointment referral standard (CSW-005A) consistently meeting the required 90% threshold over the past 12 months. This has been supported by regular demand and capacity monitoring, early risk escalation and defined action plans.
- Laboratory turnaround remains below standard, with 62.1% of colposcopy histology results reported within two weeks, against the >80% standard.
- Improvement activity is ongoing, with regular review of delays and options to increase capacity, including outsourcing to improve turnaround times.
- Service improvement measures are being implemented across Health Boards, with two adopting Toyota Lean principles to improve processes and one continuing to use outsourced capacity to manage demand.

Abdominal Aortic Screening Wales

100%

100%

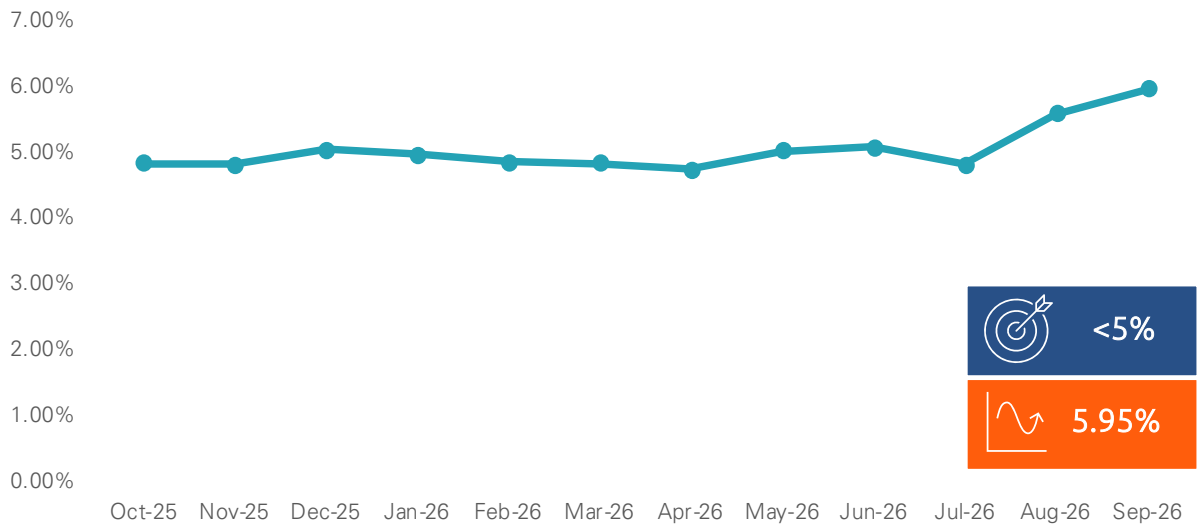
AAA-005: Timely Referral to Elective Vascular Network Multidisciplinary Team (MDT)



- Referral performance remains strong, with 100% of men referred to the elective vascular network MDT by the end of the following working day or on the same day.
- 12-month uptake achieved the >80% standard at 80.2%, with performance continuing to demonstrate sustainability following interventions by the National Support Team.
- Further improvement is anticipated through the planned introduction of SMS appointment reminders, aimed at reducing Did Not Attend (DNA) rates and supporting sustained uptake.

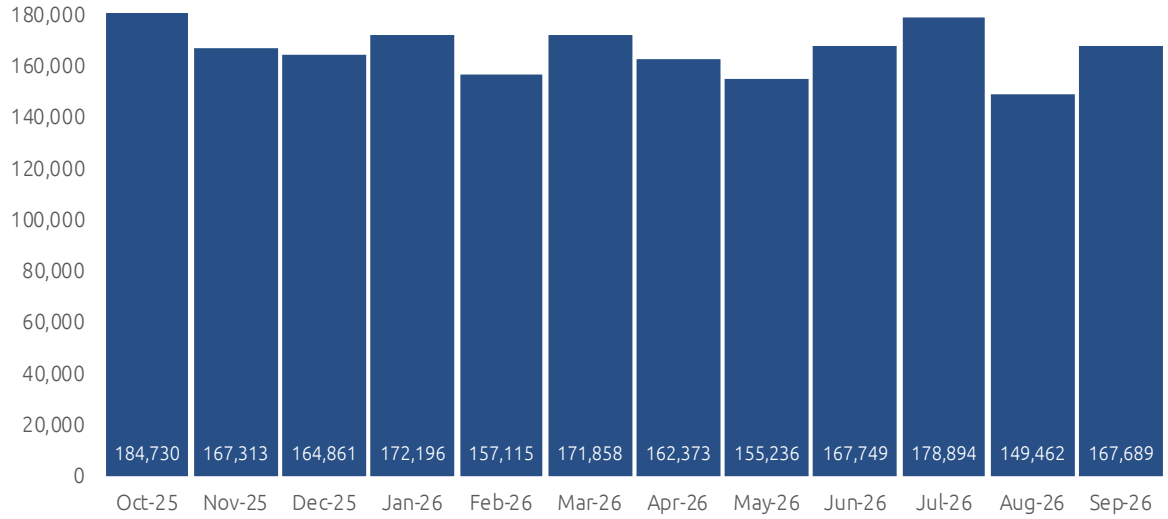
Infection Services

Total Microbiology Rejection Rates



- In September, 5.95% of 167.689 diagnostic sample requests were rejected. There are no defined targets for rejection rates but 5% is acceptable based on sample numbers. This month's figures are above this.
- LIMS 2.0 go live has contributed to increased rejection rates this month and supported by Datix entries. However, most rejections were due to test selections made by requestors and the lab having to change the requested sets. These are not genuine rejections as the tests are carried out under a different specific test. Over 90% of rejections are due to conditions created within the Health Boards.
- Infection Division continues to work with service users to drive improvements in practice through Health Board portals, newsletters and targeted interventions where opportunities for improvement are identified.

Total Microbiology Diagnostic Sample Requests

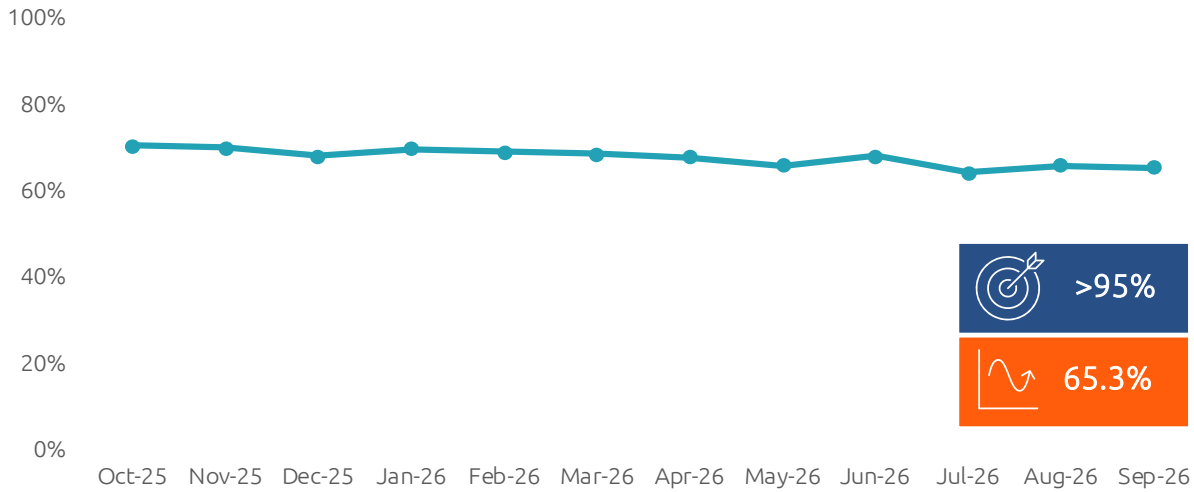


- In September 2026 167,689 samples were processed. This is an increase from the previous month, and we have exceeded 155,000 samples this month after a reduction in August 2026. This would be expected as we move out of Summer holidays and into the Autumn period.
- Infection Divisions core function is the delivery of demand led diagnostic testing across all its services. This means volumes frequently fluctuate due to seasonal factors and outbreaks. There is limited ability to influence volumes but a requirement to proactively plan and flex resource management. We are ready to respond through the year, but this makes forecasting a challenge.
- PHW want to ensure tests are clinically justified to ensure a proper use of resources while maintaining a high-quality service however we are commissioned by Health Boards to provide the tests they require with the clinical picture of the patient before them.

*Target not applicable

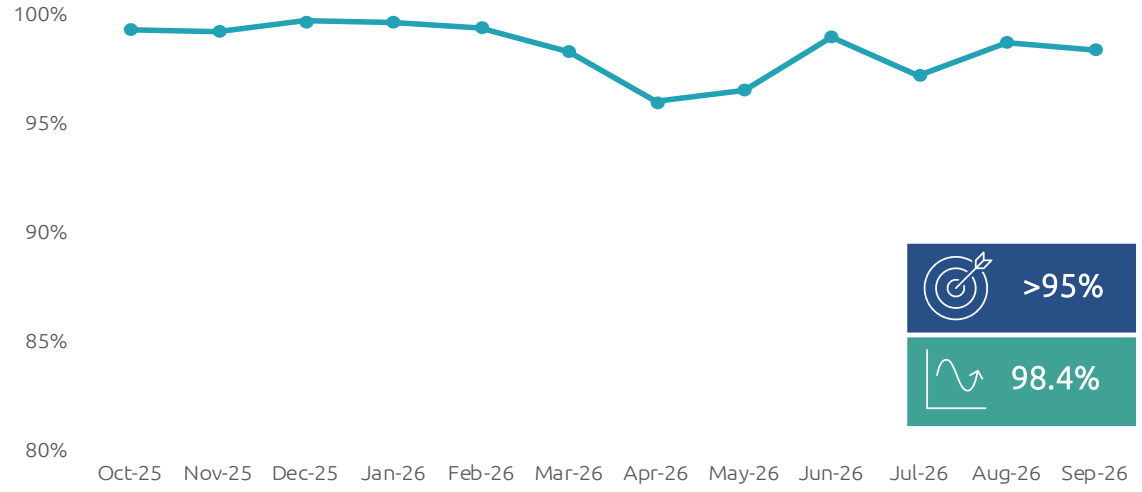
Infection Services

Blood Culture - Collected to Incubation SMI <4hrs



- The UK SMI requires blood culture samples to be incubated within four hours of collection. In September 2026, compliance decreased marginally from 65.69% in the previous month to 65.30%. Compliance with this SMI is largely dependent on Health Board transport and portering services, over which the PHW Infection Division has limited influence.
- Meeting the 4-hour limit is crucial for accurate diagnosis, particularly in sepsis cases although internal systems when blood cultures arrive on site are in place to mitigate any detriment as far as possible. It is challenging to maintain efficient transport procedures within Health Boards.
- Operational issues are reviewed with stakeholders and addressed through educational programmes, retraining to reinforce compliance and are monitored by the Infection Quality Team.

Blood Culture - Received (PHW Laboratory) to Incubation

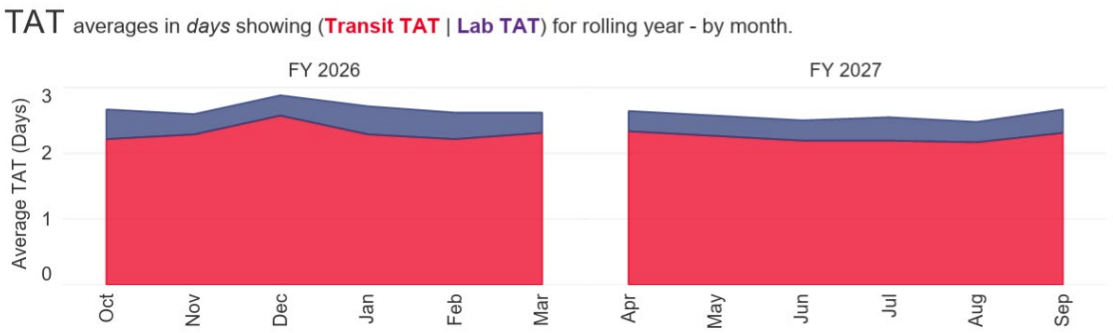


- Compliance with the four-hour incubation target for blood cultures is measured from lab receipt to analyser loading. In September, the rate has decreased minimally from 98.71% to 98.38%.
- The laboratory working hours and rotas for staff support the timeliness of loading bottles. Timely specimen transport from wards remains the main challenge, but once specimens arrive, protocols are reliably followed and bottles loaded within the time as per the ongoing monthly compliance figures.
- Performance has plateaued heading into the colder months, with a reduced impact from environmental heat conditions that significantly affected operations during the warmer periods.

Health Protection

Test and Post – STI self-sampling

Test Turnaround Times



- In September, 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 September 2026, 99.95% met the 7-day turnaround standard.
- 1 request(s) of 5,839 total requests (0.02%) did not meet the 7-day TAT standard.
- 5,839 total requests equated to 37,661 tests being undertaken.

99%

99.98%

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 September, 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%

90%

- We have achieved target this month for October.
- This represents a significant improvement compared with the previous months
- Issues remain upstream with data flowing into us, which include delays with ONS data, LIMS2 lab data, and data issues in the Tarian & Exceedance reports
- This investigation and resolution work is ongoing

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	
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Number of publications	7	5	7	4	5	5	3	2
Number of major breaches	0	0	0	0	0	1	0	0
Number of minor breaches	1	0	1	0	1	3	1	0

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

Additional assurance is provided in the focus area on page 34

79%

Of external users rated their experience with us as 7/10 or above (based on data from January 2026; target 100%, up from 67% in June 2024).

57%

External users reported our work to be impactful (based on data from January 2026; comparable to 57% strongly agreeing or tending to agree that our work was impactful in June 2024).

100%

86%

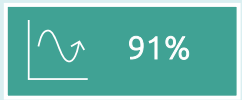
Of external users who had been directly involved with PHW in the development of a data or knowledge output reported being very or somewhat satisfied with both the development process and final output.

Organisational Research & Evaluation - Quarterly

	2024/25		2025/26				2026/27	
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
No. research grant applications submitted (PHW is Chief Investigator or partner)	6	9	11	9	3	4	11	11
Research grant income to PHW (£)	369K	66K	112K	21K	378K	1.79M	316K	34K
No. personal development research awards	0	2	2	0	0	0	0	0
No. peer reviewed publications (PHW affiliated)	24	24	23	30	45	21	20	22
No. evaluations completed.	1	2	2	1	3	2	0	2

In Focus Area: Impact survey January 2026

- **135** external stakeholders responded to our annual impact survey in January 2026
- Covers all data, analysis and research products within PHW



91% of respondents said they would use PHW data/knowledge again (92% in 2024)



79% of respondent rated their experience with us as 7/10 or above (67% in 2024)



57% of external users reported our work to be impactful (57% in 2024* Note slight question change)

Actions planned or already underway to further improve performance include:

- Organisational response action plan to address shortcomings highlighted in annual survey
- Review of best practice to improve actionability of data and knowledge outputs
- Focused review of data accessibility, granularity and availability
- Improved stakeholder involvement in developing knowledge and data outputs, with better promotion to relevant audiences.

How satisfied are you with the following output produced by Public Health Wales? (Jan 2026)

	Very satisfied / satisfied
Analytical reports and Official Statistics	75%
Data dashboards	71%
Evaluation reports	70%
Executive summaries or key messages	82%
Guidance and guidelines	74%
Health Impact Assessments (HIA)	66%
Infographics	66%
Information leaflets about services or programmes	62%
Newsletters and updates	82%
Peer review publications	61%
Raw data and metadata	53%
Research reports	78%
Slide decks and presentations	77%
Social media content	59%
Systematic & rapid evidence reviews	63%
Toolkits	75%
Webpages	61%

Percentages are calculated using respondents who had used the products

What are your primary reasons for using Public Health Wales' data and knowledge outputs? Select all that apply (Jan 2026)

	%
To understand current public health situation in Wales	82%
For my own interest	26%
To inform my own or my team's work	80%
To inform policy and regulations	46%
To inform educational campaigns	20%
To inform funding applications	28%
To inform campaigns for change	25%
To plan public health strategy or public health action	23%
To plan health, Local Government or third sector service	27%
To monitor changes in public health indicators or situations	40%
To monitor the effectiveness of an intervention or change	41%

Policy and International Health

Spatial Planning and Health

Strategic Priority: Influencing the wider determinants of health

Overview

- A healthy built and natural environment is a key determinant of good health. Spatial planning plays an important role in creating healthy places, and the WHIASU team provides specialist expertise to support planners and public health professionals in adopting a Health in All Policies approach to planning policy and the effective use of Health Impact Assessments (HIAs) within the planning system.

Our Impact:

- Our approach is to embed healthy planning principles, knowledge and skills at a national, regional and local level to inform healthy planning practice through working in partnership with planning authorities, Welsh Government and other key stakeholders across Wales, delivered through HIA guidance, workshops, training and webinars.
- WHIASU's work in spatial planning and health has led to:
    - Facilitating 9 stakeholder HIAs which have directly influenced local development plans to make them more health inclusive. For example:
        - Updated green space provision policy to include more focus on accessible, informal play spaces and specific reference to need.
        - Changing policies to consider population groups in design of spaces, for example, becoming gender inclusive and child friendly.
        - Inclusion of specific health policies within plans meaning new developments must consider health and equity.
        - Supporting the implementation of HIA Regulations in spatial strategic decisions.
- WHIASU's work in spatial planning, and health has also led to:
    - Increasing knowledge and skills in healthy planning to enable practitioners to be more health promoting and prevent negative impacts:
        - Over 90 attendees at WHIASU's annual planning and health event
        - Training delivered to 18 Local Elected Members with responsibility for planning in Pembrokeshire. This will help strengthen the scrutiny of planning decisions and their health impacts.
        - Presentations at conferences including Royal Town Planning Institute Cymru which highlight the HIA Regulations legal role in planning.

Ongoing and future work to build impact and make a difference

- Training Planning Policy officers in statutory HIA to embed health and equity into spatial plans to build capacity and increase skills and knowledge.
- HIA stakeholder workshops to support planning authorities to practically embed health and equity in the policies of their local development plans.
- Publication of a guide for planning authorities to enable implementation of local requirements for HIA on specific types of development, for example major residential schemes.
- Annual planning and health event in February 2027 to increase knowledge of, and collaboration for healthy planning.
- PHW response to consultations such as Welsh Government's National Development Framework to include health and equity, including through HIA.

Policy and International Health

Growing sustainable system capability in behavioural science

Strategic Priority: Enabling delivery of our Strategy

Overview

- Work with teams and organisations to embed behavioural science routinely in policy and practice to improve health outcomes.
- Build specialist capability which is owned, led and sustained across the public health system – in line with PHW Behavioural Science Enabling Plan.

Our Impact

- We have worked with Cwm Taf Morgannwg (CTM) UHB to collaboratively move from small-scale capability development to local ownership and now dedicated local capacity and capability – delivering improvement and sustainable impact.

PHW Behavioural Science Unit:

- Partnered to build knowledge, skills and confidence, through tailored learning, projects and practical application.
- Supported the development of local leadership through our advanced capability programme and strategic engagement.

Behavioural science is now a recognised approach for addressing public health challenges locally. Confidence and expertise have developed, and PHW Behavioural Science Unit (BSU) approaches feature in improvement activity, research and knowledge exchange.

The Behavioural Science Team in the Public Health Team (CTMUHB) has created enduring capability, with application across projects, increased local self-sufficiency and sustainable growth of expertise.

The development is a tangible demonstration of how investment in people, partnerships and applied practice delivers lasting system change.

Reciprocity and co-production

- Combining national expertise with local leadership and ownership, behavioural science has move beyond individual projects - including a successful collaboration between CTMUHB, the BSU and the University of South Wales, securing funding for the Think Quit (maternal smoking cessation) study.
- CTMUHB colleagues bring health board perspective and insight ensuring BSU resources and approaches are even more relevant, practical and accessible for the wider system.
- The local team contribute to strategic development of the Behavioural Science Community for Wales Steering Group and have shared learning UK-wide through presentations/presence at Behavioural Research-UK, Behavioural Science and Public Health Network conferences this year.

Ongoing and future work to build impact

- Continuing to strengthen the workforce and leadership pipeline
- Increasing application of behavioural science within strategic planning, service redesign, improvement and prevention programmes
- Expanding peer learning, mentoring and collaborative delivery
- Generating and sharing evidence of impact to support wider adoption and continued investment in behavioural science capability

Health and Wellbeing

Help Me Quit

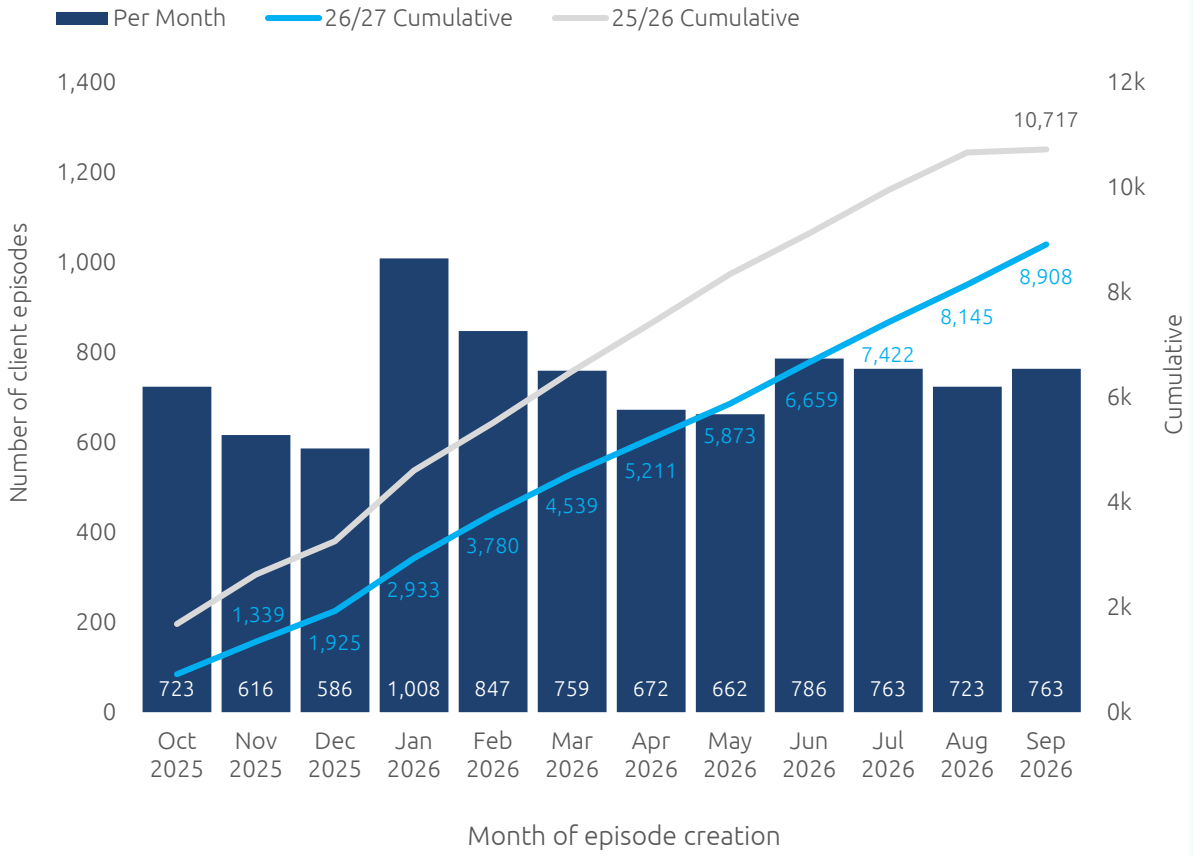
In September 2026, the Hub was responsible for contacting 1,558 new referrals compared with 1,157 in the same month of the previous year. The Help Me Quit Hub handled 959 inbound calls (910 in September 2025), and the Hub created 763 new client episodes in September 2026 (841 in August 2026).

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

National Telephone Support Service (NTSS): The proportion of NTSS client episodes meeting the target of scheduling an assessment within 14 days of initial contact was 78%, compared with 81% in the same month of the previous year.

Additional assurance is provided in the focus area on page 39

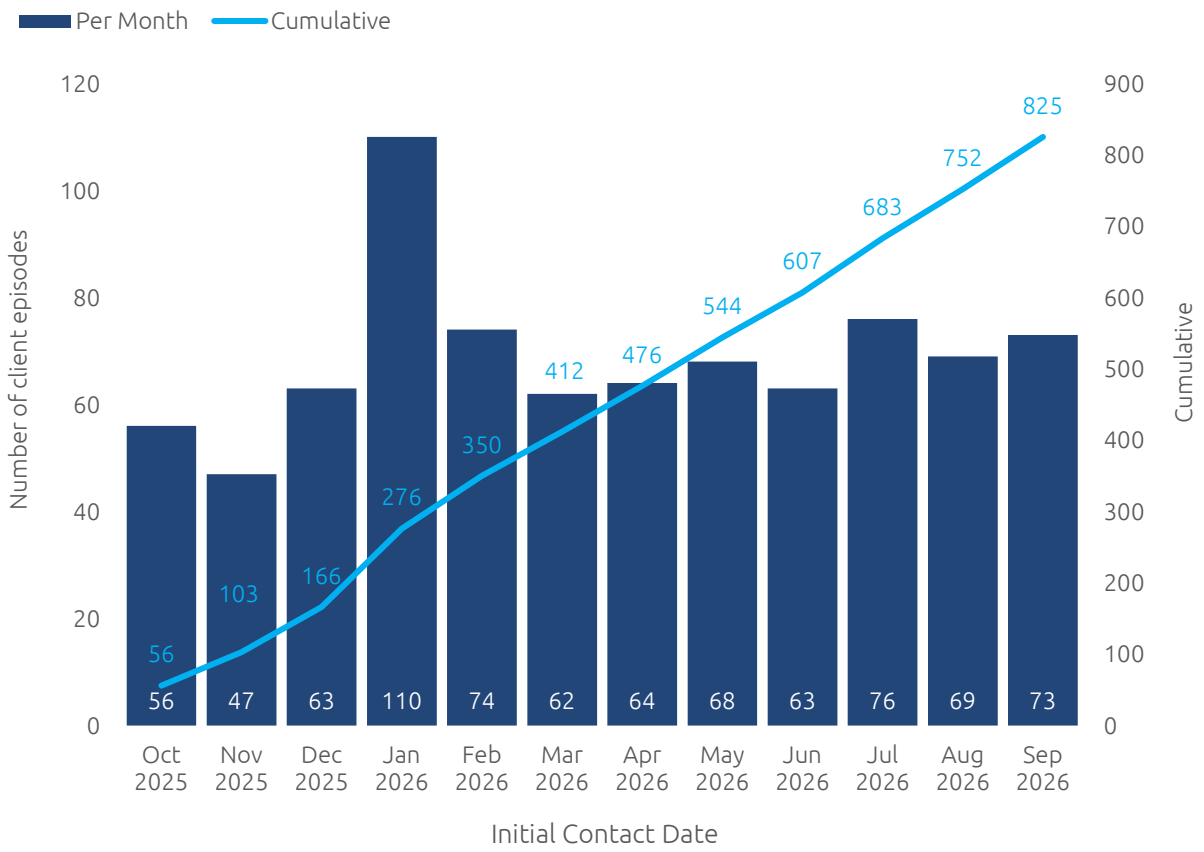
Number of client episodes created by the Hub



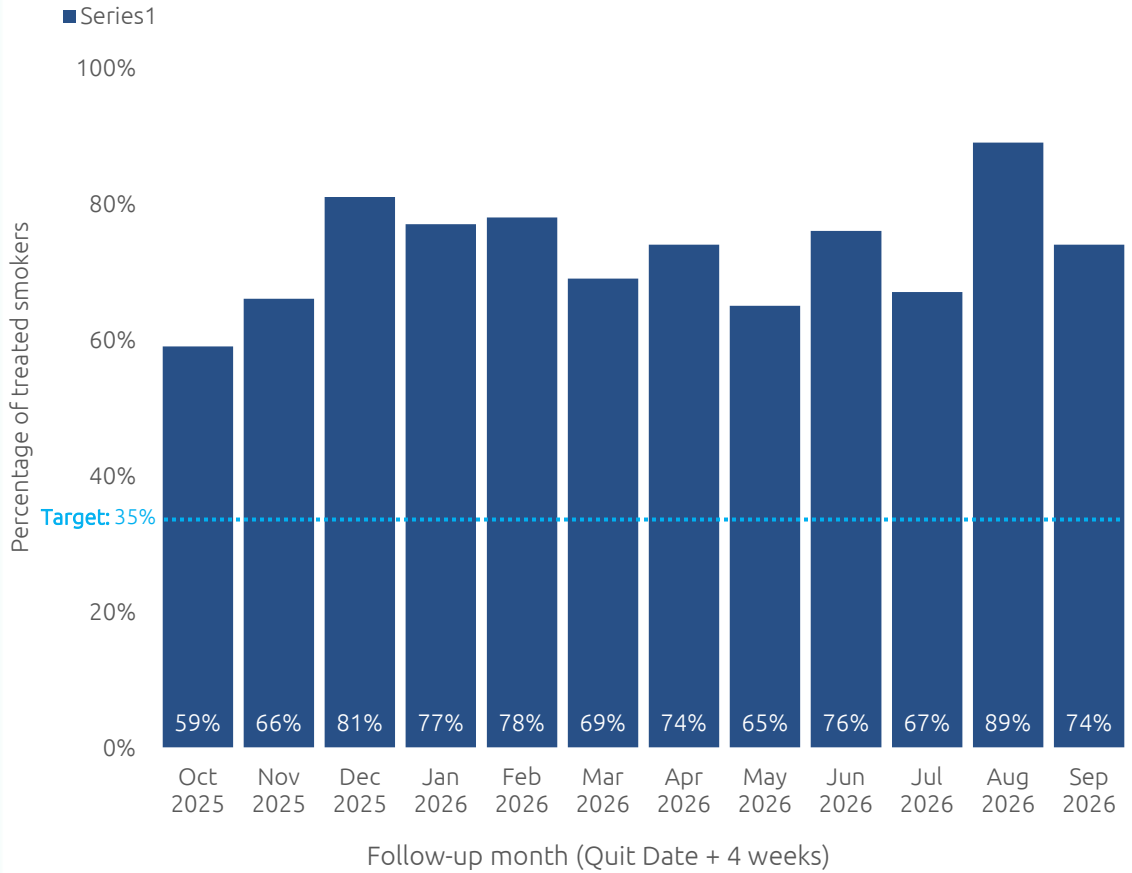
Health and Wellbeing

Help Me Quit

Number of clients who attend an assessment session (NTSS)



4-week self-reporting quit rate (NTSS)



In Focus Area: Help Me Quit

Further Information

Rationale for the variance in HMQ episodes created by the Hub between 2025/26 and 2026/27

- The previous two years saw unusually high activity levels because of e.g. COVID and aftermath, vaping changes, so 2026/27 activity is more reflective of previous years.
- The proportion of episodes created by the Hub has fallen, from 51.4% to August 2024 to 46.7% to August 2026, reflecting changes in client management pathway and how activity is recorded between the Hub and Health Boards.
- The estimated number of smokers in Wales has reduced substantially, from around 320,000 in 2022/23 to 255,000 in 2024/25, reducing the potential population seeking smoking cessation support.
- Increased use of digital self-quit support is also likely to mean that more smokers are attempting to quit without directly engaging with the service.

Underlying factors that have contributed to lower year-to-date activity levels

- A growing proportion of callers are seeking support for vaping rather than smoking. These callers receive support but generally do not have a client episode created and are directed to online self-support; 'vaping only' self-referrals directed online increased from 2% in March 2026 to 8.1% in August 2026.
- Service acceptance among self-referrals contacted by the HMQ Hub has fallen, from 44–54% historically to 34–43% between February and August 2026.
- Fewer self-referrals are responding when contacted: referrals closed without service acceptance increased by 4.9%, from 3,969 in September 2024–August 2025 to 4,083 in September 2025–August 2026. Analysis is underway to assess whether variations in call handling and response rates are linked to activity patterns, staffing gaps and waiting times, alongside focused quality reviews of call recordings to identify opportunities for staff support.
- Changes in referral routes and workflows with Health Boards also affect where episodes are created, meaning Hub-created episodes do not capture all activity.

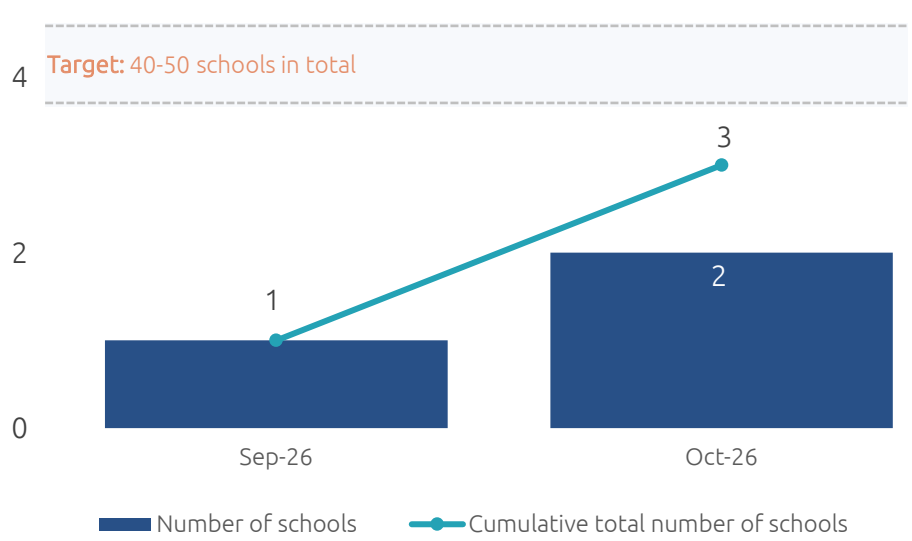
Implications of the lower cumulative activity levels for service delivery or planned outcomes

- No implications for service delivery or planned outcomes. PHW has been engaging with Health Board colleagues around wider HMQ data, and these trends are reflected in their experiences as well.

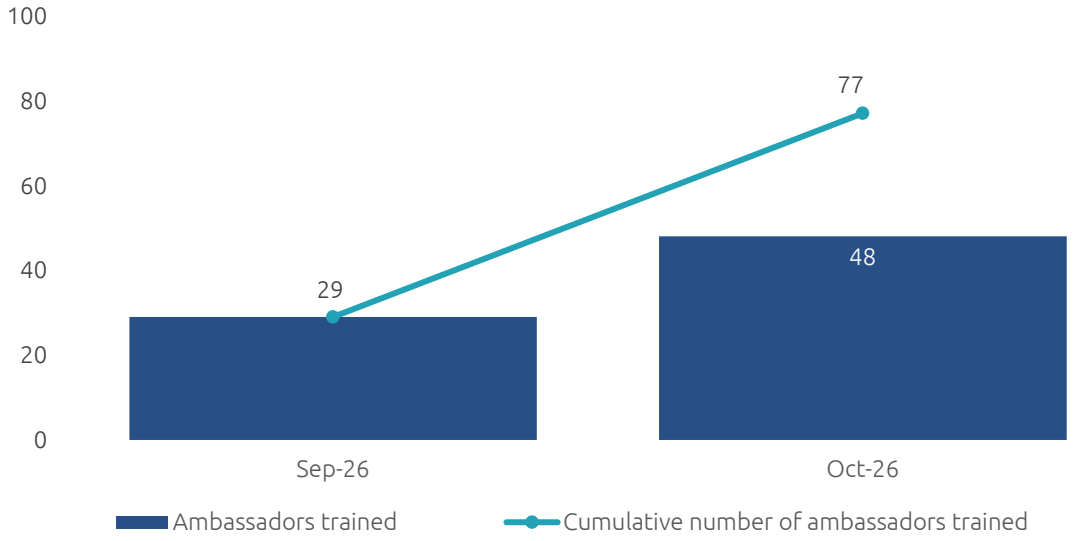
Health and Wellbeing

JUSTB / BYW BYWYD

Number of Just B Schools with 2-day training completed by month for 2026-27 academic year (year to date)



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

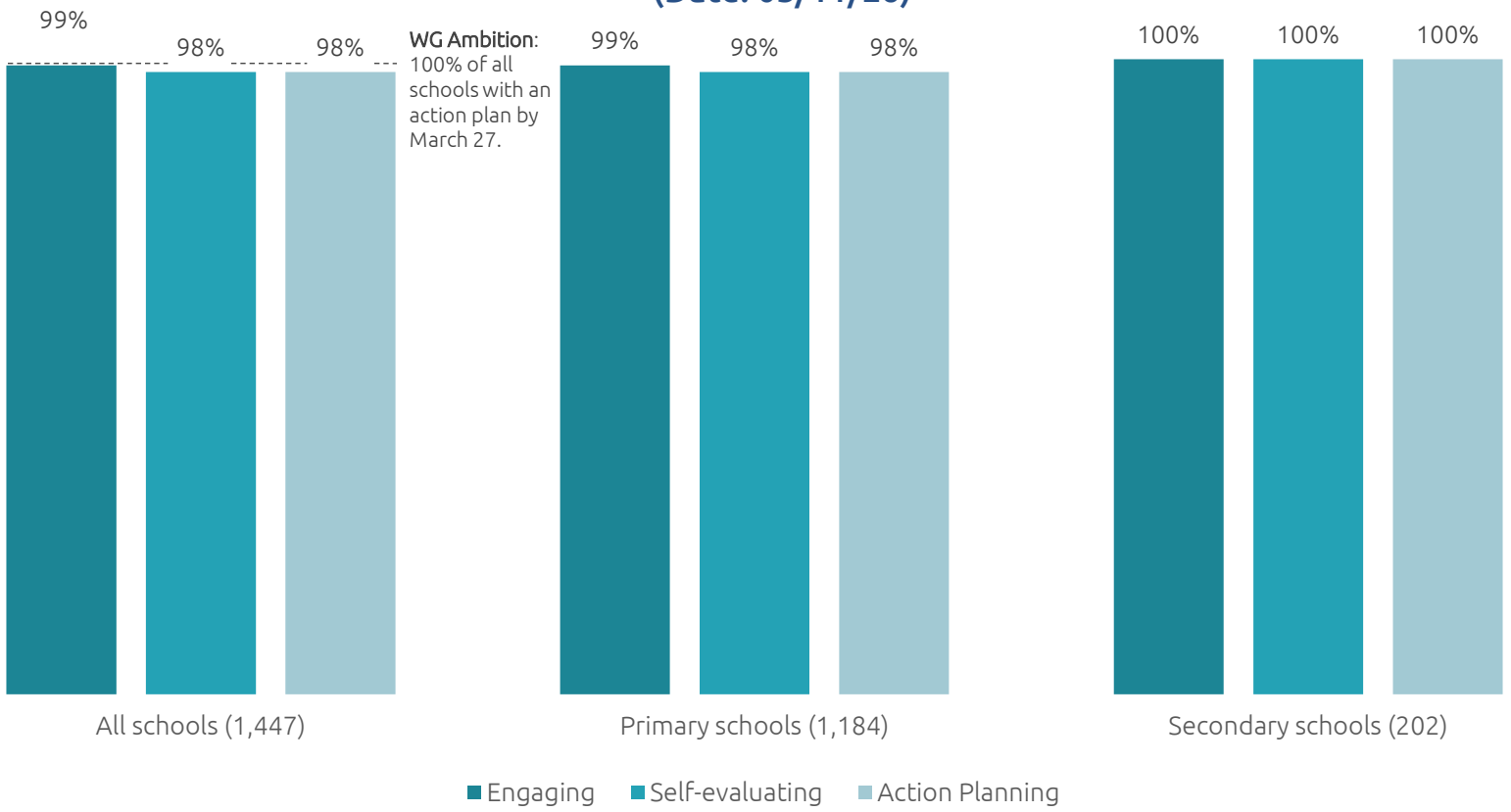


- JUSTB / BYW BYWYD is an evidence-based smoking prevention programme that utilises peer influence and networks to disseminate smoke-free norms.
- The programme is delivered during term-time to Year 8 pupils in secondary schools identified as having the highest need.
- This monthly report is designed to show progress over the academic year from September 2026 to June 2027 (JUSTB delivery window).
- We aim to deliver JUSTB to 40 Schools in this period.
- The start of the year is dedicated to booking training dates with schools, reflected in relatively low numbers of delivery in the first two months.
- The JUSTB delivery approach has been refreshed for this academic year, and a longer-term service review is underway.
- In September 2026, JUSTB was delivered to one school comprising 29 ambassadors, and in October to two schools and 48 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: 05/11/26)



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

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

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

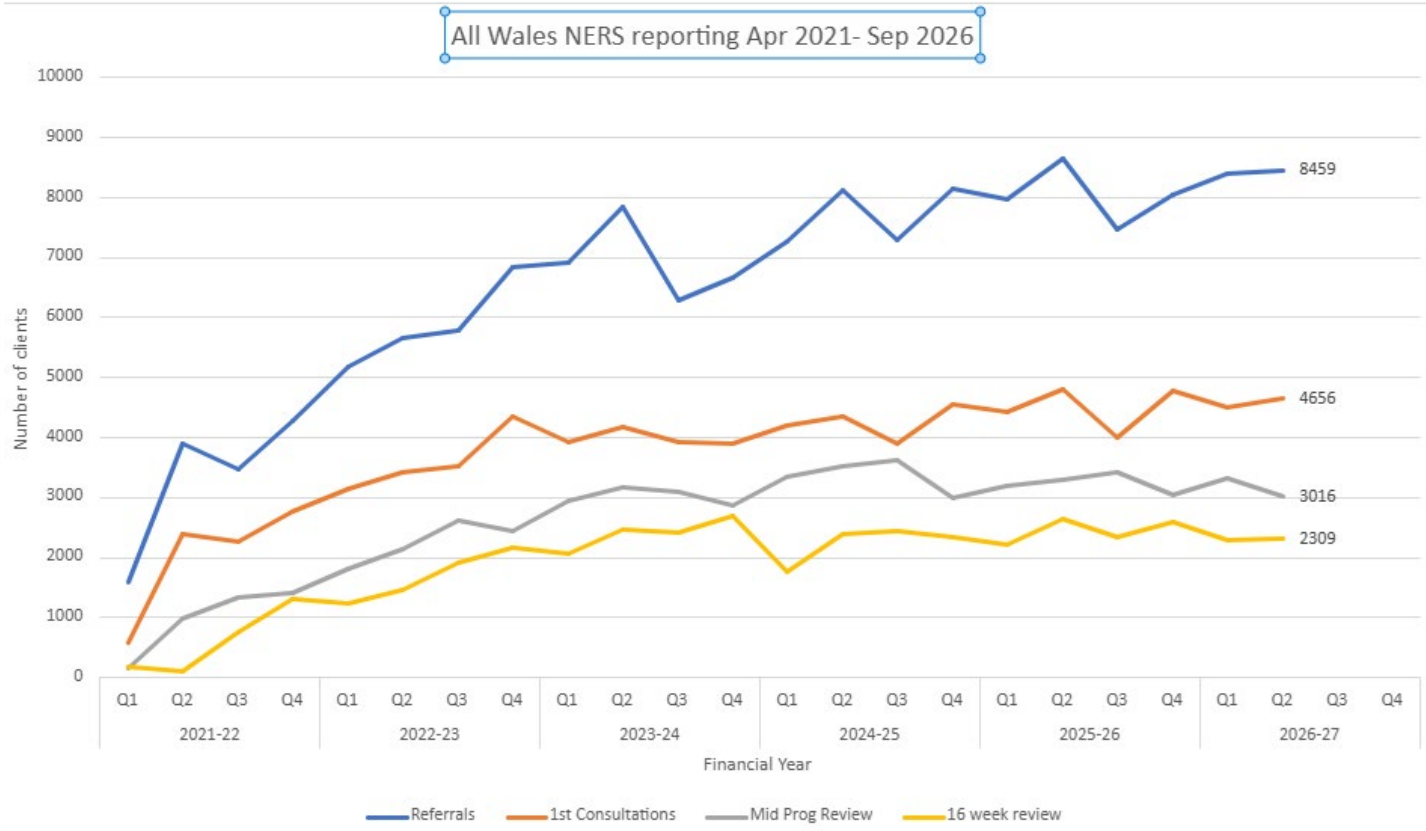
'Action Planning'* is where a school has identified actions and at least is planning implementation. Some schools have entered a continuous improvement cycle of scoping, action planning, implementing, and evaluating.

Welsh Government ambition*

100% of **all schools** will have an emotional and mental well-being action plan in place by **March 2027.** The current shortfall of 2% against the target is comprised entirely of primary schools and efforts are ongoing to reach 100%.

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 number of referrals to the NERS over time (per quarter), 1st consultations held, mid programme reviews held and 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 Q4 2026 as an IMTP milestone.
- Activity in terms of completed 1st consultations has remained consistent since Q4 2022-23, due to maximum capacity being reached based on staff levels - which have decreased by 10.5WTE from 2012 to 2026 due to real-time cuts in grant funding.
- Referrals continue to be high, with 32,149 received in 25/26.
- 119,005 people have completed the NERS in Wales since 2012.

Section 3
Strategy Delivery

Key Performance Indicator Summary

Strategic Plan	12 Month Look Back	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26
Strategic Plan – Percentage of milestones currently green or complete		88.5%	86.5%	85.2%	85.7%	84.4%	82.8%	94.5%	90.5%	85.7%	87.1%	86.7%	82.8%	84.1%
Strategic Plan – Percentage of milestones currently red		1.6%	1.2%	2.9%	0%	1.6%	6.2%	0.0%	3.0%	4.9%	3.9%	2.6%	5.2%	3%
Strategic Priority 1 – Wider determinants		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Strategic Priority 2 – Promoting mental and social wellbeing		81.8%	72.7%	72.7%	72.7%	72.7%	81.8%	100%	100%	94.2%	82.4%	82.4%	76.5%	82.4%
Strategic Priority 3 – Promoting healthy behaviours		86.8%	84.2%	84.2%	84.2%	84.2%	84.2%	94.4%	94.1%	91.2%	88.2%	88.2%	85.3%	91.2%
Strategic Priority 4 – Sustainable health and care system		91%	88%	91%	90.7%	90.7%	88.4%	100%	90%	90%	90%	95%	95%	95%
Strategic Priority 5 – Excellent public health services		82.8%	77.6%	77.6%	79.3%	79.3%	79.3%	88%	84%	76%	86%	80%	72%	72%
Strategic Priority 6 – Climate change		100%	100%	100%	100%	100%	100%	100%	100%	92%	100%	100%	100%	100%
Enabling delivery of our plan		91.3%	92.5%	87.5%	87.5%	83.8%	90.0%	93.0%	88.6%	84.5%	83.1%	83.1%	78.9%	78.9%
Strategic Change Programmes – Percentage of milestones currently green/amber		89%	89%	88%	88.9%	75%	N/A	63%	75%	75%	75%	56%	83%	83%
Strategic Change Programmes – Percentage of milestones currently red		0%	0%	0%	0%	0%	N/A	0%	0%	0%	0%	0%	0%	0%

Cabinet Minister Enabling Actions

This section has been introduced to the Performance and Insight Report to provide regular updates on the mandated Cabinet Minister Enabling Actions that form part of our formal accountability arrangements with Welsh Government. Monitoring and reporting of delivery against the Cabinet Minister 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 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	AMBER: The organisational rolling 12-month sickness absence has remained relatively stable at around 4% over the past three years. As of October 2026, the rolling 12-month sickness absence FTE % was 4.72% (in-month rate 4.66%). This compares to 4.71% at year-end for 2025/26 (4.57% for the same period in the previous year).
Continue to deliver a further and sustained reduction in agency expenditure, with a target 30% reduction in 2026/27 from 2025/26 outturn, ensuring no off-contract expenditure (Workforce Productivity).	Agency expenditure below £1.151m (30% year-on-year reduction target) and no off-contract expenditure.	GREEN: Planning for agency reduction is embedded in internal performance reporting. Our cumulative year-to-date agency spend is £647k at month 7 (0.7% of total pay bill) with a forecast year-end position of £1.138m (0.7% of total pay bill), expected to achieve year-on-year reduction target by year-end.
Fully implement the actions outlined in the Variable Pay & Agency Control Framework Welsh Health Circular (Workforce Productivity).	Implemented actions in Variable Pay & Agency Control Framework Welsh Health Circular	GREEN: Since January 2024, the organisation has been taking action to implement the requirements of WHC/2024/031 and WHC/2023/046 to support agency workforce reduction and broader workforce transformation.
Organisations who have achieved a reduction in agency spend on Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary staff to maintain that position. Organisations have delivered zero agency spend by 30th September 2026 (Workforce Productivity).	Zero by 30/09/26	RED: In October 2026, £77K was spent on agency staff, £2K of which was categorised as Admin and Clerical, with a further £47K forecast for M8-M12. The use of agency staff remains under scrutiny, with all requests subject to review and early consultation, ensuring decisions balance operational risk, workforce capacity and financial control. The nature and duration of the roles undertaken by such colleagues is a key barrier to further reduction.

Cabinet Minister Enabling Actions

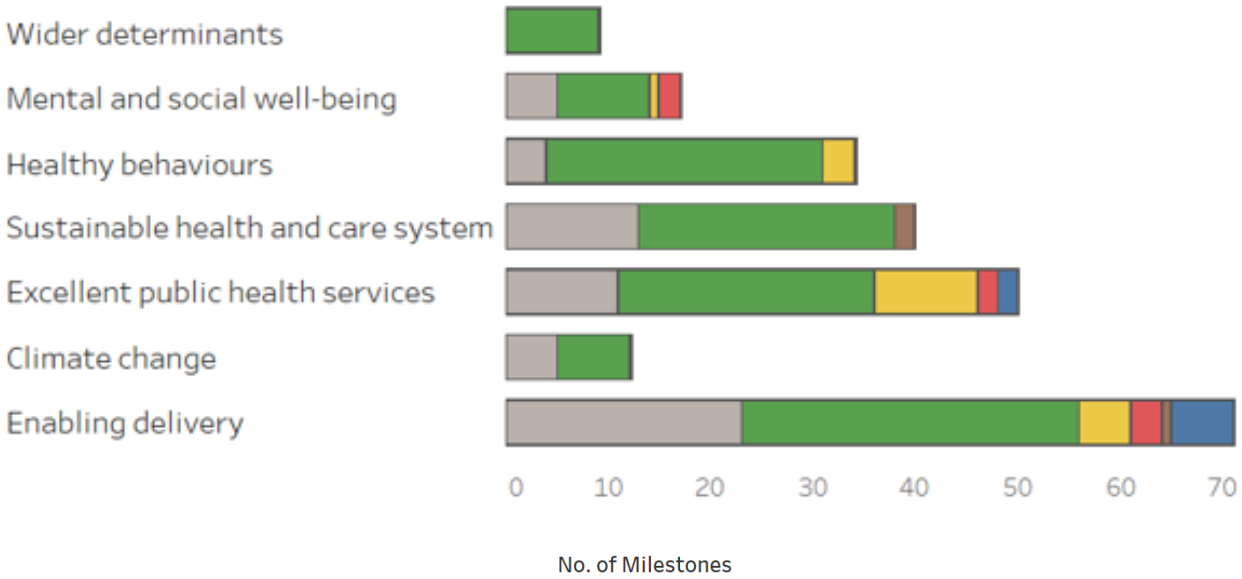
Enabling action	Performance target	PHW Progress
Actions rolled over to 2026/27		
Ensure effective implementation of the Job Planning Policy, including maintaining agreed job plans for more than 90% of Consultants at all times by 30 September 2026, aligned to service demand and capacity plans.	>90% of Consultants to have agreed job plan by 30/09/26	RED: As of 1 November 2026, 39% of Medical and Dental Consultants have a completed job plan (compared to 36% on 1 October 2026). This figure is based on the records provided to the Office for the Medical Director; either taken from the electronic job planning platform (Allocate) or where paper-based job plans have been sent to the Office for the Medical Director for assurance. This figure also reflects the All-Wales Medical Director position and definition of job plan compliance, agreed in July 2026. Dr Eleri Davies (Interim Medical Director) is revising the BET paper, which contains recommendations to strengthen and improve our job planning compliance, following recent changes to the Executive Structure within PHW.
Actions rolled over to 2026/27 with re-defined action definition		
Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme community-based falls response framework and, in support, implement a focus on prevention and early intervention in line with the policy statement on population health management (Timely Access to Care).	Delivered principles in the six goals	GREEN: All Public Health Wales actions are on track. However, there are a range of actions within the All-Wales programmes which are outside of Public Health Wales' Remit.
Ensure progress of the focused Diabetes High Value High Impact pathway (Population Health & Prevention).	No performance target indicated	GREEN: All Public Health Wales actions are on track. However, there are a range of actions not in the gift of Public Health Wales, which need further action and accountability.
Eradicate unsupported systems and devices, ensure a clear cyber response plan for the organisation (Improving Value, Optimising Outcomes, & minimising Variation).	No performance target indicated	GREEN: All Public Health Wales actions are on track with further reduction in unsupported systems and the cyber incident response plan has been completed.

Strategic Plan Milestone Delivery

Strategic Priority Delivery Status

61	135	19	7	8	3
Completed ▲8	Green ▼5	Amber ▼1	Red ▼5	Paused ▲3	Closed ▲0

By Strategic Priority



Month 7 Reporting

As at month 7, 84% of milestones are on track to be delivered as planned.

As part of the IMTP Addendum reprioritisation process, it was proposed that several milestones should be paused or closed to enable resources to focus on higher-priority commitments. Following Cabinet Minister approval of the IMTP on 23 October, these changes are now being implemented.

Of the 26 milestones currently rated red or amber, 11 relate to the IMTP addendum, which do not pose a significant delivery risk. Common reasons for the remaining 15 milestones include vacancies in specialist posts, external dependencies and re-prioritisation. 10 of these milestones are linked to the Welsh Government Templates submitted as part of Our Strategic Plan (IMTP).

A formal review of the deliverability of all remaining 2026/27 IMTP milestones will be undertaken as part of the Month 8 reporting cycle with the outcome to be discussed at the Finance and Performance Board in December.

Strategic Plan Milestone Delivery

Strategic Priority 1 – Wider determinants

Current Delivery Status



By Directorate



Changes to Plan

No requests for change received in month 5

Strategic Priority Overview

Policy and health impact assessment

- Preparing Welsh public bodies for HIA legal requirements to reach 500+ people by year end.
- Five Policy Priorities evaluation demonstrates positive influence from engagement to action.

Early years, education, work and income

- Developed four-nations advocacy on child poverty during Challenge Poverty week.
- Roundtable identified opportunities to embed financial wellbeing within health pathway.
- Led Pan-Wales employability forum agreement for youth NEET approach with DWP and WG.

Healthy places

- Delivered a HIA facilitated workshop for Pembrokeshire Coast National Park Authority to provide evidence and support to embed health and equity in their forthcoming local development plan.
- Developed cross-sector proposal on overheating and health in response to climate risks.

Working better together

- Health Equity Wales Learning Needs Assessment completed and welcomed by Marmot Delivery Board, will inform WG plan and Health Equity Wales learning system.
- Health Equity Wales launch webinar hosted by PHNC, including PHW, WG, Torfaen and IHE.
- Shaping Places for Wellbeing celebration event held, evaluation underway.

Route map & IMTP

- Horizon scanning group established to bring together evidence, intelligence and perspectives to support prioritisation, influence decision-making, and strengthen internal and external impact. Contributes to agility to respond to WG priorities and accountability.
- IMTP strategic objectives reviewed, taking account of Programme for Government, with proposed alternate shared with executive team.

Issues/Risks

- Risk of failing to capitalise on opportunity posed by the Programme for government which seeks to put health prevention in all policy areas affecting social determinants of health
- With limited resource, for the scale of ambition; there will be a need to re-assess priorities, consider stopping work and shifting focus, to optimise our efforts across the organisation.
- Tight public finances, rising cost of living putting increasing pressure on drivers of ill health.

Strategic Plan Milestone Delivery

Strategic Priority 2 – Promoting mental and social wellbeing

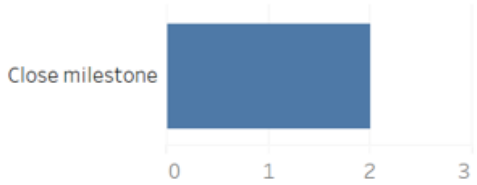
Current Delivery Status



By Directorate



Changes to Plan



2
Total RFC's YTD 2026/27

2
RFC's submitted in October

Strategic Priority Overview

- **Hapus evaluation:** Mid-point evaluations show Hapus Strategic Partnership continues to grow in strength with a clear sense of shared purpose and evidence of collaborative action among partners, from joint development of mental wellbeing resources, pooling of project budgets and joint funding bids. Evaluations consistently show over 40% of people who engage with the Hapus campaign take subsequent action for their wellbeing, however reach remains limited (estimated 5% of adults, approximately 150,000) due to limited resource for promotional activities.
- **Research:** Three research reports published on the mental health and wellbeing of children and young people in Wales, experiences of accessing support and mental health crises service contacts.
- **Healthy Working Wales:** Strengthened employer engagement through HWW webinars and workshops, including launching Ready, Set, Thrive for 16–24-year-olds entering work with DWP and Careers Wales. HWW performance dashboard also in development.
- **Cynefin: A Creative Health Review for Wales:** All 4 planned learning events have now been completed with activity underway to consolidate learning and develop policy recommendations for strengthening the role of arts for health and wellbeing in Wales.
- **Wellbeing in nursing:** Initial activity undertaken to engage nurses across sectors to explore opportunities to embed wellbeing assessment within patient interactions, with strong support from CNO this work will be developed further in 27/28.
- **Trauma informed Wales:** National and international knowledge exchange events held to share learning on trauma and ACE-informed approaches; Publication of resources ahead of the WHO Violence Against Children Ministerial event including case studies of national approaches to violence prevention

Issues/Risks

- Risk of failing to capitalise on opportunity posed by the Programme for government and ambitions to strengthen prevention action across the determinants of health and wellbeing, risk increased due to lack of clear organisational mandate to strengthen preventative action for mental health (alongside mental wellbeing) despite mental health prioritisation in the Programme for Government.
- Economic context putting pressure on strategic and delivery partners and public wellbeing.

Strategic Plan Milestone Delivery

Strategic Priority 3 – Promoting healthy behaviours

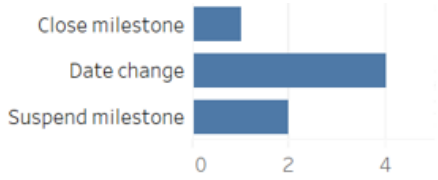
Current Delivery Status

4	27	3	0
Completed ▲0	Green ▲2	Amber ▼1	Red ▼1

By Directorate



Changes to Plan



7
Total RFC's YTD 2026/27

3
RFC submitted in October

Strategic Priority Overview

- **Tobacco, Vapes and Nicotine Addiction:** Launched new vaping module on Help Me Quit app plus suite of tools and guidance, supported by media coverage and Ministerial statement; policy briefings published summarising evidence on smoke-free and vape-free public places; presented at All Wales Special Care Dentistry Conference on role of dental professionals in prevention and early intervention.
- **Healthy Weight:** Ongoing work to develop Obesity Pathway Innovation work with first patients recruited to programme. Preparing final case for action, have completed plans and developing recommendations for healthier Out of Home Food in Wales.
- **Physical Activity:** Daily Active digital resource nearing completion. Response to 'Daily Active Commission for Information 2' completed for Welsh Government. Active Mile (Wales) resources developed.
- **Educational Settings:** Clearance received from Public Health and Education Ministers for the new National Standards for Health and Well-being Promoting Schools. Early adopter phase has commenced with 90 schools currently engaged. Curriculum toolkit for Healthy Relationships published.
- **Gambling, and Substance misuse:** Voluntary sector grant programme to reduce gambling harms process is in progress. The drug and alcohol team established a lived experience panel to continue to advise on the work programme.
- **Early Years and Children's Health**: Six locally led projects have been funded through the Infant Feeding Innovation Fund to tackle inequities in infant feeding support. The projects will test practical improvements and identify learning that could be scaled across Wales about what works locally and what could be adopted more widely across Wales.
- **NERS:** Ongoing delivery of NERS across Wales, with ongoing management of funding issues and challenges within local areas to continue delivery. NERS Uptake Review report completed with recommendations for increasing uptake. Ongoing Improvement and Innovation project on reducing DNA rates taking place. Research project with WIPAHS began to assess inequalities in NERS referrals, uptake, adherence, and outcomes.

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

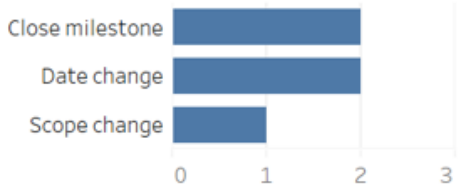
Current Delivery Status



By Directorate



Changes to Plan



5
Total RFC's YTD
2026/27

Strategic Priority Overview

- Launched the Community of Practice and Advocacy for Inclusion Health on 14th October. Over 70 stakeholders from across the system attended which was hosted by Richard Desir, Nursing Officer, Welsh Government.
- Celebrating National Safeguarding Week Wales (9-13 November 2026). Over the past year, we have continued to strengthen safeguarding arrangements across the organisation.
- Completed the annual audit of the Greener Primary Care Framework – over a cumulative total of 1,773 actions completed over 71 primary care teams.
- Co-hosted PHW Anti-microbial Stewardship Forum, linking it to the environmentally sustainable medicines management agenda.
- Progressed prevention across the life course work for the Community By Design Programme.
- Organised and chaired the Biannual multistakeholder General Dental Services (GDS) Quality and Safety Forum meeting.

Issues/Risks

- Risk of failing to capitalise on opportunity posed by the Programme for government which seeks to put health prevention in all policy areas affecting social determinants of health.
- With limited resource, for the scale of ambition; there will be a need to re-assess priorities, consider stopping work and shifting focus, to optimise our efforts across the organisation.
- Tight public finances, rising cost of living putting increasing pressure on drivers of ill health.

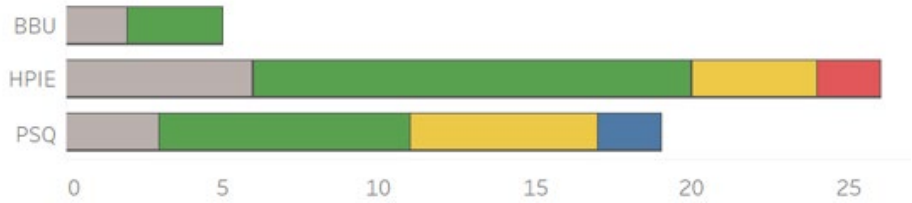
Strategic Plan Milestone Delivery

Strategic Priority 5 – Delivering excellent public health services

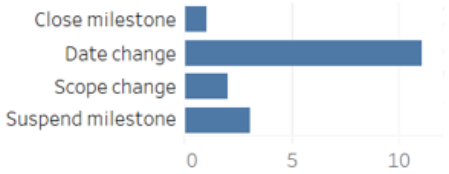
Current Delivery Status

11	25	10	2	2
Completed ▲1	Green ▼1	Amber ▲0	Red ▼2	Paused ▲0

By Directorate



Changes to Plan



14
Total RFC's YTD 2026/27

5
RFC's submitted in October

Strategic Priority Overview

- Cross-organisational engagement has informed the review of strategic objectives, ensuring they are aligned with the new Programme for Government, organisational priorities, and IMTP ambitions.
- Following the establishment of new organisational structures, it is proposed that an updated organisational approach is developed to provide strategic coordination for this priority area.
- Cross directorate engagement has informed the evolution of the HPIE Directorate, ensuring it is well positioned to support the delivery of EPHS
- BTW, BSW and DESW are progressing their improvement plans, with strengthened governance and increased capacity supporting recovery, although workforce pressures, capacity constraints and performance risks remain across all programmes.
- The September roll-out of SMS feedback across Breast Test Wales marks a key milestone in strengthening how the programme gathers and uses people's experience feedback, with over 2,500 responses received in the first month.
- Introduced AI supported diagnostic pathways for faecal parasitology screening of enteric samples.
- Commissioned and initiated the independent external review of the Sexual Health Test & Post service with agreed scope, methodology, and timeline approved via Public Health Wales governance.
- Assessed Public Health Wales' capability to respond to risks identified in the National Security Risk Assessment and use this to strengthen contingency planning and escalation pathways.
- Advanced PHW's Health Inequalities in Emergencies work from evidence to implementation, including organisational action planning and dissemination through the PHW-hosted IANPHI European workshop.

Issues/Risks

- Risk of failing to capitalise on opportunity posed by the Programme for government which seeks to put health prevention in all policy areas affecting social determinants of health.
- With limited resource, for the scale of ambition; there will be a need to re-assess priorities, consider stopping work and shifting focus, to optimise our efforts across the organisation.
- Tight public finances, rising cost of living putting increasing pressure on drivers of ill health.

Strategic Plan Milestone Delivery

Strategic Priority 6 – Climate change

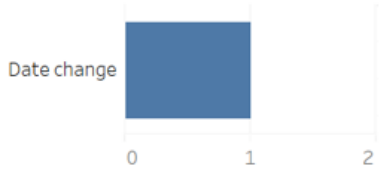
Current Delivery Status



By Directorate



Changes to Plan



1
Total RFC's YTD
2026/27

Strategic Priority Overview

- Pan-organisational engagement via our Climate Change Programme Board has established a new set of strategic objectives that are aligned with Welsh Government and wider system.
- Discussions underway on future IMTP deliverables, with a renewed focus on climate adaptation and One Health.
- Engagement with Welsh Government regarding direction of travel for climate work where they noted a shift of focus towards Climate and Nature, and a requirement to ensure a holistic approach to managing the health risks of climate.
- Internal Audit of our decarbonisation function is currently being signed-off and we are working through recommendations.
- Briefing has been developed in partnership with Welsh Government on the need to ensure effective climate adaptation, which will be published soon to coincide with a Climate Change Committee visit to Wales.

Issues/Risks:

- Successful delivery relies on pan-organisation commitment to identify capacity to delivery
- Capacity is extremely constrained
- Lack of clarity relating to how a holistic approach to climate fits with the new priorities

Strategic Plan Milestone Delivery

Enabling delivery of our plan

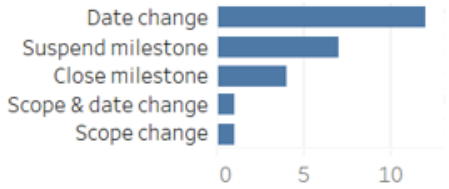
Current Delivery Status



By Directorate



Changes to Plan



23
Total RFC's YTD 2026/27

6
RFC's submitted in October

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 October 2026, is provided below.

Green	Green/Amber	Amber	Amber/Red	Red
1	0	4	1	0

Key Information

Portfolio status has **remained unchanged over the last quarter**. All programmes are demonstrating progress and tangible delivery whilst continuing to manage key challenges, such as resource pressure (digital), business change and external dependencies (on DHCW).

There is continued evidence of delivery and milestone achievement across the portfolio. Key progress includes advancement towards procurement and implementation within **Lung Screening**, ongoing delivery against milestones and development of business-as-usual transition arrangements within **Tackling Diabetes Together**, and preparations for the February/March go-live of **Digital Health Protection**. Further progress has been made in **Genomics** and cloud-based activity within **DARC**, alongside the successful mobilisation of grants, service design initiatives, and research activity within **Gambling Related Harm Reduction**.

The key themes of challenges in the portfolio continue to be **resource and capacity pressures**, particularly specialist digital, analytical and programme delivery capacity. **External dependencies and data-related risks** also remain key watchpoints, including DHCW data provision requirements for DARC, cohort identification and downstream service capacity planning for Lung Screening, and the availability of operational resources to support testing and deployment activities within Digital Health Protection.

Programme Detail

Programme Name	Aug	Sept	Oct
Data, Analysis, Registers, Cloud	A/R	A/R	A/R
Digital Health Protection	A	A	A
MyPath Cymru (OPIP)	A	A	A
National Targeted Lung Cancer Screening	A	A	A
Tackling Diabetes Together	A	A	A
Gambling Related Harm Reduction	G	G	G

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

Health inequalities – inclusion health

Activity from SP5 Supporting the development of a sustainable health and care system focused on prevention and early intervention

What have we done?

- Developed Inclusion Health Data and inequalities Dashboards
- Co delivered the 2nd Annual Welsh Inclusion Health Summit in partnership with voluntary sector
- Launched an Inclusion Health Community of Practice to share learning, build inclusion and equality capability and confidence, and influence local and national policy and practice
- Developed and evaluated key components of the Teg i Bawb Action Plan, including frontline staff training, an inclusion health maturity matrix, and an implementation evaluation framework
- Launched and evaluated a multi professional capabilities framework for inclusion health, prison and custody suite
- Developed a guide to improving engagement, collaboration and equity in healthcare settings
- Supported Welsh Government in a research prioritisation exercise aiming to enable better access to primary care services for people experiencing multiple disadvantages
- Supported Cardiff and the Vale Health Inclusion Services and Probation Services to develop an evaluation framework for a newly established service for people in contact with the justice system
- Work within justice and public health programmes, includes research examining mortality among people leaving prison and those serving community sentences, alongside studies exploring the relationship between accommodation status and health outcomes following release.

So what? Our impact so far

- Through our influencing and advocacy work, the inclusion health agenda has been strengthened and embedded within Welsh Government requirements for health boards, as well as the new GP GMS contract, which requires practices to develop an inclusion health register.
- Influenced Welsh Dental Committee position statements to strengthen needs of vulnerable groups and oral health inequities.
- Engaged with Chief Nursing Officer advisors to ensure inclusion health is an integral part of the CNO nursing award.
- Supported the adoption of the Teg I Bawb Equity assessment tool within several health boards service planning process.
- Secured inclusion of Inclusion Health Capabilities Framework in Gwent's recommissioning of drug and alcohol services.
- Increased demand for disaggregated data, equity metrics and the Inclusion Health Capabilities Framework, supporting wider application across commissioning, education, workforce development and professional practice.
- Progress has also been made on climate adaptation work within prison settings, with positive engagement from Ministry of Justice colleagues.

What are we working on? Next Steps

- Assessing new data from the new GP GMS health inclusion register
- Evaluation of Teg I Bawb inequalities action plan
- Continue to support teams and services in the implementation of capabilities framework
- 3rd Welsh Inclusion Health Summit
- A summary of MPH student work on Modelling inequalities for Chronic Conditions and Primary Care Workforce.

Health inequalities – inclusion health data

Inclusion health data landscape in Wales:

- Data on inclusion health populations is sparse, and these groups are often underrepresented in datasets and indicators, making it challenging to accurately measure needs.
- Challenges include;
    - Size and heterogeneity of these populations
    - Consistent identification in routine datasets
    - Underrepresentation in surveys and service datasets
    - Data quality and completeness
    - Ethical and governance issues around collecting data on certain characteristics/behaviours
- Work is ongoing in the Primary Care division to surface data on inclusion health populations and improve its use in decision-making, including in this dashboard (accessible to NHS colleagues)
- New GP GMS register first data available November 2026
- Some data on inclusion health outcomes in England is published by the Office of Health Improvement and Disparities. Although not specific to Wales, many findings are useful for understanding health outcomes inequalities experienced by these populations, which are likely to be similar across the UK
- It remains challenging to report on health outcomes in these populations in Wales, though previous PHW evidence highlighted higher infection and care activity rates during the pandemic amongst people experiencing homelessness.

Key data points:

Asylum seekers:

- At the end of June 2026, there were 3,223 asylum seekers in receipt of Home Office support in Wales. This is similar to the number in the previous year (3,246). Cardiff and Swansea consistently have the largest number of people, followed by Newport.
- At the end of March 2025, there were 335 unaccompanied asylum-seeking children being looked after in Wales, up from 330 in 2023/24 and 260 in 2022/23. This equates to approximately 5% of all looked after children in Wales.

Prison and probation:

- 5,300 prisoners in Wales at the end of June 2025, 2% lower than the previous year (5,435).
- There were 14 deaths in prison custody in the year ending June 2025. 3 were self-inflicted.
- There was an 8% increase in the annual assault rate in prisons in Wales between 2023 and 2024, while the rate of serious assaults decreased.
- The rate of self-harm incidents in Welsh prisons increased by 12% between 2023 and 2024.
- At the end of March 2025, there were 14,714 people in Wales supervised by the probation service. 9 in 10 are males.

Homelessness and rough sleeping:

- On 31st July 2026, there were 155 rough sleepers identified in Wales.
- At the end of March 2026, there were 10,539 people in temporary accommodation, of which 2,278 (22%) were under 16 - slightly less than the previous year (10,831, 24% were under 16).
- Crisis projects 15,000 households experiencing homelessness in 2041

Sources: (these are used in the linked Inclusion Health dashboard, original sources included here as more up to date information is available for some measures)
Asylum-seekers receiving Home Office support by local authority, June 2026; Unaccompanied asylum-seeking children looked after on 31 March | StatsWales; Children looked after by local authorities: April 2024 to March 2025 [HTML] | GOV.WALES; Prisons and probations: interactive dashboard | GOV.WALES; Rough sleepers by local authority | StatsWales; Homeless individuals temporarily accommodated at the end of the period by local authority and accommodation type | StatsWales; The Homeless Monitor, Wales, 2025 - Crisis

Section 4
Outcomes Measurement

Outcomes Measurement

Strategic Priority	Indicator	Latest value	Time period	Change since last measure	Most deprived fifth	Least deprived fifth	Change in deprivation gap since last measure	Baseline	Update expected
Overarching outcomes	Healthy life expectancy – males	59.2 years	2022-2024	↓	49.7 years	67.8 years	↑	61.3 *(2017-2019)*	Spring 2027
	Healthy life expectancy – females	58.5 years	2022-2024	↓	47.3 years	66.3 years	↑	61.9 *(2017-2019)*	Spring 2027
Mental wellbeing	Average mental wellbeing score – adults	48.4	2024/25	↑	46.1	50.0	↑	51.4 *(2018/19)*	Nov 2027
	Average mental wellbeing score – adolescents	24.2	2025	↑	22.7	24.8	–	24.0 *(2017)*	TBC
	Feel a sense of community	57.8%	2024/25	↓	47.5%	63.9%	↑	52.2% *(2018/19)*	Nov 2027
Healthy behaviours	Smoking prevalence – adults	10.0%	2024/25	↓	21.8% **	7.5% **	↓	17.1% *(2018/19)*	Nov 2027
	Smoking prevalence – adolescents*	1.7%	2025	↓	2.9%	1.4%	↓	3.6% *(2017)*	TBC
	Healthy weight – adults	36.1%	2024/25	–	33.7% **	39.5% **	↓	39.0% *(2018/19)*	Nov 2027
	Healthy weight – adolescents aged 11-16*	65.0%	2021	No previous measure available	71% ***	82% ***	No previous measure available	No previous measures available	March 2027
	Healthy weight – children aged 4-5	71.8%	2024/25	↓	68.5%	76.5%	–	72.3% (2018/19)	May 2027
	Meeting physical activity guidelines – adults	59.2%	2024/25	↑	47.7% **	61.4% **	↓	51.5% *(2018/19)*	Nov 2027
	Meeting physical activity guidelines – adolescents*	18.5%	2025	↑	14.4%	21.0%	↑	18.3% *(2017)*	TBC
	Alcohol consumption above guidelines – adults	15.4%	2024/25	↓	14.6% **	21.3% **	↑	18.7% *(2018/19)*	Nov 2027
	Alcohol consumption– adolescents*	35.7%	2025	–	32.5%	37.8%	–	46.3% *(2017)*	TBC

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

Outcomes Measurement

Strategic Priority	Indicator	Latest value	Time period	Change since last measure	Most deprived fifth	Least deprived fifth	Change in deprivation gap since last measure	Baseline	Update expected
Sustainable health and care system	Avoidable mortality rate	274 per 100,000	2022-2024	↓	In development	In development	In development	266 per 100,000 *(2017-2019)*	Q1 2027
	Preventable mortality rate	178 per 100,000	2022-2024	↓	In development	In development	In development	168 per 100,000 *(2017-2019)*	Q1 2027
	Treatable mortality rate	96 per 100,000	2022-2024	–	In development	In development	In development	98 per 100,000 *(2017-2019)*	Q1 2027
	Prevalence of heart failure	1,213 per 100,000	2024	↑	Awaiting dataset updates*	Awaiting dataset updates*	Awaiting dataset updates*	1,141 per 100,000 *(2023)*	Dec 2026
	Prevalence of atrial fibrillation	2,354 per 100,000	2024	↑	Awaiting dataset updates*	Awaiting dataset updates*	Awaiting dataset updates*	2,302 per 100,000 *(2023)*	Dec 2026
	Prevalence of stroke/TIA	2,021 per 100,000	2024	↑	Awaiting dataset updates*	Awaiting dataset updates*	Awaiting dataset updates*	2,005 per 100,000 *(2023)*	Dec 2026
	Prevalence of hypertension	15,008 per 100,000	2024	↑	Awaiting dataset updates*	Awaiting dataset updates*	Awaiting dataset updates*	14,815 per 100,000 *(2023)*	Dec 2026
	Prevalence of diabetes (ages 17+)	7,872 per 100,000	2024	↑	Awaiting dataset updates*	Awaiting dataset updates*	Awaiting dataset updates*	7,694 per 100,000 *(2023)*	Dec 2026
	Prevalence of asthma (ages 16+)	7,010 per 100,000	2024	↓	Awaiting dataset updates*	Awaiting dataset updates*	Awaiting dataset updates*	7,090 per 100,000 *(2023)*	Dec 2026
	Prevalence of COPD	2,127 per 100,000	2024	↑	Awaiting dataset updates*	Awaiting dataset updates*	Awaiting dataset updates*	2,086 per 100,000 *(2023)*	Dec 2026
	Prevalence of all cancers	3,349 per 100,000	2024	↑	Awaiting dataset updates*	Awaiting dataset updates*	Awaiting dataset updates*	3,268 per 100,000 *(2023)*	Dec 2026

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

Outcomes Measurement

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

Outcomes Measurement

Strategic Priority	Indicator	Latest value	Time period	Change since last measure	Most deprived fifth	Least deprived fifth	Change in deprivation gap since last measure	Baseline	Update expected
Climate change	PHW carbon emissions – direct emissions (kgCO2e)	245,021	2024/25	↓	Not applicable	Not applicable	Not applicable	303,700 *(2023/24)*	Oct 2026
	PHW carbon emissions – indirect emissions from energy (kgCO2e)	288,009	2024/25	↑	Not applicable	Not applicable	Not applicable	236,199 *(2023/24)*	Oct 2026
	PHW carbon emissions – indirect emissions (kgCO2e)	11,909,698	2024/25	↑	Not applicable	Not applicable	Not applicable	10,007,535 *(2023/24)*	Oct 2026
	All-cause heat-associated deaths	557	2024	No previous measure available	105	97	No previous measure available	No previous measures available	Planned developments in 2027
	Difference in average daily deaths during heat episodes compared to non-heat period days	+9	2024	No previous measure available	Not available	Not available	Not available	No previous measures available	Planned developments in 2027
	Deaths from all causes occurring in summer months	10,310	2024	↑ *	Not available	Not available	Not available	No previous measures available	Planned developments in 2027

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

Outcomes Measurement

Waiting times project with the Health Foundation

Welsh Government has commissioned the Health Foundation to conduct an independent review of NHS performance in Wales. To inform this review, the Research, Data and Digital Directorate will be leading a project to explore associations between NHS elective care waiting times and population health outcomes, using the SAIL Databank. We will report on the first phase of this work focusing on healthcare service use in spring 2027.

New rurality and disability breakdowns

- Many indicators from the National Survey for Wales in the Public Health Outcomes Framework dashboard now include breakdowns for rurality and disability.
- People with a disability are more than 3 times as likely to report **feeling lonely** than those without (**24.2%** vs 7.7% in 2021/22 - 2022/23).
- People with a disability are less likely to **eat 5 fruit or vegetable portions a day** than those without a disability (**27.2%** vs 35.5% in 2024/25).
- Compared to people living in urban areas, those living in rural areas are more likely to:
    - Report feeling a sense of community (**63.4%** vs 54.1% in 2024/25)
    - Volunteer (**38.4%** vs 28.9% in 2024/25)
- Older people (aged 65+) living in rural areas are more likely to have **healthy weight** than those living in urban areas (42.3% vs 33.3% in 2024/25)
- We are working with the 'Our Approach to Health Inequalities' programme to embed health inequalities in IMTP planning and outcomes measurement, particularly considering under-researched inequalities like disability and rurality.

Healthy life expectancy – update from ONS

- ONS have postponed their planned publications of healthy life expectancy data in 2027, until at least 2028.
- This is due to ongoing investigations into quality issues with the Annual Population Survey.
- These issues primarily affect the magnitude of differences in HLE between groups
- The issues identified do not devalue healthy life expectancy as an indicator. HLE is one of the only health indicators which accounts for people's experiences of their health, rather than just diagnosed conditions or healthcare activity. This means HLE remains an important statistic

There is still strong evidence that there is a downward trend and deprivation gradient in HLE.

- On advice from ONS, we are continuing aspects of our HLE workplan;
    - Triangulating evidence about influences on self-reported health and HLE.
    - Exploring factors associated with poor self-reported health in Census 2021 in younger people.
    - SAIL project exploring waiting times and health outcomes.
    - Further analysis of MSOA-level HLE data, and factors correlated with lower HLE at this small geographic scale.
    - Working with ONS to explore the potential for an administrative data-based HLE estimate, which would be based on diagnosed conditions and healthcare activity, not self-reported health.

Outcomes Measurement

Outcome Evaluation of Cell Free DNA (cffDNA) Testing

Background: In May 2024, Wales introduced cffDNA screening for eligible RhD-negative pregnant women to identify those who need anti-D prophylaxis. The programme aims to safely reduce unnecessary anti-D use, minimise exposure to blood products, and support informed decision-making during pregnancy.

Aim: To estimate the changes in anti-D use associated with the introduction of cffDNA screening

Methods:

- An interrupt ed time series (ITS) was applied to routinely collected anti-D supply data collected by the Welsh Blood Service WBS.
- A controlled interrupted time series (cITS) and variations of ITS models were applied to routinely collected pseudo-anonymised, individual-level data on anti-Dand red cell dispensing data from ABUHB.

Findings:

- Across Wales, routine cffDNA screening was associated with an immediate 17.3% reduction in anti-D orders (absolute change: −0.093 per 1,000 women of childbearing age; 95% CI −0.15 to −0.04; percentage change: −17.3%; 95% CI −25.6% to −8.2%; p<0.001). This reduction did not continue as a downward trend over time (growth-rate change: −0.2%; 95% CI −7.0% to 0.3%; p=0.479).
- In ABUHB, ITS estimated an immediate 53.1% reduction in fortnightly anti-D dispensing (95% CI −70.3% to −26.0%; p=0.001), followed by a 2.9% decrease per fortnight. After controlling for red blood cell dispensing, the estimated immediate reduction was 22.6% (95% CI −66.4% to 78.5%; p=0.548), with no subsequent trend change (0.1%; 95% CI −4.8% to 5.2%; p=0.968); these estimates were highly uncertain.

Implications: The findings suggest that cffDNA screening reduced anti-D use, supporting more targeted prophylaxis. The ABUHB case study also indicated a substantial reduction in dispensing, although further research is needed to confirm the true effect.

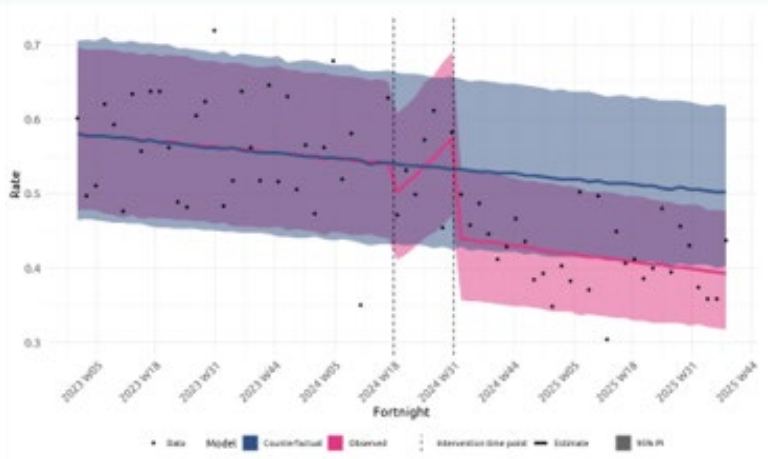


Figure 1 - Fortnightly rates of anti-D orders across all Wales. Dots represent observed data and ribbons indicate the median and 95% PI of the model prediction for the observed (pink) and counterfactual (without intervention) [blue] trajectories.

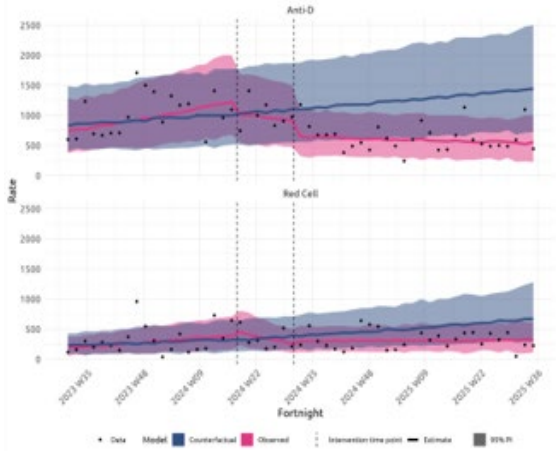


Figure 2 - Fortnightly rates of Anti-D and red blood cell products per 1000 D-negative pregnant women in ABUHB. Ribbons indicate the median and 95% PI of the fully controlled ITS model prediction with the observed (pink) and counterfactual (without intervention) [blue] trajectories.

Evaluation

Health Information for Parents Evaluation

Background: The Health Information for Parents programme provides universal, evidence-based health and wellbeing information for families in Wales from pregnancy to age seven. This evaluation examined parents' and caregivers' experiences of the first two booklets, Your Pregnancy and Birth and Newborn to Age 2.

Aim: To understand how parents and carers access, use and experience the parenting booklets

Methods:

- Beaufort Research March Omnibus survey (n = 206)
- Five focus groups (n = 25) with parents and carer

Findings:

- Reach was not universal; 38% of survey respondents did not receive either booklet
- Parents valued booklets, finding them useful, informative and reassuring
- Introduction and timing could be improved; parents reported limited explanation of the booklets and some felt Newborn to Age 2 could be introduced during pregnancy
- Differences in impact observed between groups: men reported greater perceived benefits, while parents with a limiting illness/disability reported lower knowledge, gains and impacts
- Parents identified a need for more flexible and accessible formats, focus on digital options

Recommendations:

- Strengthen implementation to ensure all parents receive the booklets
- Enhance delivery through clearer explanation and timely introduction of resources
- Develop digital formats to improve accessibility and engagement

Evaluation

Feasibility of Staged Mydriasis in Diabetic Eye Screening Wales

Aim: Assess feasibility of non-dilated imaging for a staged-mydriasis pathway to replace universal mydriasis for diabetic eye screening.

Methods:

- 1,427 participants received both dilated and non-dilated imaging as part of their normal DESW appointment.
- Dilated imaging used as current-practice comparator.
- Image adequacy and retinopathy grading compared

Results:

- Image adequacy: 91.3% non-dilated vs 95.4% dilated.
- 5.5% image failure rate.
- Age strongest predictor of image failure (9.9% ≥70y vs 2.2% <70y)
- Grade concordance: 89.9%
- Sensitivity 83.5%, specificity 97.8% for detecting referable retinopathy.
- 96.5% participants have the same pathway outcome.

Conclusions:

- Non-dilated imaging feasible for most participants
- Pathway needed to identify people requiring dilation
- Age may inform targeting but is not sufficient alone
- Further review of grading/referral discrepancies and operational feasibility recommended before implementation

GIG CYMRU NHS WALES
Iechyd Cyhoeddus Cymru
Public Health Wales

Gweithio gyda'n gilydd i greu Cymru iachach

Working together for a healthier Wales