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Annual Duty of Quality Report 2023-2024





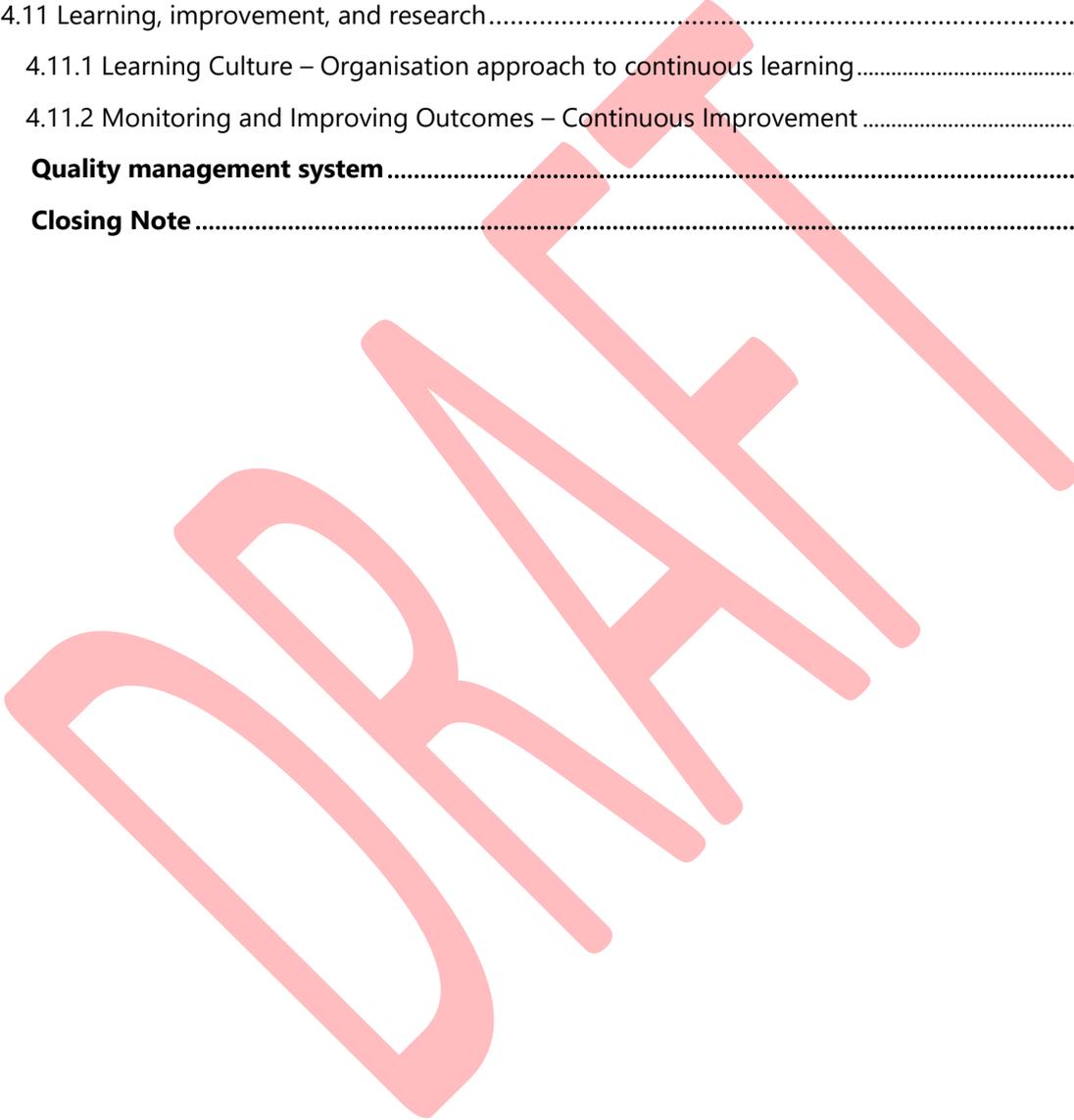
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1. Executive Statement

Public Health Wales is the national public health organisation for Wales. We exist to help all people in Wales live longer, healthier lives. With our partners, we aim to increase healthy life expectancy, improve health and wellbeing, and reduce inequalities for everyone in Wales, now and for future generations. Together, our teams work to prevent disease, protect health, provide system leadership, specialist services and public health expertise. We are the primary source of public health information, research and innovation, to help everyone in Wales live healthier lives.

As the Executive Lead for Quality in the organisation, I am delighted to introduce our Annual Quality Report for 2023 – 2024. As you will see in the pages that follow, there are many positive things to highlight from the past year. We are incredibly proud of our achievements and the progress made to improve the quality of our services, but we know we have more work to do.

This year's report highlights our commitment to quality and outlines some of the work our teams do to continue improving the quality of services and care they are providing, through the application of quality improvement on areas such as population health, preventing the spread of diseases, equity of access and diabetes prevention and management. The examples within this report demonstrate the excellent results, and outcomes and progress that have been achieved this year, but also areas where we know we need to improve.

Our organisation's approach to quality is characterised by the appetite to continuously learn. The year ahead includes ambitious plans to reduce health inequalities, prioritise value through our six strategic priorities, work in collaboration to develop a vaccination literacy plan, improve accessibility to our services, and continue to learn from disease outbreaks. These are just some highlights of our plans and challenges ahead, and all our work will continue to be driven by our relentless focus on quality and improvement. We have developed statutory training for all our staff around the Duty of Quality which will continue to support the embedding of the Duty of Quality into all that we do to ensure that we continuously, reliably, and sustainably meet the needs of the population that we serve.

We are constantly working to achieve a healthier future for the people of Wales. We do this through working with our communities, Welsh Government, public and private bodies, the third sector and voluntary and community groups across a wide range of sectors, including health, housing, local authorities, police, fire and education.

I am very proud of the work we do and would like to thank all of our wonderfully talented people in Public Health Wales who go the extra mile every day to make a difference, and all of our partners who are committed to working with us to transform health and wellbeing in Wales.

Our commitment to you, our population, is that we will strive to constantly improve and develop our services with quality and improvement at the centre of all we do. I hope you enjoy reading more about this year's achievements and our plans for next year in this, our first, annual Quality Report.

2. Introduction

The Duty of Quality (the Duty) forms part of the Health and Social Care (Quality Engagement) (Wales) Act 2020, which came into effect on 1 April 2023. The Duty defines quality as “continuously, reliably, and sustainably meeting the needs of the population that we serve.”

At Public Health Wales, we are committed to working towards a Wales where people live longer, healthier lives and where all people in Wales have fair and equal access to the things that lead to good health and wellbeing. The Duty of Quality and Our Long-Term Strategy are key to this and, as an organisation that continually learns and improves, we will embed the Duty into our processes, strategies, and all the services that we provide for the population.

The Duty outlines 12 Health and Care Quality Standards that describe what good quality care looks like.

The purpose of this Annual Quality Report is to illustrate how we comply with these 12 standards. It looks back at achievements through a quality lens throughout 2023 – 2024 and highlights the learning which will help up us to do better and improve in the coming year.



Duty of Quality - Central to delivering our Strategy

The purpose of our organisation is “working together for a healthier Wales” and [Our Long-Term Strategy](#) sets out our plan for achieving a healthier future for people in Wales by 2035.

We will achieve our vision through the delivery of our six strategic priorities illustrated in diagram 1.



Public Health Wales' Long-Term Strategy (2023-2035) is underpinned by our Strategic Plan for 2024 – 2027 which sets out the actions that we will undertake over the next three years to deliver the Strategy.

The Duty of Quality is one of the drivers that has shaped our Strategic Plan for 2024 – 2027. Additionally, the Duty is central to how we deliver the Strategic Priority “delivering excellent public health services to protect the public and maximise population health outcomes”.

How we engaged with our staff and public:

Developing our Long-Term Strategy:

We undertook a review of our Long-Term Strategy which was approved by the board in March 2023 to ensure it remained current and fit for purpose. In line with the Duty of Quality, engagement was a key part of this review. We spoke with staff, stakeholders and the public, to understand their views on:

- The main public health challenges facing Wales
- Public Health Wales’ role in tackling them
- Whether our current strategy was still right and fit for purpose.

320 staff attended our health in Wales session and over 150 participated in our initial workshops

20 stakeholder 1:1 sessions were held

3,500 members of the public were engaged through our survey

400 provided input into our emerging areas at the recent staff conferences

Over 80 staff are actively involved in shaping our strategy through our emerging area groups

What next:

In addition to our Strategic Priority “delivering excellent public health services”, in 2024-2025 we are committed to making sure that the Duty drives all six of our strategic priorities.

3. The 12 Standards

There are 12 Standards in the Duty of Quality Framework, to guide us to what good quality looks like in a healthcare organisation. They are central to the approach we take to make decisions and guide us to continually improve our services and health outcomes for our population. The framework is made up of six domains of quality and six enabling standards that support us to embed quality into our organisation.



The Six Domains of quality

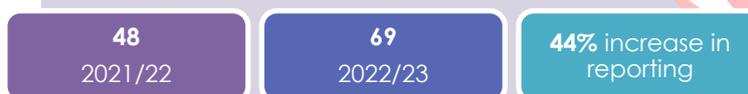
4.1 Safe

Our services should be high quality and reliable, avoiding preventable harm, maximising the things that go right and learning from when things go wrong to prevent them occurring again. This includes the safety of vulnerable children and adults who use our services, ensuring our environments are safe for our public and staff, that risks are identified and monitored and where possible reduced and that we use our responsibilities in public health to support safety in our population.

4.1.1 Safeguarding

Safeguarding means protecting a person's health, wellbeing and human rights; enabling them to live free from harm, abuse and neglect. It is an integral part of providing high-quality healthcare. Safeguarding children, young people and adults is a collective responsibility. Public Health Wales has a corporate safeguarding team with strong systems and processes in place to ensure that those we work with and for, are protected from avoidable harm, abuse, and neglect. A way of assessing the quality of our corporate safeguarding service is using the number of referrals to the 'Named Lead for Safeguarding' who is the responsible officer for safeguarding in Public Health Wales.

The PHW internal safeguarding service has seen an increase in reporting due to visibility and safeguarding awareness training which makes it clear that safeguarding is everybody's business.



Public Health Wales also hosts the National Safeguarding Service (NSS). This has a strategic role across NHS Wales to support health boards and trusts to improve safeguarding practice, working collaboratively through an established network of practitioners. The NSS brings together a skilled team of medical and nursing safeguarding professionals who provide expertise and leadership to improve quality, learning, training, and specialist guidance to colleagues across NHS Wales and other organisations who have key responsibilities within safeguarding, including Welsh Government.

During 2024-2025 there will be a greater emphasis and focus on:



- Strengthening safeguarding practice in Wales to ensure that we demonstrate how well we prevent harm and protect people from abuse, and that we achieve the best outcomes for children and adults who are vulnerable,
- We will work closely with the National Independent Safeguarding Board and other agencies to respond to the recommendations in their [report on child practice reviews in Wales in October 2023](#). Working together to improve safeguarding will have a greater impact on creating a safer Wales for children and young people. We will hold quarterly Safeguarding Listening, Learning and Improvement Events with multiple partners to share excellent practice across Wales, providing a national platform to transform safeguarding partnership and practice.

4.1.2 Infection Prevention and Control

Breast Screening Mobile Vehicles

Background

Preventing and reducing the transmission of infectious diseases is essential to ensuring people stay healthy. Our infection prevention and control (IPC) is a practical, evidence-based approach to protect patients and staff from harm caused by avoidable infections.

Our Lead Nurse for IPC works with frontline teams across Public Health Wales offering guidance on procedures, equipment, the implementation of policies and standardised safety checks.

The situation

Breast cancer screening services use mobile units so that they can park in convenient locations like shopping centre car parks, to make it easy for people to access breast screening appointments. However, our mobile units were old and there was a risk of cross infection due the age and layout.

We did

We brought together a wide group of professionals to guide us on the purchase of new breast screening mobile units, with better infection control practices at the centre of the decision making. The new mobile units have been designed so that:





- All surfaces can be easily cleaned
- Air exchange units are in place so allow the circulation of clean air
- A one-way system to prevent service users having to cross paths with each other.

What next

We plan to carry out a review of our infection prevention and control processes within all other mobile units to identify any further areas of improvement, based on the learning from Breast Screening.

4.1.3 Consent to Safe Care and Treatment

Consent for Screening Services

Background

Consent to treatment means a person must give permission before they receive any type of medical test or examination such as a screening appointment.

This must be based on an explanation by a clinician and the person must understand the advantages and disadvantages of having the procedure or appointment.

The situation

Sometimes service users do not fully understand the procedures that happen in a medical appointment and cannot make an informed decision for the test to go ahead. For these individuals, we found we were turning people away from their screening appointment, often due to difficulty accessing the building or challenges with communication. We were also turning away some individuals who were unable to understand English and attended with a family member to act as a translator. The NHS Wales policy for obtaining consent did not allow family members to act as translators.

We did

We set up a group to review the consent process for those who may not be able to understand what happens at a screening appointment. Using specialist advice, we developed a new process where we could undertake a decision based on the individual's best interests. We requested changes to the national policy to allow for



family members to act as translators so that they can support their relatives during an appointment. As long as certain criteria are met, family members can now be used as interpreters.

What next

We have developed an action plan to address improvements needed in our consent processes. We will be re-auditing on an annual basis, next due in the Autumn of 2024. This will ensure the cycle of improvement continues.

4.1.4 Managing Our Risks

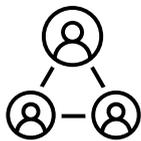
Risk is the chance or likelihood that something may cause harm. It doesn't mean that something bad will happen, it is just a possibility. Managing risk is essential in healthcare and involves keeping careful records, monitoring, and implementing plans to reduce risks.

In 2023 and 2024 we identified a need to re-focus our risk identification so that they clearly link to how successful we are likely to be in delivering our work. By utilising this approach, we can put in plans and actions to minimise the harm caused by potential risks. Some of our actions to control and minimise our risks are outlined below:



Our People

263 colleagues have been trained in Level 1 "Fundamentals of Risk Training" since December 2023, with further training for 100 of our staff to undertake more senior roles in owning risks and managing them more effectively.



Our Board and Executive

We have led our Board and Executive Team through multiple deep dive sessions to ensure we have the right strategic approach to understanding risk their accountabilities.

4.1.5 Putting Things Right

Background

Public Health Wales manages incidents and concerns using the “Putting Things Right” (PTR) 2011 arrangements. The term ‘concern’ collectively refers to incidents, claims, redress, complaints, and compliments.

An incident is any unintended or unexpected event which could have or did lead to harm to people who access our services, visitors, the public and employees of Public Health Wales.

Public Health Wales (PHW) manages all concerns that are reported on the Once for Wales Concerns Management System.

The situation

All NHS organisations are required to investigate and close any concern within 30 working days. A National Reportable Incident (NRI) is an incident which has caused or contributed to unexpected harm or severe harm for one or more patients, staff or members of the public. In addition, we are required to provide urgent notifications to Welsh Government for any patient safety matters or potential areas of interest. These are called Early Warning Notifications; during 2023–2024 we only had one incident that required reporting.

We did

In 2023–2024 PHW improved the time it took to investigate and close concerns by 10% compared to 2022–2023. This meant that 1,142 patient safety incidents out of the 1,842 reported were closed in the required timeframe.

During 2023–2024 we received fewer serious patient safety incidents that met the criteria for national reporting.

Number Reported	2022-23	2023 – 2024
Incidents (%) closed with 30 working days	51%	61%
Nationally Reportable Incidents (NRI) reported to Delivery Unit	5	2
Early Warning reports submitted to Welsh Government	9	1

Of two Nationally Reportable Incidents (NRI’s) which we reported in 2023–2024, both related to issues with our digital systems that have now been resolved and no harm was identified for any of the screening participants involved. As a result of one of the NRI’s, a manual process was digitalised to ensure this type of error happening again.

When patient concerns occur, we always try to identify any learning and make improvements. Below are some examples of action taken as a result of learning from these types of concerns.

Theme	Action
Communication – A service user who was using patient transport arrived late for an appointment and the screening staff had left for the day.	Records for service users who use patient transport have been updated to ensure staff are aware, so that appointments are booked earlier in the day.
Assessment, Investigation and Diagnosis incident category - There was an increased occurrence of split sample containers / vials being received in our laboratories resulting in a patient's tests needing to be repeated.	A visual guide was developed and shared with all sample takers in health board teams to demonstrate the correct way to close the container / vial to prevent damage. This prevents further incidents occurring and reduces financial costs and delays for screening patients.

What next for 2024-2025

The focus of work for the coming year will include using a continuous improvement cycle to improve the rate at which incidents are investigated and closed and the development of Level 2 incident investigation training. This is advanced training for more experienced staff to investigate incidents and implement learning and improvements across our organisation.

4.1.6 Keeping our population safe

We have a national leadership role to provide health and public services with health data, information and evidence to understand any emerging health trends. This allows NHS Wales, community services and the public to respond to these trends, such as a rise in infectious diseases, a change in the rates or types of cancer and changes to the rates of suicide. The collection, understanding and monitoring of health data is called public health surveillance and supports health and community services to keep our population safe.

Suicide surveillance

Background

Sadly, there are between 300-350 deaths by suicide each year in Wales. For a suicide to be formally recognised, it will always need to be reported by a coroner. This can be a long process and if there are patterns and trends in suicide rates, such as suicides that were influenced by content on social media, this may delay in putting in place actions to reduce the risk of this happening to others.

The situation

We set up the Real Time Suspected Suicide Surveillance (RTSSS) for Wales in April 2022, following a recommendation from a Welsh report called "[Talk to me 2](#)" on suicide and self-harm prevention. This is a register of suspected suicides compiled from information sent by police forces across Wales which is collected on a real-time basis.

By monitoring up-to-date data, the team can spot patterns and trends of suspected suicide deaths and work with community teams to take part in suicide prevention initiatives and research.

We did

This newly established surveillance team published its first [report](#) in January 2024. Examining the data from the first year of operation (April 2022 to March 2023) showed:

- The rates of deaths by suspected suicide in residents in the most deprived areas are significantly higher than the least deprived areas
- Males accounted for 78% of deaths by suspected suicide, particularly those aged between 25 and 44
- Areas of central and west Wales had higher suicide rates than other areas
- The rate of deaths by suspected suicide in people who were reported to be unemployed was at least 12 times higher than in any other employment status group
- 74% of the deaths by suspected suicide were by people previously known to the police.

What next for 2024-2025

This information will be used to inform suicide prevention work in Wales to reduce the number of suicides in the Welsh population.

The data is supplied to a monthly operational group which includes suicide prevention leads, the police, Public Health Wales and NHS colleagues from across Wales. Here it will be discussed and used to identify any immediate concerns and plan local or national actions based on the themes.

4.2 Timely

Having high-quality advice, guidance and care that is provided at the right time, in the right place is crucial to reduce and prevent ill-health for our population.

4.2.1 Pathways to access tests and services

Newborn Blood Spot Screening

Background

Newborn blood spot screening is a test that is done to see if a baby has any rare and serious health conditions. The early identification and treatment of these health conditions can improve the health of those babies and prevent severe disability. For some conditions, delaying treatment by a few days can make a difference to whether a baby remains well or becomes seriously ill.

The ideal time to offer this test is in the first week after birth. To ensure we contact every parent to offer a test, we have a "fail-safe" safety netting system in place. This ensures that no newborn baby is missed. This key safety feature helps us to identify any eligible babies for whom no sample has been received in the laboratory by a certain time, which then triggers healthcare staff to follow up and request a new sample.

The situation

The 'trigger' date for the fail-safe team to contact and ask for a repeat blood test sample was previously set in Wales at 14 days after a baby was born. In England, the trigger date is set at day 10, which means that repeat tests are requested earlier which enables faster onward referral for specialist assessment for these babies, if needed.

We did

In 2021 we began to adjust the target dates for screening blood test samples sent by the hospitals to the laboratory so that they were received sooner. In 2022, one of the changes we made was to replace the Royal Mail postal service for our



samples with a courier service, so that the time it took to receive the samples back at our laboratories was quicker. As a result, the number of delayed samples reduced from an average of 103 per month in 2022 to 81 per month in the first six months of 2023.

What next for 2024-2025

In October 2023, we reduced the date for our sample safety netting process to 12 days after the birth of the baby and we will review the impact of this in 2024-2025.

As the bloodspot test has the potential to limit serious disability and save lives, the screening programme intends to further reduce the time to trigger our safety netting process down to day 10 after the baby is born in the coming year.

We will continue to reduce sample transportation delays, refine our processes further and look to new technology to improve newborn bloodspot screening.

Introducing rapid testing in Microbiology

Background

Our microbiology laboratories test samples of body tissue, blood and other substances for signs of infection.

The situation

Many of the conditions that we test for take time to detect. This delay means that it takes longer to provide answers and information to start patients on the most appropriate treatment. For example, Norovirus is a highly infectious bug which causes vomiting and diarrhoea. Outbreaks of Norovirus spread rapidly in care environments and leads to wards being closed. It can make frail people very unwell and cause death in the vulnerable. It can also spread to our workforce.

Rapid tests of samples to identify the cause are essential to control infections and stop them spreading. The quicker the information is received, the quicker preventative action can be taken and the correct treatment started.

We did

We introduced fast testing for certain bacteria and viruses across our laboratories. These tests are called rapid molecular tests and detect infections such as Norovirus and other infections that are difficult to treat with antibiotics. Around 700 different tests are now performed in our laboratories every month which are delivered



through 14 new hospital-based laboratories. They can give results within 2 hours, compared with standard testing which would usually take 1-2 days.

What next for 2024-2025

We will continue to trial more rapid molecular tests for different type of infections so that more patients will receive their diagnosis and treatment quicker and prevent the spread of infection by identifying causes early.

4.2.2 Waiting Times for our services

Background

NHS breast screening programmes look for breast cancer before symptoms show by taking mammograms which are x-rays of the breast. Women living in Wales aged 50 to 70 are invited for breast screening every three years. Early detection of breast cancer improves the chance of survival and usually means less treatment is needed.

The situation

The breast screening programme was temporarily paused during the first few months of the pandemic in line with national guidance to suspend non-urgent outpatient appointments.

The standard for breast screening appointments is that "90% of participants are offered an appointment within 36 months of their previous appointment." Due to the impact of the pandemic, in April 2023, the average wait for an appointment was eight months longer than the standard.

We did

The service has worked hard to recover from the impact of the pandemic which affected screening waiting times. This has improved considerably this year and the average wait is now one month over the standard.

Improvements we have made include:

- Increased number of screening appointments
- Increased the number of staff who could undertake breast screening
- Offering breast screening at weekends

- Placing screening mobiles at various locations in Wales to offer appointments to those women waiting the longest
- Ensured that all eligible participants were offered a first screening appointment within the national standard timeframe
- We replaced all of our screening mobile units which means they are less likely to break down or need servicing. This means we can offer more screening appointments
- We frequently monitored and reviewed our plans to ensure we stayed on track to clear our backlog of screening appointments in the expected timescales. These were also checked by Audit Wales during the year, and they noted all the work being done to reduce overdue waiting times.



What next for 2024-2025

The service aims to completely recover its position to offer a screening appointment within the standard waiting times. We hope to achieve this by Summer 2024 across Wales. Additionally, Audit Wales made recommendations following their review of our services and we intend to implement these in the coming year. They include:

- Developing a plan to work out the number of future appointments available against the number of people needing to be screened
- Improving how our screening information is displayed and reviewed by senior staff including the use of dashboards.

4.3 Effective

Effective care for our population ensures decision making, care and treatment is based on the latest research and best practice, ensuring that people receive the best possible outcomes.

4.3.1 Research and quality improvements to our services

Quality improvement projects and research in healthcare can improve the quality of services we provide and are essential to continuously improve the work that we do as an organisation. Collectively, they can reduce healthcare costs, improve the health of our users and their long-term outcomes.

Designed to Smile Programme

Background

Tooth decay in young children is preventable, however, many children continue to be affected by this disease. Designed to Smile is a national programme to improve the oral health of children in Wales from birth to primary school age. It aims to help start good habits by giving advice on looking after children's teeth and protecting them from dental decay.

The situation

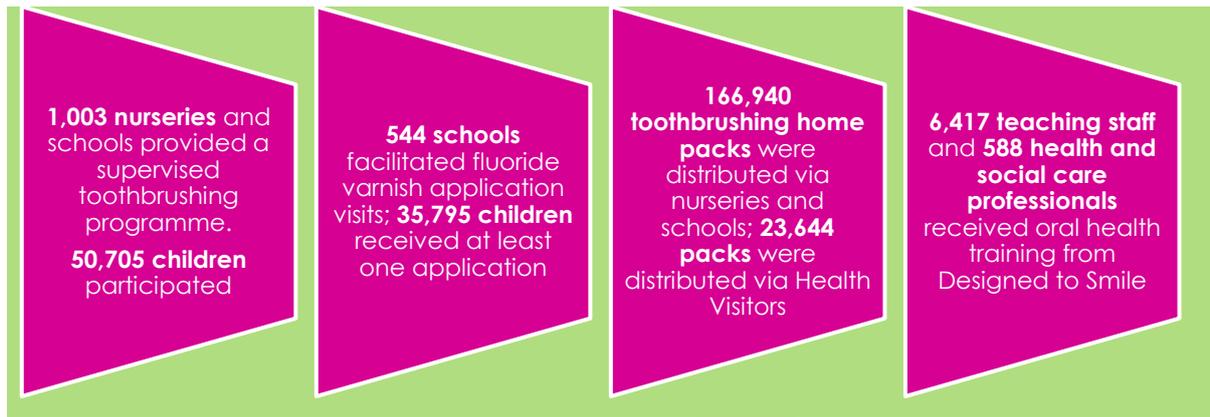
The programme was paused during the COVID-19 pandemic and restarted in 2022. On restarting this programme of work, the activity we were able to deliver during 2022-2023, was far below pre-pandemic levels.

We did

We refocused and coordinated a standard approach across Wales providing leadership, guidance and monitoring of national activity. The programme is based on research and best practice from the [National Institute for Health and Care Excellence \(NICE\)](#).

Following the pandemic there was a real focus on improving the use of the programme by eligible nurseries and schools to increase oral health activity. The programme's annual reports are available at [Monitoring and evaluating the Designed to Smile programme - Public Health Wales \(nhs.wales\)](#)

The report also showed the improved position compared to the challenges of the academic year 2021- 2022 during the pandemic.



What next for 2024-2025

The school academic year 2022-2023 was the first year the programme was not affected by the pandemic. The next annual report for the 2023 – 2024 academic year will show whether further improvement has been made and will help us understand how to return to pre-pandemic activity levels.

Research into the population of unpaid carers

Background

An unpaid carer is a person of any age who provides unpaid help and support to someone who cannot manage without the carer's help. They are often a family member or friend.

The situation

In the 2021 Census it was identified that around 10.5% of the Welsh population are unpaid carers. Unpaid carers generally have poorer physical and mental health than non-carers, and need support to access advice and help, both for their own health and wellbeing and those that they provide care for.

We did

In our 'Networked data Lab' which is a partnership with Public Health Wales, Digital Health and Care Wales, Social Care Wales and Swansea University, funded by the Health Foundation, we used information from several partner organisations such as GP surgeries and local authorities, to get a clearer picture of the number of unpaid carers across Wales.

It shows that it is possible to look at information sources from health services and the local authority to better understand the needs of our population to create a





system to support the needs of the unpaid carer. [New insights into the population of unpaid carers at a local authority level in Wales - Public Health Wales \(nhs.wales\)](#).

Results were shared with local authorities, along with key stakeholders including Carers Wales, Carers Trust Wales and Welsh Government and was reported on ITV Wales news in March 2023.

What next for 2024-2025

Neath Port Talbot Local Authority have told us that the research will support a review of unpaid carers across adults and young people in their region. "It has helped us to start the conversation with our healthcare colleagues, about how we strengthen our care pathways, working together to ensure carer wellbeing, timely access to information and advice and where possible preventing the situation where the unpaid carer cannot carry on".

Diabetes Prevention- Tackling Diabetes Together

Background

Diabetes is a condition which impacts on a person's ability to safely control their blood sugar. Over time, the condition has multiple impacts on people's health. Diabetes can affect eyesight, circulation, cause heart and kidney disease and lead to long-term disability and earlier death. There has been a 40% increase in the number of people living with diabetes in Wales since 2009-2010, and recent analysis from Public Health Wales highlights that one in 11 adults in Wales could be living with diabetes by 2035 if current trends continue. Some communities are affected more than others and factors such as a person's ethnic group, where they live and their income, can all increase the likelihood of them developing type 2 diabetes and the care they receive. This difference in communities is called health inequalities.

The situation

The data is very concerning, and we have a key role to prevent this forecasted increase.

The current situation:





<p>Current estimate suggests around 10% of the NHS Budget is spent on diabetes</p>	<p>Diabetes-related hospital stay costs over £4,500 on average per stay (not including where people have undergone amputation)</p>	<p>Cost of drugs used to manage diabetes to NHS Wales in 2022/23 was £105 million</p>
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Figures suggest that if current trends continue, by 2035:

<p><u>One in 11 adults in Wales could be living with diabetes</u></p>	<p>An additional 48,000 people, will be living with diabetes, mostly with preventable Type II Diabetes</p>	<p>There will be a 22% increase in the number of people living with diabetes compared to 2021/22</p>
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World Diabetes Day 14 Nov 23 Stats

We did

The Tacking Diabetes Together Programme has been developed by Public Health Wales in collaboration with NHS partners across Wales. Putting the people of Wales at its centre, it has adopted an approach that aims to tackle the inequalities in communities which make people more at risk of developing diabetes in the first place, and of their condition not being managed or deteriorating as a result of those inequalities.

The programme developed a toolkit to support services across Wales to understand and identify how some groups or communities may be at a higher risk of getting diabetes or not seek the support they need to stop their condition getting worse.

What next for 2024-2025

The programme will continue to work to reduce health inequalities but also support the local teams to use the toolkit to prevent and minimise the impact of type 2 diabetes in Wales.

The programme will track the following:

- Preventing poor outcomes from diabetes across Wales
- Preventing onset of type 2 diabetes for those people we could help reduce the risk for



- Preventing those general risk factors in the population which lead to type 2 diabetes such as obesity and inactivity
- Specific targeted work with the NHS and Social Care workforce to drive this work.

Identifying wound infections more effectively, and reducing unnecessary testing

Background

Wound swab tests look for bacteria or other organisms in a wound and are used to find out if a wound is infected so that a patient can be started on the right treatment. Around 100,000 wound swabs are sent to microbiology laboratories across Wales every year for testing.

The situation

There was a concern that the wound swab taking processes were not always consistent and of a high standard. We therefore evaluated the whole wound sampling pathway across the stages:

when and how the samples were taken in the hospital, clinic or GP practice

how samples are processed in the laboratories

how results are reported back to the GP or team in the hospital

We found several opportunities for improvement including:

- Whether the wound samples were taken correctly
- Whether the results were reported appropriately from the laboratories
- Whether the results were interpreted correctly.

We have started an improvement programme looking at all these three stages.

We did

We led some focussed work with experts including the Welsh Wound Innovation Centre, the All-Wales Tissue Viability (wound care) Nurses Forum, and the Swansea Bay Community Wound Care Service. We developed posters and helpful guides to support colleagues in how to assess wounds, identify when they need swabbing and how to take high quality samples.

This improvement work was recognised at the International Journal of Wound Care awards in London with a Silver Medal.



As a result of the improvements to the first part of the pathway we have been able to improve the final part of the pathway by providing more tailored recommendations on the most appropriate treatments for the individual.



(Karly Harvey, Operational Clinical Lead Nurse, Swansea Bay Wound Care Service and Greg Williams Clinical Liaison Biomedical Scientist at the award ceremony)

A step-by-step approach to identifying and managing Wound Infection

1 Contaminated or Colonised Wound

OBSERVATION

Healing is progressing normally with the following wound characteristics:

- Exudate - low to moderate volume;
- Slough & necrosis may be present;
- Odour - minimal;
- Pain - minimal;

NE: wounds heal in the presence of microorganisms, at this stage they are not causing damage to the host.

*Wound bed preparation: clearing and debridement jobs. International Wound Infection Institute (IWAI). Wound Infection in Clinical Practice. 2022.

DO NOT SWAB!

ACTION

- + Assess wound and identify aetiology. Ensure any contributing comorbidities have been treated (e.g. diabetes, vascular supply, malignancy, inflammatory causes etc.).
- + Optimise wound healing through wound bed preparation (WBP)*.
- Consider cleansing of the wound with tap water or saline to remove debris from the wound bed.
- Consider the use of non-antimicrobial dressings and apply emollients to surrounding skin.
- + If wound healing progressing continue treatment plan and review in 2 weeks.
- + If the wound is not progressing after 2 weeks (4 weeks for some treatment plans), or deteriorating, review the wound aetiology & diagnosis and re-assess treatment plan. Seek further specialist advice (e.g. TVN, podiatry, dietician)
- + Complete nutritional risk screening (e.g. MUST or WAASP screening tool) and implement.

If signs of localised infection are present, progress to **STEP 2**

2 Localised Wound Infection (contained within wound and peri-wound <2cm)

OBSERVATION

When healing is not progressing normally or the wound is deteriorating, and the wound exhibits two or more of the following characteristics:

OVERT (CLASSIC):

- Erythema / Redness +;
- Local Warmth;
- New / Increasing pain;
- Swelling / Oedema;
- New or increasing pain in or around the wound;
- Increasing Malodour;
- Wound breakdown and enlargement;

COVERT (SUBTLE):

- Hypergranulation;
- Bleeding, friable granulation;
- Epithelial bridging & pocketing in granulation tissue;
- Delayed healing, beyond expectations.

*Consider darker skin tones - e.g. skin may appear darker than usual.

DO NOT SWAB!

ACTION

- + Optimise wound healing through appropriate wound bed preparation (WBP)*
- Consider an antiseptic cleanser or surfactant soak as per local guidelines to cleanse and mechanically debride the wound.
- + Select an Antimicrobial Wound Dressing (AWD) to manage bioburden, exudate, malodour etc. as required (refer to local policy for primary/secondary choice etc.).
- + Wound infection review: (Initially at 2 weeks, then every 7 days)
- If no signs of infection, STOP using AWD and return to **STEP 1**.
- If improving, but there are still signs of infection, continue with AWD and review weekly until no signs of infection.
- If static or deteriorating, review the wound aetiology, diagnosis and AWD choice, consider seeking further advice from a wound specialist. (e.g. TVN, podiatry, dietician)

If signs of spreading infection, go to **STEP 3**

3
Spreading Wound Infection

OBSERVATION

When the wound is deteriorating with signs of local infection as defined in Stage 2 above plus one or more of the following characteristics:

- Extending induration, with or without erythema;
- Lymphangitis (swelling of lymph glands);
- Spreading erythema (>2cm from wound edge);
- Crepitus (palpable grating between tissues);
- Wound breakdown/dehiscence with or without satellite lesions.

ACTION

Take a wound swab using the 'LEVINE' technique: **CLEAN - DEBRIDE - SWAB**

DO NOT use antimicrobial cleaners prior to taking a swab.

Review swab results as soon as possible.

- **IMPORTANT:** If there is spreading infection or surrounding tissue involvement, consider starting PO or IV antibiotics in accordance with your local antimicrobial policy.
- Consider taking bloods for full blood count and CRP testing.
- Apply / continue topical Antimicrobial Wound Dressings and review weekly.
- If the wound is deteriorating, review wound aetiology, diagnosis and AWD choice and consider seeking further specialist advice regarding other treatment options.

If the wound is improving consider returning to **STEP 1** or **STEP 2** depending on assessment.

NOTE: If patient is systemically unwell progress immediately to **STEP 4**

4
Systemic Infection

OBSERVATION

When 1 or more signs, or symptoms of systemic infection are present including some of the following symptoms and/or wound characteristics, this may lead to sepsis if not treated:

- Increasing NEWS2 score;
- Systemic markers of infection (e.g. raised white cell count/CRP);
- Pus/abscess;
- Patient systemically unwell;
- Malaise/fatigue or non-specific general deterioration.

ACTION

- If rapid deterioration or suspected sepsis refer for urgent medical/surgical advice and if indicated start the local sepsis screening tool.
- Whilst AWD should not be used routinely at this stage, they may continue to have a role in dealing with local wound issues such as malodour and exudate.
- After treatment of the systemic infection is complete, if a wound is still present, review the wound aetiology and diagnosis, consider seeking further specialist advice regarding other treatment options, and consider returning to a previous step (**STEPS 1-3**).

NOTE: Interpretation of inflammatory markers may require careful interpretation by an experienced clinician.

SCAN ME!!

WELSH WOUND INFECTION CENTRE
CLWYTYL CYMRU

Florence: Nyrwydd Helyddol Mewn Cymru Gyfan
All Wales Tissue Viability Network

Adapted with permission from International Wound Infection Institute (IWII), Wound Infection in Clinical Practice, International Consensus Update 2022, together with the Evidence Based Procurement Board (EBPB) Antimicrobial Wound Dressings (AWDs) Statement, Recommendations and Guidance Version 3 2022. This document sets out the recommendations for evidence based best practice of wound assessment, and is intended to be used as a guide. The guidance should be used in conjunction with professional clinical judgement, and local wound care guidance. Please refer to International Wound Infection Institute (IWII), Wound Infection in Clinical Practice, Wounds International 2022 for aseptic wound dressing procedure (p38-40), Greg Williams Clinical Liaison NHS PHW greg.williams@wales.nhs.uk, November 2023.

What next for 2024-2025

We will focus our work to identify and implement more improvements in this pathway, particularly to provide specialist recommendations on the guidance to treat infections found in the wound.

Preventing the spread of diseases:

Background

Vaccination and immunisation are an important way of protecting people from infectious diseases. The MMR vaccine protects against Measles, Mumps and Rubella, the complications caused by these diseases and the spread of these diseases in the community.

The situation

During the Covid-19 pandemic, Wales did not see any measles cases. The number of measles cases started increasing on a global scale once the pandemic

GIG CYMRU NHS WALES
Iechyd Cyhoeddus Cymru
Public Health Wales

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restrictions started to ease with the potential for measles to also spread within Wales.

Detecting cases early is crucial to avoid the spread of measles in the community.

We did

We identified areas in Wales where the number of people having the MMR vaccine had reduced and we worked with key partners to improve the uptake of the vaccine. There was an outbreak of measles in Cardiff in December 2023, and we identified immediate actions to be taken including the development of public information and support for the NHS to be ready to respond to a significant measles outbreak. We targeted improving vaccination uptake among school-aged children and healthcare workers, as these are the areas where transmission is most likely to occur.

What next for 2024-2025

We will continue to work with partners to ensure that everyone in Wales is protected from measles, mumps and rubella. We will also continue to respond to cases and outbreaks of infection to reduce the risk to people in Wales and ensure lessons are identified quickly and learning implemented.

4.3.2 Checking that our services are delivering the required standards.

A process called clinical audit is an important way to find out if our services meet the required standards and identify where things could be improved. It answers the question "Does this service, programme or function reach the expected standard?".

Some audits are essential to be completed as they are required to be reported externally to Public Health Wales, others are internal to the organisation. All aim to assure standards of care for our service users and the population.

Public Health Wales strives to be a high performing organisation achieving excellent results with sustained improvements. It is therefore important that teams and services take part in clinical audit processes, and we have a central team who support, coordinate and plan clinical audits across the organisation and report on their impact. We work hard each year to increase the number of clinical audits we undertake, and to improve the quality of our audits across the organisation through training and engagement.

Clinical Audits in Microbiology

Background

Microbiology laboratories receive samples from patients to identify organisms that are responsible for infection. Our microbiology laboratories perform many audits to make sure that the systems they use and the tests they provide run as they should, and to identify any problem areas for learning and improvement. These audits and checks include:



150 different
quality checks
and audits



22
laboratories
across Wales



Over 20
Clinical Audits
last year



5 External auditors
(United Kingdom
Accreditation
Service)



1 external accreditation
(International
Organisation
Standardisation)

The situation

These audits provide numerous opportunities to continually improve our systems and processes. An example of this includes:

- Following our 'Urgent Sample' audits we identified delays with the teams who transport the samples from the hospital ward to the laboratories.

We did

We started a Quality Improvement Project to improve the systems within the hospital teams to make sure urgent samples were quickly transported within the hospital to the laboratory.

What next for 2024-2025

New standards have been introduced and we will implement them through our improvement work and track the impact of the changes through our quality management systems and measures.

4.4 Efficient

4.4.1 Value for money for the population

Background

Efficient healthcare involves making the most effective use of resources to achieve best value in an efficient way. It involves ensuring the money we spend is used well to improve outcomes that matter most to people.

The situation

The Welsh Government outlined its plan for health and social care in the '[A Healthier Wales](#)' report. It set out the need for health services to improve as well as how we can all help deliver better health outcomes for ourselves and others.

We did

Public Health Wales has an approach which focuses on adding the best value. This means planning and providing efficient healthcare to improve the outcomes that are most important to people. We try and do this in a way that is sustainable and avoids waste.

Examples of our approach to delivering value include;

- we plan and design services that will deliver the most value for money when particularly focussing on increasing life expectancy
- we don't just focus on financial costs through the services we provide, but also increasing the benefits to society such as physical and emotional wellbeing and minimising environmental impact
- we look at the broader context of everyday basics like food, housing, health services and transport. This is called a foundation economy and focuses on the wider benefits of how we prioritise our spending at Public Health Wales.

A lot of the work that we do in Public Health Wales is focused on preventing ill health, and early treatments to improve people's health or to stop them getting worse. This means that our role is closely linked to the early stages of healthcare and wellbeing which has higher value for money on every pound spent.

More examples of our value-based approach can be found in our 2023 – 2024 value returns to Welsh Government:

- [Value Based Health care Welsh Government Return](#)
- [Foundational Economy Welsh Government Return](#)

What next for 2024-2025

Our new 2024-27 Strategic Plan prioritise value as the golden thread through our six strategic priorities. As we deliver our work plans over the next three years the value we provide to the people of Wales will increase.

Supporting the Wellbeing and Health Economy in Wales - focus on public and social value:

Background

Wales is facing unprecedented public health challenges from a growing older population with multiple health problems; reduced number of young people, people feeling excluded either due to social or financial disadvantage, the increasing impacts on health of climate change and the growing cost of living. This is widening the inequality gap and putting real pressure on public systems, such as social security (e.g. pension, social benefits) and health (the NHS).

The situation

There is growing recognition of the need to focus more of our planned economic models to deliver better wellbeing for our population, society and planet rather than only financial gain. This is known as a “wellbeing economy” and we are working with Welsh Government to implement this in Wales and beyond.

We did

We are bringing knowledge and resources and sharing best practice from across countries and different sectors. This will help inform where to best invest in terms of prevention work, reducing health inequalities and supporting communities to be more resilient and sustainable, which will ultimately help the NHS and support a healthier population in Wales.

What next for 2024-2025

Public Health Wales will continue to work closely with the World Health Organization, the Welsh Government and key stakeholders and partners across Wales to bring in international learning, share best practices, use evidence, people and resources across sectors and countries to help identify sustainable solutions. This will allow us to deliver more effective and efficient health and wellbeing policies, approaches, and tools to help people, communities and the planet.

4.5 Equitable

Equitable services involve providing everyone with an equal opportunity to attain their full potential for a healthy life which should not vary in quality by where the care is provided, or by a person's characteristics (such as age, gender, sexual orientation, race, language preference, disability, religion or beliefs, socio-economic status or political affiliation).

4.5.1 Access to Services

Accessibility Audit

Background

When visiting any Public Health Wales building for an appointment, it is important that our buildings are equally easy to access for everyone and the Equality Act 2010 requires reasonable adjustments to be made so that people are not excluded from accessing public buildings.

The situation

Due to the age and location of some of our buildings, there are a number of challenges such as parking availability, uneven walkways, heavy doors, and internal layout issues.

We did

In 2023 to 2024 we undertook six comprehensive accessibility audits across all our sites where we provide services to understand our service users' experience. This included how easy it was to enter the building, move inside it, and exit the building. A number of recommendations and actions came out of the accessibility audit report which included better disability and inclusion awareness for our staff, automating heavy doors and the introduction of disabled parking bays.

What next for 2024-2025

We will continue to work through the changes to our sites to make them more accessible for all, including prioritising some of the bigger changes such as the relaying of footpaths for our wheelchair users, and changes to car parking. The findings will also help to inform the design of future building developments and

leasing arrangements. We will also look at how people can access our services if they cannot drive, including when they may need to access patient transport services.

Health experiences of Asylum seekers and Refugees in Wales

Background

The ability for our service users to receive healthcare in their own language is a fundamental right, and a priority for healthcare providers. A lack of interpretation services can lead to problems with care, such as the wrong diagnosis, consent issues, or people missing appointments.

The situation

A study into the Health Experiences of Asylum Seekers and Refugees in Wales, 2019 called [HEAR2](#) showed there are concerns about the provision of interpretation services in healthcare, particularly for this vulnerable group.

We did

The research was comprehensive and involved the public, but importantly asylum seekers and refugees collected data alongside the research team. We led the HEAR2 research project and submitted it to Welsh Government in Spring 2023 with a comprehensive set of recommendations, examples of which include:

For Policy Makers in Welsh Government

- Develop guidance and standards for interpretation in health and care

For NHS Services

- Design processes to allow non-English speakers to request an interpreter
- Ensure longer appointment times where interpretation is required to reduce pressure on clinicians
- Develop processes if a patient refuses an interpreter.



The impact the study has had to date was recognised at the Health and Care Research Wales Awards 2023 where the team won the Impact Award.



(Dr Ashra Khanom, Senior Research Fellow, Swansea University Medical School at the Health and Care Research Wales Awards 2023)

What next for 2024-2025

The published report has been impactful and resulted in a working group being established by Welsh Government to progress the HEAR2 study's recommendations. Also, the Welsh Interpretation and Translation Service has updated their training programme, and formal guidance was distributed by Welsh Government to note that all staff need to be aware of people's language needs and to offer appropriate interpretation.

4.5.2 Engaging with our Population

Our Approach to Engagement

Background

Engaging with our population and getting the views of our service users is essential to:

- assess the quality an impact of our services
- change things when they go wrong
- shape excellent public health services based on what is important to people.

The situation



As a public body we understand that we need to ensure we have the processes, systems and working patterns to ensure we are seeking, listening to, acting on and sharing feedback in a consistent way.

Public Health Wales' "Our Approach to Engagement" was launched in 2021 to take forward a consistent approach for equitable, effective public engagement, ensuring the voice of the people we work with and for is at the heart of what we do and how we do it.

We did

The three-year implementation plan ran until the end of March 2024 and, having carried out an initial review, we will now be taking this valuable opportunity to evaluate our approach during 2024-25. This evaluation will include proactive engagement with the public, our partners and the third sector to ensure that our approach changes where re-focus is needed, whilst continuing to build on what has worked well



What next for 2024-2025

We are developing two specific programmes of work linked to experience and feedback:

1. Developing service user experience

After an appointment with a Public Health Wales' service, patients and users can provide feedback through completing surveys or evaluation forms. Many of these are now in digital format. We will embed the use of a digital platform across our organisation and use consistent questions. Consistent questions will help us compare the findings, learn from each other, and understand if there are groups and communities that are being excluded, not treated equally or not able to access services.

2. People's Experience Strategy

Based on the new National Framework for Service User Experience, which is due to be published in 2024, we will develop our own plans based on the areas identified in the Listening and Learning Tree. It will include things like when we should ask for experience and feedback and gathering compliments.

Ethnic Minority Project in Screening

Background

Screening is a process of identifying people who may be at an increased risk of a disease or condition. At Public Health Wales, we test for conditions such as bowel cancer, breast and cervical cancer, and the hearing of newborn babies.

The situation

It is important that people from all communities across Wales attend these screening appointments. However, some groups of people do not always attend their appointment. This often includes people from ethnic minorities and we needed to understand why.

We did

We set up the Ethnic Minority Screening Project to engage with ethnic minority communities across Wales. The aim was to improve our understanding of people's knowledge and awareness of screening and to identify opportunities for improving access.

46 members of the ethnic minority community and seven organisations engaged in the project. A diverse range of ethnic minority communities were represented including the Gypsy and traveller community; Yemeni, Somali and Sudanese; Afro-Caribbean; South Asian; Chinese and also people seeking sanctuary. The feedback from engagement highlighted five main themes:

- cultural
- language
- awareness of screening services and importance
- available information
- previous screening experiences.

What next for 2024-2025

We are working through each of the project recommendations to secure solutions which we will jointly design with the groups that have helped us with this work. We are also carrying out more work to raise awareness of the benefits of translation and interpreter services, and how these are best accessed and planned for screening appointments.

4.6 Person Centred

Person-centred care is about focusing on the individual, ensuring that people's preferences, needs and values guide the decisions we make, and providing care that is respectful. As a public health organisation, this means focusing on both the needs of the individual and our population.

4.5.4 Putting the population at the centre of how services are delivered and assessing population needs.

Young Ambassadors

Background



Engaging with our population and getting the views of our service users is essential to plan and assess services, develop services that people want and need and can access, evaluate and change things when they go wrong, and shape excellent public health services.

The situation

Getting feedback from users promotes the principles of designing services together and the voices of young people are an important part of service development and implementation. Our Young Ambassadors' programme began in 2019 with the aim of creating a way to hear from young people across Wales about the issues that matter to them and for them to influence the work of Public Health Wales.



We did

The Young Ambassadors have been active giving their views on topics ranging from vaping to the impact of poverty in Wales. In July 2023, we ran a Young Ambassadors residential in Cardiff for 23 young people between the ages of 12 and 21. Teams from across the organisation delivered a broad range of sessions including asking for feedback on national campaigns and our Long-Term Strategy. Young people have helped to shape and design the services we are developing. We are working to strengthen this programme going into 2024-2025.

What next for 2024-2025

We plan to review the Young Ambassadors programme by September 2024. The review will help us to further develop the programme and ensure we use all possible ways to capture the views of young people to develop our services.

Digital exclusion of older adults:

Background

'Digital exclusion' refers to people who don't want to, or are unable to use digital technologies, such as the internet and on-line services.

The situation

Older adults are the largest group of people who do not use the internet, and it is important to understand how to support them so that they can make the most of on-line health and social care services. We led funded work to understand this better. [A rapid review of the effectiveness of interventions for addressing digital exclusion in older adults](#)

We did

We worked in collaboration with [Health and Care Research Wales Evidence Centre](#) to see how effective current actions have been in supporting older adults to access the internet for their care needs.

We found that educational training can improve older adults' confidence and acceptance of the technology. However, we also found it is important to remove barriers like access to the internet and affordability of devices.

It is also important to consider that older adults should have the choice to interact with essential services physically (offline) or digitally, as they choose, and that those who do not wish to use digital technologies, are not left behind or disadvantaged in any way.

What next for 2024-2025

The Health and Care Research Wales Evidence Centre hosted a briefing session on the report in April 2024. The session was open to those across Welsh Government

and the wide public sector to allow them to understand the report and its implications.

Providing information for new parents

Background

The early years of a child's life are a time when parents need and want health information to support them with the transition to parenthood. The NHS is a trusted source of information for families, and PHW is responsible for producing this for the NHS in Wales.

A programme of work began in 2018 to review and refresh the information we provide and develop the new "Every Child" resource for families during pregnancy and up to their child's 7th birthday.

The situation

Evaluation of the previous book that was provided "Bump, Baby and Beyond" told us that parents wanted information that better reflected their parenting journey, that was more supportive in tone and would provide the information they needed and wanted at the times that were most relevant to them.

We also recognised that "Bump, Baby and Beyond" needed to be reviewed to ensure it better reflected the diversity of families in Wales.

We did

We worked with parents and professionals to review and refresh the NHS parent health information for Wales. In 2023 – 2024 we published the first two resources in the Every Child series, booklet one '[Your Pregnancy and Birth](#)' and booklet two '[Newborn to age 2](#)'. These booklets are now available in [Welsh](#) and English for all first-time parents in Wales from their midwife and health visitor.

What next for 2024-2025

Over the next 12 months we will be developing content for the final two resources in the Every Child series covering 'Age 2 to starting school' and 'Age 4 - 7'. We will also begin development plans to make this accessible digitally, and will start to look at the evaluation of the Every Child series to ensure it is meeting the needs of first-time families in Wales.

4.5.5 Supporting People to Live Healthier Lives – Independence, Choice and Control.

Immunisation tackling Health Inequality

Background

Immunisation is a way of protecting ourselves against serious diseases. This is done through a vaccination. Once we have been immunised, our bodies are better able to fight these diseases if we encounter them. Immunisation can save lives and prevent the spread of infections. We need to deliver the right messages to the public, so they understand why vaccinations are so important. However, some groups of people have lower vaccination uptake rates such as people with learning disabilities, those from ethnic minorities and those from more deprived areas.

The situation

Wales launched a National Immunisation Framework in 2022. One of the Framework's important objectives was to make sure that all groups within the community are supported to take up the opportunity to be vaccinated and are provided with the information to do this.

We did



In collaboration with Improvement Cymru and Learning Disability Wales we have produced a video and easy read guide to support people with a learning disability to explain the process of having a vaccination.

The information will support people with a learning disability to make a choice about being vaccinated. It will also provide information on how to ask for help and assistance during their vaccination appointment.

The video can be viewed [here](#).

What next for 2024-2025

We will work with other NHS organisations to develop a Vaccination Literacy Plan. This plan will explain how we will provide vaccine information in a format that people understand to increase people's knowledge about vaccines.

4.5.6 Responding to People's Needs

Complaints and Concerns

Public Health Wales is committed to listening to, responding to and learning from feedback in the form of complaints and concerns. It is guided by the Putting Things Right Regulations which is the process for raising concerns in NHS Wales and sets out a clear process and expectations for responses to concerns and the investigations to be undertaken.

In 2023 – 2024 we received 151 complaints, of these 31 were formal complaints and 120 were informal complaints. With a formal complaint we are required to investigate and provide a formal organisational response within 30 working days. With an informal complaint, we are generally able to resolve the concern locally at service level and aim to do this quickly within 48 hours from receiving the complaint or concern.

We constantly review any themes and trends from our complaints and they mainly relate to:

- Communication issues
- Access to our Services
- Appointments scheduling or issues.

Some examples of the learning are:



Complaint - Access to services and Equity

The physical limitations of a person attending for a screening appointment meant that the screening equipment could not be used properly and so prevented the person from accessing the service. As a result, alternative specialist support was offered to them out in the community or, if they preferred at home, to accommodate their needs.

Complaint- Communication Issues

Members of the public who attended a Public Health Wales' training session were copied into an email which meant that their email addresses were unfortunately shared with the rest of the group. The identified learning from this led to a new procedure being put in place and this learning was shared widely across the organisation so others did not make the same mistake.

Complaint- Appointment & Communication

A person required the use of a translator for their screening appointment. When the translator did not arrive, a family member offered to translate. At the time the policy was that family members could not be used for translation. As a result of this complaint, a request to change the national policy was made to allow family members to translate at screening appointments if needed and this change has now been made.

Next steps:

We will be working to further support our screening services to continually review and improve their processes based on Service Users' experience.



The Six Quality Enablers

4.7 Leadership

4.7.1. Developing and supporting our leaders

Background

It is important our organisation has clear aims and goals and our leaders at all levels will support us to achieve this. We need to ensure they have the right skills, are visible and approachable and are driven by our vision and values for quality.

The situation

Our approach, "Inspiring Culture and Leadership", ensures that our culture and values are clearly demonstrated across how we work together, and that our managers and leaders lead with compassion, creating an environment in which our teams can thrive.

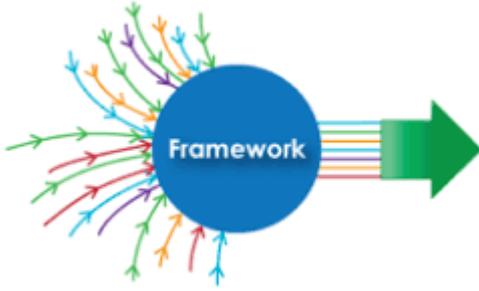
We did

We have implemented a number of leadership and management initiatives:

- Transforming Leadership and Management programmes
- Establishment of the Leadership Forum for our senior leaders to learn and share together
- Leading with Impact Workshops
- Leadership and Management Academy.

What next for 2024-2025

Integrating our Leadership and Management Framework

We will develop the Public Health Wales Leadership and Management Framework (LMF) to support our people in the delivery of our Long-Term Strategy. We will achieve this by setting out how our leaders and managers work and behave, and creating a culture where all our people can thrive. We also are implementing 'Being Our Best Framework' which sets out the complete and clear understanding of 'how' our managers and leaders go about doing 'what' they do and puts the organisation's values of working together, with trust and respect, to make a difference at the heart of everything we do.

4.7.2 Governance, Management and Sustainability

Board Assurance Framework

Background

All NHS organisations are required to demonstrate good governance to ensure they are operating safe systems to deliver public services. understood and effectively controlled.

The situation

Governance is defined as the arrangements by which an organisation is directed and controlled, how decisions are made, and changes implemented, and how those in charge can be assured that things are going as they should be. Board assurance is an essential part of this process and ensures that all relevant information and risks are

We did

In 2023, our Board approved a Board Assurance Framework (BAF) which summarises how we deliver and sustain good governance to ensure the delivery of our strategic objectives outlined within our Long-Term Strategy to improve population health and address health inequalities, whilst delivering safe, effective and high-quality public health services. It outlines decision making and what roles



different PHW Committees have, and what types of information and assurance they use and scrutinise.

What next for 2024-2025

We will further review the BAF to refine and finalise the how the different Committees can improve their effectiveness. This will enhance our approach to good governance and accountability between Board Committees.

4.8 Workforce

Spotlight on success: Award-Winning Agile Working Approach - 'Work How It Works Best'

We want to 'shape work around life' ([PHW People Strategy 2020-2030](#)), and aim to empower everyone to have more choice in how they work. Following a successful year-long trial, 'Work How It Works Best' – our approach to agile working that gives our colleagues flexibility and choice – has now become permanent.

This has been well received by our people. It enhances their work life balance, improves wellbeing and is helping us to retain a motivated workforce.

4.8.1 Recruits, Retains, and ensure we have enough people

Background

Having enough staff with the right skills is a challenge throughout the whole of the NHS. The Covid-19 pandemic has also placed additional demands on the NHS adding to staff recruitment and retention challenges.

The situation

After the pandemic we had several staff vacancies for advanced public health practitioners that we were unable to fill. These are specialist roles situated in various areas of public health, including health improvement and health protection. One of the reasons for this was that although there were people with the right skills, they had not had the opportunity to undertake training to gain the specialist level public health knowledge needed for this particular role. The inability to fulfil these roles was compromising our ability to provide the specialist public health support that we are responsible for in some areas.

We did



We developed a new advanced public health practitioner trainee role, recruited individuals as practitioners and provided support for staff to complete further studies. During this time, staff were able to collect evidence to show that they could apply this knowledge into practice. We had a very positive response to the opportunity, and we are now seeing the first 'graduates' of the scheme progress to advanced practitioner roles. The learning from the programme is now being used to inform our approach to professional development so that we can make sure that we have plenty of suitably qualified and experienced colleagues in the future.

4.8.3 Workforce Wellbeing and Enablement

Spotlight on: Wellbeing

The wellbeing of our staff is important to us, and we have developed a number of tools and resources to support them to be healthy at work. All colleagues have access to an Employee Assistance Programme, which includes a wide variety of resources, as well as counselling support for our staff colleagues.

Public Health Wales Wellbeing		
How might I be?	Supporting Self	Supporting Others
Feeling well and want to stay healthy	<ul style="list-style-type: none"> Headspace App: Headspace for NHS Work How It Works Best/Time to Move: Work How It Works Best (sharepoint.com) Social Media (Staff Facebook/PHW Wellbeing community on Yammer): A work place social network (sharepoint.com) or Public Health Wales Staff Facebook Wellbeing WorkSpace: Wellbeing Workshops (sharepoint.com) Staff Diversity Networks: Staff Diversity Networks (sharepoint.com) 	<ul style="list-style-type: none"> Wellbeing Workshops for Managers Wellbeing Workshops (sharepoint.com) Team Wellbeing Check-ins
I am beginning to struggle with my emotional wellbeing	<ul style="list-style-type: none"> Talk to your Manager People Support - PeopleSupport.PHW@wales.nhs.uk Employee Assistance Programme through Care First/NOS - Counselling and Support Information (sharepoint.com) Tel: 0800 114119 Wellbeing pages on Intranet - Staff Wellbeing (sharepoint.com) Menopause Toolkit and Cafes Menopause Toolkit (sharepoint.com) 	<ul style="list-style-type: none"> People Support: PeopleSupport.PHW@wales.nhs.uk
I am struggling with my emotional wellbeing	<ul style="list-style-type: none"> Talk to your Manager Health for Health Professionals Wales Helpline (Dum-Spin, Monday to Friday) 0800 058 2738 or www.hiphealth.co.uk Silvercloud: SilverCloud: Making Space For Healthy Minds (silvercloudhealth.com) Headspace App: Headspace for NHS Mental Health First Aiders 	<ul style="list-style-type: none"> Resources: Resources (sharepoint.com) Care Space sessions Care Space (sharepoint.com) Mental Health First Aid training
I am really struggling with my emotional wellbeing - Speak to your GP		

Iechyd Cyhoeddus Cymru Llesiant		
Sut alla i fod?	Bod yn gefn i chi'ch hun	Bod yn Gefn i Eraill
Rwy'n teimlo'n iach ac am aros yn iach	<ul style="list-style-type: none"> Ap 'Headspace': Headspace for NHS Gweithio Sut Mae'n Gweithio Orau / Amser i Symud: Work How It Works Best (sharepoint.com) Cyfrngwng Cymdeithasol Facebook ar gyfer y Staff / Cymuned 'Llesiant Iechyd Cyhoeddus' ar Yammer: A work place social network (sharepoint.com) or Public Health Wales Staff Facebook Gweithdai Llesiant: Wellbeing Workshops (sharepoint.com) Rwydweithiau Amrywiol Staff: Staff Diversity Networks 	<ul style="list-style-type: none"> Gweithdai Llesiant i Reolwyr Wellbeing Workshops (sharepoint.com) Siarad â'ch tim yn rheolaidd am eu llesiant
Rwy'n dechrau cael trafferth dod i ben a'm llesiant emosïynol	<ul style="list-style-type: none"> Mynwch air â'ch rheolwr Cymorth i Bobl - PeopleSupport.PHW@wales.nhs.uk Rhaglen Cymorth i Weithwyr Cwy Care First/NOS - Counselling and Support Information (sharepoint.com) Ffôn: 0800 114119 Tudalenau Llesiant ar y Ffôn-wyrd - Staff Wellbeing (sharepoint.com) Pecys Cymorth a Chaffs y Menopaus - Menopause Toolkit (sharepoint.com) 	<ul style="list-style-type: none"> Cymorth i Bobl: People Support.PHW@wales.nhs.uk
Rwy'n cael trafferth dod i ben a'm llesiant emosïynol	<ul style="list-style-type: none"> Mynwch air â'ch rheolwr Llinell gymorth Iechyd i Weithwyr Iechyd Cymru (Dum-Spin, Llun - Gwener) 0800 058 2738 new.wales.hipwales.co.uk Silvercloud: SilverCloud: Making Space For Healthy Minds (silvercloudhealth.com) Ap 'Headspace': Headspace for NHS Swyddogion Cymorth Cyntaf Iechyd Meddal 	<ul style="list-style-type: none"> Adnoddau: Resources (sharepoint.com) Sesiynau 'Care Space' Care Space (sharepoint.com)
Rwy'n cael trafferth ofnadwy dod i ben a'm llesiant emosïynol - Mynwch air â'ch Meddyg Teulu		<ul style="list-style-type: none"> Hyfforddiant i Swyddogion Cymorth Cyntaf Iechyd Meddal



4.8.4 Workforce Equality, Diversity and Inclusion

Background

We are fully committed to promoting equality and have been making progress against the actions and objectives in our current Strategic Equality Plan.

To encourage good practice relating to equality we need to ensure that people at all levels of the organisation take responsibility for equality and that we go above and beyond our legal duties by taking positive action on equality issues.

The situation

In accordance with the Public Sector Equality Duty (2011), there are a number of specific requirements, such as:

- Developing Strategic Equality Plans
- Involving the public and our partners from protected groups when developing plans and policies and shaping services
- Collecting and publishing information about equality, employment, and differences in pay.

We did

We published our [Annual Equality Report](#) and [Workforce Equality Report in February 2024](#). These two reports address the requirements of the Public Sector Equality Duty, explain our commitment to equality, and provide information on the diversity of our workforce.

We have also published our [Gender Pay Gap report for 2023](#), which sets out the percentage difference between average earnings for men and women. The report shows a slight increase in the pay gap between genders from 11.8%, for 2022 to 2023; 13.8% for 2023 to 2024. The report explains the possible causes for the increase in men earning more than women and plans on how we are trying to address it.

What next for 2024-2025

We will be publishing our detailed Strategic Equality Plan action plan for 2024-2028.

We will be running a Reverse Mentoring Scheme for under-represented groups which will give more junior staff the opportunity to develop leadership skills and share wisdom upwards.

We will also be running an Apprenticeship Scheme targeted at Minority Ethnic candidates.

4.9 Culture

Background

Culture is at the heart of our People Strategy and fundamental to organisational success. Culture is our expectation for how we behave and work together.

The situation

We have engaged widely with staff about our organisational culture and why it is so important; if our Long-Term Strategy describes 'what' we will deliver, our culture and the way in which we behave are equally important in describing the 'how'.

We did

We launched the Being Our Best behavioural framework in June 2023, following extensive engagement with colleagues. Being Our Best sets out how we are expected to work together with trust and respect to make a difference, and how we demonstrate behaviours and bring them to life in our teams.

As part of a 'Culture' Assessment, staff told us of the ideal culture that they want and need in Public Health Wales - one which will encourage people to maximise their contributions and commitment to the organisation, enhance the quality of what we do and be consistent with our values and purpose.

A representative selection of colleagues across the organisation have attended an accredited Cultural Advocates' programme designed to provide knowledge and skills that will enable advocates to confidently and effectively support senior teams as part of our culture improvement work.

What next for 2024-2025

We will identify measures to track our progress against the actions agreed to close the gap between our current and ideal culture and increase employee engagement.

We will create a dashboard to provide insight and assurance across the organisation.

We will continue to embed Being Our Best in everything we do, so that our commitments and behaviours are experienced for all employees from staff at the start of their career to those who are finishing their careers.

4.9.2 Kindness, Culture and the Freedom to Speak Up

Spotlight on: Facilitation Network – Healthy Working Relationships

Recognising that resolving any conflict in the workplace at an early, informal stage reduces the negative impact on individuals, immediate colleagues and the wider organisation.

We set up a Facilitation Network which is designed to assist when colleagues need help in having a difficult conversation, including in cases of incivility, bullying and harassment or other concerns, problems or complaints. The Network supports our commitment to providing a working environment free from bullying and harassment and to ensuring that all staff are treated, and treat others, with dignity and respect.

During 2023 – 2024, we tripled the number of facilitators within the Network, welcoming seven newly trained members.

Spotlight on: Speaking Up Safely

Following Welsh Government’s launch of a new Speaking Up Safely Framework in September 2023, we have developed an action plan as part of our work in supporting colleagues to speak up safely about any issues or concerns they may have. This includes a new Speaking Up Safely Protocol to ensure a consistent approach and clear and accessible channels for staff to raise concerns through.

4.9.3 Is there a culture of high quality, sustainable and trained staff?

Our people are at the heart of our work and the development of our workforce is central to this. All staff working within the NHS in Wales must show that they have completed a minimum amount training to ensure they deliver safe care and look after their own safety. These essential courses include fire safety and infection prevention and control training, and there are 10 in total. At Public Health Wales we have exceeded the nationally set target of 85% for this training.

	Target %	We achieve %
10 Essential All-Wales courses	85%	89.52%
10 Essential & 5 additional PHW courses	85%	88.34%

Duty of Quality e-learning

We are dedicated to embedding the Duty into our organisation and have added Duty of Quality training for all our staff to improve their knowledge on what this means and how to apply it in practice into the essential courses required to be undertaken by all staff. Launched in January 2024, just over 68% of our staff have completed this e-learning training and we are on track to achieve our target of 85% by the end of 2024 to 2025.



We will continue to work with colleagues to improve their knowledge of the Duty of Quality, to focus on improving the quality of the services and work we deliver.

4.10 Information

4.10.1 Records Management and Information Governance

Background

It is important that our organisation ensures that information is available and shared appropriately for all who need it. We use this information to understand the quality of our services, plan and monitor our improvement work and understand the impact of the decisions we make.

The situation

Records Management - SharePoint

Records management is a process by which all aspect of a record is managed from their creation to storage through to their disposal.

Information Governance: Freedom of Information Requests

The Freedom of Information Act 2000 (FOIA) supports the organisation to be more open and transparent in our approach and culture. The legislation gives the public the general right of access to information that is held by any public authority such as Public Health Wales, subject to certain limited exemptions. We have target times for turning around response to requests within 20 working days after receiving the request.

We did

Records Management - SharePoint

Public Health Wales is in the process of moving how it manages records to SharePoint as a document store. SharePoint is a secure system which will give us better control of access to information so that it is more secure but can also make us more efficient.



Information Governance: Freedom of Information Requests

During this year we have received and responded to the following FOI requests:

Received	253
Responded to within timeframe	186
Missed timelines	67 (26%)

These missed target times have been due to the fact that often the nature of the request is complex resulting in additional time needed to ensure a more comprehensive response.

What next for 2024-2025

The information governance team have recently completed additional professional training which will support the service in 2024-2025. We have also implemented a new administration system which will support more efficient handling of FOI requests.

The situation

Information Governance: Subject Access Requests

A Subject Access Request (SAR) is a request that can be made in writing, by email or verbally asking for access to the personal information a company or organisation holds on you. This is a legal right that any individual in the UK is entitled to exercise at any point for free. The target time to respond to this is one month after receiving the request.

Information Governance: Data Breaches

PHW has a duty to protect people’s personal data in law. A personal data breach means a breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to, personal data. This includes breaches that are the result of both accidental and deliberate causes.

We did

Information Governance: Subject Access Requests

During the year we have received and responded to the following Subject Access Requests:

Received	49
Responded to within timeframe	41
Missed timelines	8



Information Governance: Data Breaches

During 2023 – 2024 we developed a learning system for preventing data breaches across the organisation through a collaborative project between the Integrated Governance Team and the Improvement and Innovation Hub.

Through this work, a number of key improvements have been implemented, one of which was the production of a bitesize video explaining data breaches. Early results show a reduction in data breaches since the introduction of this video. Data will continue to be monitored to ensure this improvement is ongoing.

Video: English <https://my.visme.co/view/31okqdpq-data-breaches-short-film-english-version-2>

Video: Welsh <https://my.visme.co/view/ojokw4ke-data-breaches-short-film-welsh-version-2>

What next for 2024-2025

We will lead work around improving our policies and how they are delivered, as well as how we make an assessment of what data breaches we should formally be reporting.

4.10.1 Monitoring and Improving Outcomes – Information is available and shared appropriately for all who need it.

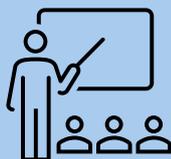
Always on Reporting

Background

‘Always-on’ Reporting means that NHS organisations routinely collect, analyse, monitor, and make information about the quality of service readily available, both within the organisation and externally to the population and other stakeholders. This promotes openness and transparency.



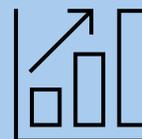
Decision Making



Learning



Quality Improvement



Improved Outcomes

The situation

Developing an “always-on” report so that the public can see our data and information is one of the requirements of the Duty of Quality.

We did

An initial webpage has been developed published which signposts the public to information available here: [Duty of Quality - Public Health Wales \(nhs.wales\)](https://www.nhs.uk/public-health-wales). This will help with people’s wider understanding of the Duty of Quality and what it means to them.

What next for 2024-2025

We are currently working on how we will develop the ‘always on’ reporting so we meet the requirements of the Duty of Quality. This will mean a new reporting format for the PHW website which will also be made available in accessible formats.

4.11 Learning, improvement, and research

As an organisation, we are dedicated to continual learning, to enable us to improve services and achieve better outcomes and results for the people of Wales. This also involves taking part in research and using what we have learned from this research to further improve our services.

4.11.1 Learning Culture – Organisation approach to continuous learning

The Improvement and Innovation Hub

Background

It is important that we have systems for identifying priority areas for improvement and a way of supporting these improvements, with a workforce who have the right skills to make this part of what they do.

The situation

The PHW Improvement and Innovation Hub (the Hub) works with all areas of the organisation to support quality improvement work and to enable innovation to flourish.

We did

Over the past 12 months, the Hub has developed a range of support mechanisms to ensure that every member of staff has access to improvement and innovation training and support. This includes:

- Drop-in improvement clinics for any staff with a quality improvement, quality planning or quality control related question
- An online training package for any staff member wanting to know more about improvement science
- A coaching programme 'Leading for Improvement and Innovation'
- Self-service library of improvement tools on our intranet site.

What next for 2024-2025

Next year we want to focus on promoting the Hub's specialist improvement support more widely throughout our organisation. This will bring us closer to supporting a wider number of teams to achieve our goal of ensuring that improvement and innovation is embedded across all areas of PHW.

4.11.2 Monitoring and Improving Outcomes – Continuous Improvement

Maternal and Child Screening

Background

Antenatal and newborn screening programmes offer tests to pregnant women and their babies. These tests check for infections and abnormalities. Our screening programmes started using a new digital programme in 2022, the Digital First Project. The project offers several online resources including information about appointments with web-links, animations and QR codes.

The situation

We evaluated the Digital First Project after 12 months to see whether the project aims had been achieved. This involved:

- A review of the digital information
- Gathering feedback from service users and staff
- Looking at the impact on resources such as financial and environmental factors
- Looking at whether the move to the Digital First Project impacted on the uptake of, and feedback received, on our screening services.

We did

Our findings showed:

- The analysis of number of people using the website showed a lower than expected number of people accessing resources digitally
- The importance of the layout of our web videos impacted on viewers' ability to receive the key messages
- The importance and value for screening participants to still be able to have a conversation about screening with a professional.

What next for 2024-2025

We will now focus our programme of activity to further improve the quality of screening conversations between our service users and professionals. We will also review the format of web videos.

Communicable Diseases

Background

A communicable disease is one that spreads disease from one person to another. It can also be spread from an animal or surface to a person. It can cause outbreaks, ill health and death, disruption of services and can lead to cost and anxiety.

The situation

In Wales, a plan has been developed outlining how we will respond to an outbreak of communicable disease. For example, how health services in Wales would respond to a measles outbreak. This plan is called The Communicable Disease Outbreak Plan for Wales. This plan is updated every three years to ensure it is fit for purpose and in line with national guidance. In Spring 2023, Welsh Government appointed our PHW team to lead a full review of the plan, and this was published in early 2024.

We did

Working with partners such as local authorities and health boards across Wales, the review team's recommendations included:

- The structure of the plan could be improved



- Lessons learnt from the COVID-19 pandemic and other recent outbreaks should be included
- There was a need to add Quality Standards for services to work to
- There was a need to include an easy-to-use flow chart as a 'quick reference' guide when there is an outbreak for healthcare professionals to follow
- That there was a need to work with our partners across Wales so that they are familiar with the document and know how to respond if there is a disease outbreak
- The plan can be accessed [here](#)

What next for 2024-2025

Learning from disease outbreaks will help NHS Wales and PHW improve how we manage them in the future. There is a lot of learning from the COVID pandemic that can be used and PHW will continue to share and implement the plan and evaluate any changes made.

4.12 Whole systems approach

A whole-system approach describes the combined actions of communities and many organisations to collectively address issues facing local communities. It is our responsibility as a public health organisation to look at what is going on outside our organisation and across our population and work with partners across Wales to improve the whole healthcare system.

National Work on Violence and Trauma

Background

The Wales Violence Prevention Unit (VPU) is a South Wales Police hosted team which has multiple different partners. It is funded by the Home Office. Public Health Wales is a founder member and has a small research and communications team in the VPU.

The Adverse Childhood Experiences (ACE) Hub Wales, funded by the Welsh Government is hosted by Public Health Wales.

Both of these are examples of whole system approaches.



The situation

Violence, trauma and adverse experiences among children and young people and adults can have lifelong impact on their health and wellbeing, ability to live a normal life and often leads to suffering and distress to those affected, their families, and communities.

We did

The VPU and ACE Hub Wales worked with both international and local partners to produce guidance, and advice to our community services on tackling the impact of trauma and violence on our children and young people. They focused on a public health approach to trauma and to build more resilient communities in Wales.

Recent publications from these partnership teams include:

1. [Trauma-Informed Wales: A Societal Approach to Understanding, Preventing and Supporting the Impacts of Trauma and Adversity](#)
2. [Wales Without Violence: A Shared Framework for Preventing Violence among Children and Young People](#)

What next for 2024-2025

The Wales Trauma-informed Practice Framework will continue to be implemented along with the development work around communications and engagement, children and young people, people with lived experience, skills and development and monitoring and evaluation. A toolkit has been produced to support this work and we will evaluate it. All four police forces in Wales are committed to implementing the Framework using the toolkit this year. We will continue to implement The Wales without Violence Framework with events and roadshows across Wales to support local areas to understand how it will support their responsibilities in preventing violence amongst young people and promoting community safety.

Helping Wales to reduce health inequalities and poverty with national and international partners.

Background

The lives of some people in Wales are cut short because of a lack of access to the essential building blocks needed for a healthy life. These include a safe, warm, and dry place to live; a good education that can set us up to fulfil our potential; clean air

to breathe and water to drink; enough money to make ends meet; and access to quality health and care services.

The situation

The lack of these building blocks contributes to health inequalities. One of the impacts of these is that people living in the most deprived parts of Wales die earlier than those living in the least deprived areas – 6.3 years earlier on average for women and 7.5 years earlier on average for men.

We did

These health inequalities must be tackled. Using the Wellbeing of Future Generations (Wales) Act, Public Health Wales has a national leadership role in tackling health inequalities. Together with our partners we have produced several publications to support services across Wales. These include:

- A resource on how to plan services for the long-term to reduce health inequalities [long-term thinking to reduce health inequalities](#)
- The [Welsh Health Equity Solutions Platform \(WHESP\)](#) gathers evidence around solutions for health equity relating to Wales in one place
- A publication to support public bodies in Wales apply the Socioeconomic Duty so that it can act as a powerful lever to improve the health outcomes for people who experience socioeconomic disadvantage. [Maximising opportunities for health and wellbeing of people](#)
- A report on the impact of the cost-of-living crisis on children's health and wellbeing. This recommends providing financial support for children and families, supporting community food organisations and improving the energy efficiency of family homes. [Children and the cost-of-living crisis in Wales:](#)

What next for 2024-2025

We are supporting work to address health inequalities by improving data and access to services. There is ongoing work to embed and address health inequalities in all we do as an organisation, and we will be sharing the learning on this with other partners in the future. We will particularly focus on Child Poverty.

Primary Care Obesity Prevention Action Plan

Background

Obesity describes a person who has excess body fat and is an important and growing public health issue in Wales. It is a serious health concern that increases the risk of many other health conditions such as heart disease, type 2 diabetes and some types of cancer such as bowel cancer. It is estimated that obesity costs the Welsh NHS £73 million a year and creates additional pressure on healthcare services.

The situation

The COVID-19 pandemic has drawn attention to the greater risks for people living with obesity. In 2020, it was reported that 22% of adults in Wales were classified as obese and a further 3% classified as the highest weight category, morbidly obese. The Welsh Government has published the All-Wales Weight Management Pathway 2021 (AWWMP).

We did

We published two reports to highlight how primary and community care can support obesity prevention and weight management in Wales, and the support that the workforce needs to fulfil this important role. Recommendations from these reports informed the development of a [Primary Care Obesity Prevention Action Plan](#) (2022-24) and support the primary care elements of the AWWMP. Actions within this plan have been grouped into four aims:



1: The person-centred journey

Supporting the person-centred journey in primary and community care



2: Primary and community care workforce

Supporting the primary and community care workforce to confidently manage overweight and obesity



3: Data and digital

Optimising overweight and obesity data usage and digital healthcare technologies in primary and community care



4: Leadership and governance

Developing leadership and governance to drive implementation of the AWWMP in primary and community care

What next for 2024-2025

We will complete the work outlined in the plan and work with various partners across Wales to support primary care to put in place a weight management care pathway. This will support GP groups to help their patients with weight management.

All Wales Breastfeeding Action Plan

Background

In the UK, breastfeeding rates are among the lowest in Europe, with Wales experiencing a drop from 60% of babies breastfed at birth to under 40% by six weeks old. Public Health Wales has been part of collaborative work to follow Yale University's five-step Becoming Breastfeeding Friendly process. We have undertaken collaborative reviews and interviews to develop improvement recommendations and these form the basis of All Wales Breastfeeding Action Plan (AWBAP), aiming to enhance the breastfeeding environment in Wales.

The situation

Due to the COVID-19 pandemic national implementation of the AWBAP stalled significantly, as the dedicated resource in Welsh Government and Public Health Wales was re-prioritised.

We did

Since then, we've achieved significant milestones in implementing the AWBAP, including recruiting two senior experts to oversee its implementation. We have also:

- Re-established the Breastfeeding Strategic Steering Group. This is led by the by the Chief Midwifery Officer and a health board Director of Nursing
- Led collaboration across the UK to agree on definitions and timepoints for collecting infant feeding data, laying the groundwork for future comparison
- Developed an infant feeding framework for Wales to help us capture information and trends
- Hosted events bringing together Infant Feeding and Public Health colleagues from across Wales to share innovative approaches



- Mapped current breastfeeding service provision to identify equity issues and advocate for the development of a more standardised approach for knowledge and skills for people working in this area
- Raised awareness and enabled pathways for families facing food insecurity to be able to access formula for infants.

What next for 2024-2025

We'll continue implementing actions outlined in the current plan, focusing on data, developing standardising knowledge and skills, and driving changes in societal beliefs and culture around breastfeeding.

We'll lead the development of a National Infant Feeding Action Plan with a clear focus on outcomes, implementation and monitoring.

Vaping for Secondary-aged learners in Wales

Background

We have a responsibility in Public Health Wales to recognise new and emerging trends and limit any harmful impacts on our population.

Vaping is one of these new trends and involves inhaling and exhaling a vapour usually containing nicotine and flavouring. Over the last few years there have been growing concerns about the numbers of young people vaping and school leaders raised concerns about the challenges they were facing.

The situation

Most children and young people don't vape, but evidence shows that more young people are using vaping devices:

- One in five secondary aged learners (20%) from Year 7 to 11 had tried vapes
- Year 11 learners were more likely to use a vaping device at least weekly (14%) compared with Year 7 learners (1%)
- Secondary age learners from less affluent families were the most likely to have tried vapes and to use them regularly.

We did

We produced an information and guidance resource on vaping for secondary-age learners in Wales. The document provides data and evidence-based information for



schools including how they can respond to and help address vaping within their setting through policy, practices, and curriculum content.

This can be found: ([Information and Guidance on Vaping for Schools in Wales \(nhs.wales\)](https://www.nhs.uk/healthcareprofessionals/primarycare/primarycareguidance/primarycareguidanceonvapingforprimarycareprofessionals/))

What next for 2024-2025

We will work with schools and other stakeholders to identify and develop further support materials for secondary schools and other educational settings to support the use of the guidance. We will share these once they become available.

During the coming year we will review the approach taken with our partners and make recommendations to deal with new or emerging issues.

4 Quality management system

Background

Delivering high quality care and services requires organisations to have a consistent and coordinated approach to managing quality that is used by teams on the ground through to the board; this is known as a Quality Management System (QMS). QMS includes four key components: quality planning; quality control; quality improvement; and quality assurance.

- Quality planning helps us set our goals by understanding the needs of the people of Wales, our patients and service users.
- Quality control is about good management of the day-to-day business using information to understand where things need to be better or are not meeting the required performance standards.
- Quality Improvement is about identifying priority areas that need improving, and creating ways or solutions to ensure this happens.
- Quality Assurance is about checking that a service is doing what it was designed to do and meeting the needs of patients, service users or the wider population.

The situation

During 2023, Public Health Wales, as part of its commitment to the Duty of Quality, developed an approach for the organisation to become a quality-driven organisation. The PHW approach is called 'Quality as an Organisational Strategy' (QoS).

We did

We ran comprehensive training for senior staff across the organisation on the QoS to ensure learning and quality are at the heart of our work.

What next for 2024-2025

This coming year we will be supporting our teams and services to assess how well they, and the QoS approach are delivering across all the quality standards. We will monitor the progress made with the examples referenced in this report. This will provide evidence and assurance to the people that use our services that we have the right systems in place to deliver excellent services, learn and continually improve.

5 Closing Note

We hope that this report is helpful and gives you an overarching view of what Public Health Wales is doing to improve the quality of its services and demonstrating how we meet the Duty of Quality. More importantly, to demonstrate that we are using the lens of quality to measure, control, improve and plan for the future but also learn, refine our systems and processes when things go wrong.

Our quality improvement work is continually developing, focusing on areas we have identified in this report and many more and those identified by external agencies such as Audit Wales. Our ambition remains; we are fully committed to deliver the necessary changes to enable us to provide the highest standard of services along with the best patient and staff experience and culture, and we continue to build on the foundations we have built with key partners to benefit our local communities in Wales.



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Cymru
Public Health
Wales

The Duty of Quality and the 12 standards give us the structure and challenge that we need and it's a gift that we will use to continue to be our best.

We look forward to sharing the progress made in 2024-2025 in our next report.

DRAFT



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Cymru
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