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Our vision is to create a healthier, happier and fairer Wales. We cannot achieve this alone, and much of what we do is through working in partnership with people across Wales, communities, public and private bodies, the third sector (charities and voluntary and community groups) and the Welsh Government.

To do this we provide a range of services and programmes, including improving health and well-being for communities, schools and workplaces, providing national screening and microbiology services, protecting the public from infectious diseases and environmental dangers and helping people to stop smoking. We also support the NHS to improve outcomes for patients, providing evidence to support health in all government policies, and work with international colleagues to learn and share.

To deliver our vision we need to make sure that we involve people and work with communities and local organisations across Wales who best connect with people at a local level. This forms part of our commitment to quality.

As part of this joint approach, it is essential that we listen to people and allow the public to play their part in setting our priorities, shaping our services and making decisions about the lives they want to lead.

Involving the public is part of our core values and, on behalf of the Board, we would like to thank those individuals and groups who have taken the time to contribute their experience and knowledge, helping to shape what we do to improve health and well-being in Wales.

This Annual Quality Statement does not cover all the work that we do but provides examples of the work we have done over the past year.

We would like to thank all of our staff and our key stakeholders who were involved in the production of this Annual Quality Statement.

We would like to acknowledge the hard work and commitment of all our passionate and talented staff who make great efforts to deliver safe, compassionate and dignified high-quality services, functions and programmes every day.
To answer this question, we worked with pupils from Aberaeron High School and Cardiff Muslim Primary School. As a starting point, pupils worked with their teacher and staff from Public Health Wales to think about their community and what it was like to grow up there. This helped the pupils focus on what health and well-being means to them.

We would like to thank both schools, teachers and all the pupils for all their support and the wealth of artwork provided. The cover artwork was chosen by our Executive Team and was drawn by a year 6 pupil from Cardiff Muslim Primary School.

Healthy Hearts

“Leading a healthy lifestyle is not always about the food or exercise, it’s also about your mental well-being too. My poster ‘A Healthy Heart’ contains all of these components including a happy family and home and also things or hobbies that you like to do.

Have a healthy lifestyle is not all about physical, it is also about mental health so we can lead a happy life in comfort. KEEP YOUR HEARTS HAPPY.”

Zayna, Year 6
“Health is like a tree. Just as a tree needs four things to grow, we need good sleep, a healthy diet, regular exercise and emotional well-being. These four aspects are represented in the four circles of my tree. When people think of health they usually think of eating healthy foods and regular exercising.

But that’s not all there is to it. Another very important part, which doesn’t often occur to people is our mental health. This includes our spiritual connection, family relationships and friends. Health is to live a life full of happiness and making the right choices.”

Leena, Year 5

We would like to also highlight the other pieces of artwork which were provided by pupils from Aberaeron High School. Our Executive Team felt they expressed the main public-health issues faced by many young people from across Wales.

Emotions

“This piece represents the emotions experienced every day by young people. One minute you’re feeling at peace and ecstatic and the next you’re sad and feeling down. Everyone has these emotions and it’s ok to let your emotions take control. I think everyone should express their feelings whenever they want as it’s healthy to let your emotions out. It’s good to have a good cry whenever you’re sad and after you’ll feel better.”

Emotions

Friendships

“This image represents health and well-being for me, as when I feel at optimum sense of well-being I feel like the depiction here. This image also reflects that when I feel healthy and happy I want to be with friends, in the fresh air and in nature. I think these things all play a big part in making a healthy life and help us all to achieve a sense of well-being and aren’t as widely discussed as other aspects such as food and exercise.”

Friendships
In our 2016-2017 Annual Quality Statement we said we would carry out a number of actions. Below are a few examples of what we said and what we did during 2017-2018.

For the full list, please see our ‘We said, we did’ document www.wales.nhs.uk/sitesplus/888/page/44950

Our National Screening Services

What we said in 2016-2017

We would continue to train screening champions from workplaces and our partners from the third sector (charities and voluntary and community groups). In 2017-2018 we plan to recruit more champions from ethnic-minority groups, the Gypsy and Traveller community and people with a sensory loss (sight or hearing difficulties). We will also work with people with a learning disability, their carers, health professionals and others, to look at barriers to accessing screening. Our aim is to make sure that we have the right things in place so that we can provide the best possible screening service.

What we did in 2017-2018

During 2017-2018 we trained 47 screening champions from GP surgeries across the whole of Wales where screening uptake was low. This coincided with our Screening for Life campaign month. We also assessed how effective the champions programme had been, and continued to involve our champions in communities where we know there are barriers to screening.

We also began an extensive exercise to look at the service we offer to people with a learning disability. This involved service users, their families and carers, health professionals and our screening staff, looking across all the programmes that we deliver in Wales.

Our NHS Centre for Equality and Human Rights

What we said in 2016-2017

We would work with colleagues in the Welsh Ambulance Service to write more lesbian, gay, bisexual and transsexual (LGBT) pages for the NHS Direct website. This would include information on transgender (trans) experience and identity. We would also set out to identify gaps in accessing healthcare, and transsexual health.

What we did in 2017-2018

We developed extra LGBT pages for the NHS Direct website.

We funded a number of training initiatives which focused on raising awareness of accessibility issues in relation to the Trans community. These were supported by Unique Transgender and the Gender Identity Research and Education Society (GIRES).
WE SAID, WE DID

OUR STAFF AND FLU VACCINATION

**What we said in 2016-2017**

We would discuss our internal flu vaccination campaign with staff and why it is important for them to have the vaccine to protect themselves and their colleagues, families and communities. Overall, we wanted to see more staff take up our offer of vaccination.

**What we did in 2017-2018**

We involved our wider workforce to get their views on how we could improve the services we provide for our own staff. We trained eight of our nurses to become ‘peer vaccinators’ so that staff could access vaccination more readily. We also introduced a voucher scheme which allowed staff to get their vaccine in a local supermarket or pharmacy, at a time convenient to them.

OUR DENTAL PUBLIC HEALTH TEAM

**What we said in 2016-2017**

We would continue to monitor cases of mouth cancer and also survival rates. We would continue to provide advice and support to Health Boards, GPs and dental services to improve early diagnosis of mouth cancer in Wales.

**What we did in 2017-2018**

We continued to monitor the number of cases of mouth cancer, and survival rates. We also provided advice to reduce the number of these cancers. (For example, advice on HPV - the human papilloma virus. HPV is the name for a group of viruses that affect your skin and the moist membranes lining your body.)

There are more than 100 types of HPV, and around 30 types of HPV infection can affect the genital area.

**FOR MORE INFORMATION ABOUT HPV, GO TO:**

www.nhs.uk/chq/pages/2611.aspx

Our advice also included encouraging early diagnosis (such as examination of oral soft tissues as part of all dental examinations) and rapid treatment.

**FOR MORE INFORMATION ABOUT THE INCIDENCE 2011-2015 REPORT, GO TO:**

https://public.tableau.com/profile/welsh.cancer.intelligence.and.surveillance.unit#!/vizhome/CancerincidencebystageatdiagnosisinWales/Homepage

HEALTHY WALES

‘HEALTHY WALES’ MEANS WE WORK WITH OTHERS TO MAKE A DIFFERENCE TO THE HEALTH AND WELL-BEING OF PRESENT AND FUTURE GENERATIONS LIVING AND WORKING IN WALES.

HERE ARE A FEW EXAMPLES OF OUR WORK TO PROMOTE AND PROTECT HEALTH.

TO VIEW ACCESSIBLE VIDEOS SUMMARIES OF THE STORIES IN THIS SECTION, PLEASE SCAN THE QR CODES BELOW.
Every Child Wales recognises the importance playing outside as part of the ‘10 steps to a healthy weight’ programme. Children who are active and play from a young age are more likely to be active as they get older and more likely to be a healthy weight.

The benefits of outdoor play do not stop there. Being active outside also helps children develop mentally and emotionally.

Children who have regular opportunities for playing outdoors are more likely to get on well with others, and learn complex social skills and how to deal with conflicts. Playful children have also been found to show greater problem-solving abilities, imagination and creativity.

For more information about the story, go to:
www.wales.nhs.uk/sitesplus/888/news/45907
To learn more about Every Child Wales, go to:
www.everychildwales.co.uk
STAY WELL IN WALES

The ‘Stay Well in Wales’ survey was designed to find out what the Welsh public believe are the biggest contributors to poor health and well-being, and what action they would like us to take to deal with these issues. We worked with Bangor University to run the survey and become one of the first nations in the world to ask the public what measures they feel are necessary for them to live healthier lives.

The public highlighted smoking, drug abuse, alcohol misuse, physical inactivity and unhealthy eating habits as the top-five contributors to poor health and well-being in Wales, although other issues such as social isolation, poor parenting and difficulties accessing healthcare also had high ratings.

Other key findings

53% of people in Wales agreed that more money should be spent on preventing illness and less on treating it. Only 15% disagreed.

70% agreed that advertising unhealthy foods to children should be banned to reduce childhood obesity. Only 13% disagreed.

Almost half (47%) agreed that advertising alcohol should be banned to reduce alcohol problems. Only 26% disagreed.

82% agreed that healthy foods should cost a bit less and unhealthy foods a bit more. Only 6% disagreed.

FOR MORE INFORMATION ABOUT, GO TO: www.wales.nhs.uk/sitesplus/888/news/47611

STAYING SAFE

THIS MEANS WORKING TO PREVENT ILL HEALTH AND INEQUALITIES. IT INCLUDES PROTECTING CHILDREN AND ADULTS, MAKING SURE THEY ARE SAFE IN DIFFERENT ENVIRONMENTS, AND REDUCING THE RISK OF INFECTIONS (SUCH AS HOSPITAL-ACQUIRED INFECTIONS).

HERE ARE A FEW EXAMPLES OF THE WORK WE HAVE DONE TO IMPROVE SAFETY AND PROMOTE WELL-BEING.

TO VIEW ACCESSIBLE VIDEOS SUMMARIES OF THE STORIES IN THIS SECTION, PLEASE SCAN THE QR CODES BELOW.
MANAGING ANTIMICROBIAL RESISTANCE IN PRIMARY CARE

What is antimicrobial resistance?
Antimicrobial resistance happens when micro-organisms (such as bacteria, fungi, viruses, and parasites) change when they are exposed to antimicrobial drugs (such as antibiotics, antifungals, antivirals, antimalarials and anthelmintics). Micro-organisms that develop antimicrobial resistance are sometimes referred to as ‘superbugs’.

As a result, the medicines become ineffective and infections persist in the body, increasing the risk of spreading to others.

THE ISSUE OF ANTIMICROBIAL RESISTANCE IS ONE OF THE BIGGEST HEALTHCARE CRISSES FACING WALES AND THE WORLD AT THE MOMENT.

Our 1000 Lives Improvement team has been working with Abertawe Bro Morgannwg University Health Board to help develop the role of pharmacists tackling this issue.

One of the challenges we face is that information used to monitor prescribing only really tells us how many antibiotics are prescribed – it doesn’t tell us how effective they are. This is important, as we know a significant amount of prescribing is outside of guidance and possibly not effective, but we have no way of identifying where this is happening unless the patient’s notes are examined in detail. Our 1000 Lives Improvement team has been working with the Health Board to develop a tool that speeds up this process, reducing the amount of time spent analysing information from days to hours. In practice, this should mean that pharmacists will be able to provide an improved and tailored advisory service to doctors. The end result will be more effective prescribing of antibiotics in primary care.

While doing this work we have developed Supporting Wales with Antimicrobials in Primary Care (SWAP). This is our network of pharmacists who are at the front line of managing antimicrobial resistance in primary care. SWAP and will become a forum for expert advice, toolkits and national improvement projects.

DID YOU KNOW?

1000 Lives Improvement is our National NHS Quality Improvement team, supporting NHS Wales and its 90,000 staff to improve outcomes and experiences for people using our services. We deliver national improvement programmes supported by the philosophy of ‘prudent healthcare’ and the principles of the Well-being of Future Generations Act.

Our work uses one approach for improvement, which is an internationally recognised IHI (Institute for Healthcare Improvement) approach. It covers physical and mental health, from the home to tertiary care (see below) and from prevention to end-of-life care.

Primary care
Primary care is healthcare delivered outside hospitals. It includes a range of services provided by GPs, nurses, health visitors, midwives and other healthcare professionals, and allied health professionals such as dentists, pharmacists and opticians. It includes community clinics, health centres and walk-in centres.

Secondary care
Secondary care is healthcare provided in hospitals. It includes accident and emergency departments, outpatient departments, antenatal services, genito-urinary medicine and sexual-health clinics.

Tertiary care
Tertiary care is care for people needing complex treatments. People may be referred for tertiary care (for example, a specialist stroke unit) from either primary care or secondary care.

TO LEARN MORE ABOUT ANTIMICROBIAL RESISTANCE, GO TO:
www.who.int/en/news-room/fact-sheets/detail/antimicrobial-resistance

FOR MORE INFORMATION, GO TO:
www.nice.org.uk/Glossary
The Early Intervention and Prevention: Breaking the Generational Cycle of Crime project began in March 2016 and was a joint project between us, the Police and Crime Commissioner for South Wales, South Wales Police, National Society for the Prevention of Cruelty to Children (NSPCC), Barnardo’s and Bridgend County Borough Council.

Funded by the United Kingdom (UK) Police Innovation Fund and the South Wales Police and Crime Commissioner, the two-year project aimed to better understand the approach taken by South Wales Police and partners to vulnerable people and groups, and to develop a range of training and interventions using an adverse childhood experiences (ACE) approach to make the project more effective. (Vulnerable people include those who need special care, support or protection because of their age or a disability, or because they are at risk of abuse or neglect.)

We evaluated the current system South Wales Police use to respond to vulnerable people and found that typically, traditional policing methods are not designed to meet the scale of the demand.

Training programmes for police, housing and education sectors were developed, tested and evaluated to provide police and partners with the skills and knowledge to respond to vulnerable people at the earliest opportunity, and a structured multi-agency, early-intervention approach to vulnerability was piloted within South Wales.

Police Officers are increasingly being pushed into situations dealing with frontline mental health which would be far better dealt with, in the interest of the person in crisis, by people who are appropriately trained, not police officers who have done an NCALT package.

“I don’t think there can no longer [be] any excuses now, regarding the role of a Police Officer. Yes, historically, we’re there to reduce crime, but I think a lot more of our role incorporates people who don’t always report crime to us... and they are the vulnerable members of society.”

This work helped to secure funding from the UK Police Transformation Fund until March 2020, which will help our approach develop further at a national level with the involvement of all four police forces.
MASS UNEMPLOYMENT AND HEALTH

Mass unemployment caused by the closure or downsizing of a single large employer can have a marked negative effect on the health, social and financial situation of workers and their families.

It can also destabilise communities and worsen inequalities for many generations, as shown in historical coal-mining areas in the UK. In the year following a closure or downsizing, the risk of death from all causes nearly doubles for all workers. They also have more than double the risk of death from heart attack or stroke and alcohol-related disease, and three times the risk of suicide, with the effects lasting for decades. Families and communities provide vital support for workers facing redundancy, but can also be affected themselves, health-wise and socially.

This work focuses on finding new employment, and financial, health and well-being support for workers, families and communities before, during and after mass unemployment.

The ‘Mass Unemployment Events (MUEs) – Prevention and Response from a Public Health Perspective’ report identified many measures to prevent mass unemployment and keep people in work. These included developing people’s skills over the longer-term to help them get good-quality jobs, investing in infrastructure and diversification, increasing employers’ social responsibility, and making individuals and communities more resilient.

TO READ THE REPORT, GO TO: www.wales.nhs.uk/sitesplus/888/news/45309/

Mass Unemployment Events (MUEs) – Prevention and Response from a Public Health Perspective

Dr Helen Simons, Dr David Llewellyn, Dr Hannah UK Coal Apex Study 2017 - 2018
www.publichealthwales.org

BEING PREPARED FOR MASS UNEMPLOYMENT IS ESSENTIAL. TOGETHER WITH EXPERTS ACROSS THE WORLD, WE HAVE LED NEW WORK ON PREVENTING AND PREPARING FOR SUCH SITUATIONS.
Microbiology team continues to lead the way with schools’ events

Staff from our microbiology and virology laboratories have visited schools in South Wales to give pupils an insight into their work.

The events took place at schools in Penarth, Cardiff and Swansea and were run with professional colleagues from the University Hospital of Wales.

A virtual hospital was set up in each school and pupils were given the task of making a diagnosis on a patient by collecting and putting together information from microbiology, biochemistry, virology, the patient, radiology and nurses.

Students learnt about the value of laboratory science work and about the importance of analysing all available information, communication, teamwork and multidisciplinary working in patient care. (A multidisciplinary group is one made up of members with varied but complementary experiences, qualifications and skills that contribute to an agreed goal.)
BLINDNESS FROM DIABETES HALVES IN WALES

The Diabetic Eye Screening Service in Wales transferred to Public Health Wales in 2016 from Cardiff and Vale University Health Board.

According to new research published in the British Medical Journal, the number of people in Wales diagnosed as being blind or living with sight loss as a result of diabetes has almost halved since the introduction of a new national diabetic retinopathy screening programme in 2003.

The research, carried out by the diabetic research unit at Swansea University, analysed new certifications for sight loss and blindness in Wales due to diabetic eye disease between 2007 and 2015.

The research showed the following:

- In 2014-2015 there were 339 fewer new certifications for all levels of sight loss from any cause combined, compared with 2007-2008.
- There were 22 fewer people with sight loss due specifically to their diabetes. There was a 49% fall in new certifications for severe sight loss, from 31.3 to 15.8 per 100,000 people.
- During this observation period, 52,229 (40%) more people were diagnosed with diabetes in Wales.

We are now successfully taking action at an early stage to prevent people with diabetes from losing their sight. The research shows us that since screening was introduced, earlier diagnosis of diabetic retinopathy and sight-threatening diabetic retinopathy has played a significant role, alongside other measures such as improved diabetes management with prompt referrals and newer treatments.

DID YOU KNOW?

Diabetic Eye Screening Wales invites patients registered with diabetes who are aged 12 or older for eye screening every year. We encourage people living with diabetes to take up the offer when they receive their invitation.

This is an example of the NHS working together to improve outcomes for the people of Wales. It is significant, as sight loss has reduced even though the number of people diagnosed with diabetes in Wales has increased over this time.
PERINATAL MENTAL HEALTH

Promoting mental well-being and reducing the effect of mental-health problems for women and families during pregnancy and the first 1000 days of a child’s life (up to their second birthday) is the key to making children more resilient over the long term by supporting both the attachment between the mother and child and the family’s mental health.

As part of a national steering group, we worked with organisations including the National Society for the Prevention of Cruelty to Children (NSPCC) and MIND, the National Centre for Mental Health, midwives, health visitors, obstetricians, psychiatrists and specialist perinatal practitioners to develop services in all areas in Wales. We also worked with people who have personal experience of perinatal mental health and services.

What does ‘perinatal’ mean?

Perinatal means the period of time covering your pregnancy and up to roughly a year after giving birth. It’s made up of two parts:
- peri meaning ‘around’; and
- natal meaning ‘birth.’

Other terms used to describe the time specifically before or after giving birth are:
- postnatal or postpartum meaning ‘after birth’; and
- antenatal or prenatal meaning ‘before birth’.

There’s no right or wrong word to describe the period of time around pregnancy and after birth, and you might hear your doctor or midwife use any of the words above.

To make sure all women and families have the help they need, to reduce any effect on the child, and to make sure the work we do is firmly based on evidence from past action, we have also:
- initiated, driven and developed the all-Wales draft integrated pathway for perinatal services to improve outcomes for women and their families during this period
- developed standards of care and agreed outcome measures.

For more information, go to: www.mind.org.uk/information-support/types-of-mental-health-problems/postnatal-depression-and-perinatal-mental-health/#.WvIEBi pryHs
EQUALITY

This means that we focus on considering the needs of individuals, including those who are vulnerable, and use their feedback to help us learn as an organisation.

Here are a few examples of the work we have done relating to equality and inclusion.

To view accessible videos summaries of the stories in this section, please scan the QR codes below.

EQUALITY TRAINING FOR NHS WALES

In 2016 the independent review of the all-Wales equality and diversity e-learning programme Treat me Fairly (TMF) recommended developing extra modules, three of which our NHS Centre for Equality and Human Rights (part of Public Health Wales) introduced in 2017/2018.

These were resources to support staff working with transgender individuals, the Gypsy and Traveller community and people with sensory loss (sight or hearing difficulties).

An additional module for sensory loss was already being developed by our NHS Centre for Equality and Human Rights. To develop the transgender and Gypsy Roma Traveller modules, the centre has also worked with representative organisations, GIRES (Trans) and Romani Cultural and Arts Company (Gypsy, Roma and Traveller) to develop suitable learning material.

This work involved the relevant communities and staff, to make sure that the learning programmes used were accurate and meaningful and encouraged learners to understand and communicate effectively with people across all cultures in Wales. Both the transgender and Gypsy Roma Traveller modules were launched in April 2018.
IN VOLVING CHILDREN AND 
YOUNG PEOPLE IN OUR WORK

We are working more with children and young people, involving them in our work and getting their views on what we should be doing to affect their future. This is an important part of our response to the Well-being of Future Generations (Wales) Act 2015.

We worked in partnership with the organisation ‘Children in Wales’ to ask a fabulous group of young people to come together to write our first ever Children’s and Young Persons’ Annual Quality Statement. To help the group choose and write stories, we visited several children’s and young people’s groups across Wales to identify key public-health themes and then held a ‘residential’ to develop the statement. This included a training workshop with our Communications team.

The children and young people provided positive feedback, saying that they wanted to support our work and become more involved with us. They also planned and chaired a Public Health Youth Summit, attended by over 85 people, ranging in age from eight to 22, from across Wales.

71% of delegates who attended the Public Health Youth Summit felt that they had learnt something new from the event.

76% of delegates felt they worked well with other young people attending the summit.

100% of summit delegates reported that they would be willing to get involved in supporting our work in the future.

“It was nice that Public Health Wales considered young people by deciding to develop a young people’s Annual Quality Statement and also good that they involved young people in the process of making it.”

YOUNG PERSON (17)

MORE INFORMATION:
You can read more about the Public Health Youth Summit on Twitter (#UGOTSUMMIT2SAY), and see the involvement of the Future Generations Commissioner, the Children’s Commissioner and our Chief Executive.

You can see our Children’s and Young Person’s Annual Quality Statement here: www.wales.nhs.uk/sitesplus/888/page/44950
SEPSIS

In 2017-2018 our 1000 Lives Improvement Service Rapid Response to Acute Illness (RRAILS) team has helped doctors and nurses in NHS Wales to identify and treat more people with sepsis than ever before.

This continues the year-on-year trend for reducing death and harm associated with sepsis, a condition that is thought to affect approximately 8,000 people a year in Wales.

This world-leading and award-winning work has focused on spreading the use of tools such as the National Early Warning Score (NEWS), sepsis screening and the Sepsis 6 care bundle throughout all Welsh hospitals and into primary- and community-care settings.

What is sepsis?

Sepsis, also referred to as blood poisoning or septicaemia, is a potentially life-threatening condition, triggered by an infection or injury.

For more information about sepsis, go to:

For more information, go to:
DESIGNED TO SMILE

Working with the aim that every child in Wales begins school decay-free and smiling!

Poor oral health is more likely to affect children living in more deprived areas, and can affect children’s well-being, daily activities, school attendance and performance. It also leads to an increased use of antibiotics, makes children more anxious about visiting the dentist, and increases the risk of children having dental treatment in hospital.

Based on new research evidence, ‘Designed to Smile’ strengthened joint working between the Designed to Smile team, the health visitor service and other programmes and teams working to improve oral health. This joint approach was directed at the under-fives, particularly in the first 1000 days of a child’s life, following the ‘prudent healthcare’ principles.

We began testing and supporting new ways for health visitors to expand their role in promoting good oral health, to give individual advice and encourage children to start going to the dentist from a young age.

With Wales Deanery, we created a new e-learning programme (Designed to Smile in Practice) for dental professionals. Not only does this support prevention in dental practice, it also leads to a Silver Foundation Improving Quality Together award.

Our Dental Public Health team organises the national dental epidemiology surveys in Wales. (Epidemiology is the study of how often diseases occur in different groups of people and why.) In 2014-2015 we reported that 14.5% of three-year-olds had signs of dental decay, rising to 20.2% in the most deprived areas. By the age of five, 34.2% of children had experienced decay (2015-2016 figures). We also report each year on the number of general anaesthetic operations for dental treatment in children.

We provided national public-health leadership to Health Boards and Designed to Smile teams to continue to deliver the successful tooth-brushing and fluoride varnish programmes in nurseries and infant schools in targeted areas.

We supported Health Boards to improve care pathways (stages of a patient’s care) and referral processes. The redesign of clinical services has largely contributed to a 21% reduction in general anaesthetic operations for dental treatment in children aged 0 to 17 since 2011-2012, and a reduction from 9,306 to 7,340 operations in 2016-2017.

For more information, go to:
www.cardiff.ac.uk/research/explore/research-units/welsh-oral-health-information-unit

We organised a national conference and created a new website:
www.designedtosit.co.uk
DEATHS AND HOSPITAL ADMISSIONS CAUSED BY SMOKING

New estimates published by our Observatory Division suggest that every year in Wales over 5,000 deaths are due to smoking, which is around one in six of all deaths in people aged 35 and over.

FIGURES FROM OUR OBSERVATORY DIVISION ALSO SHOW THAT MORE THAN 26,000 HOSPITAL ADMISSIONS EVERY YEAR ARE ALSO ESTIMATED TO BE DUE TO SMOKING.

While fewer people in Wales are now smoking compared with previous years, the ‘Smoking data: mortality, hospital admissions & prevalence projection’ tool shows that smoking continues to place a heavy burden on people’s health, on families, and on health services in Wales.

For the many agencies involved in efforts to further reduce smoking rates in Wales, a projection tool is also available to help show how rates could change in the future if more people quit the habit and fewer people started smoking.

DID YOU KNOW?

On 19 April 2017 we launched Help Me Quit with new unified branding, a single Freephone number and a new website, making it easier for smokers to get help to stop smoking.

If you would like support, get in touch with the Help Me Quit contact centre team.

Phone: 0800 085 2219
Visit: www.helpmequit.wales
Text: HMQ to 80818

FOR MORE INFORMATION ABOUT THE STORY, GO TO:
www.wales.nhs.uk/sitesplus/888/news/46444
www.publichealthwalesobservatory.wales.nhs.uk/smoking2017

OUR STAFF

OUR STAFF ARE VITAL TO THE ORGANISATION AND THE WORK WE DO. WE NEED TO PROVIDE THEM WITH A SAFE ENVIRONMENT TO WORK IN AND SUPPORT THEM TO CONTINUE TO DEVELOP. HERE ARE A FEW EXAMPLES OF WHAT WE HAVE DONE TO DEVELOP AND SUPPORT OUR STAFF.

TO VIEW ACCESSIBLE VIDEOS SUMMARIES OF THE STORIES IN THIS SECTION, PLEASE SCAN THE QR CODES BELOW.
OUR STAFF’S WELL-BEING

The work we are doing to make Wales a healthier, happier and fairer place to live also links to the work we’re doing to support our own employees’ well-being.

The Corporate Health Standard is the quality mark for workplace health promotion in Wales and we’ve been using it as a guide to develop policies and practices that promote health and well-being. We have an active Employee Well-being Group, made up of representatives from across the organisation who all support our actions.

WE WERE DELIGHTED TO BE AWARDED THE CORPORATE HEALTH STANDARD BRONZE LEVEL OF AWARD IN JUNE 2017 AND ARE NOW BUILDING ON OUR ACHIEVEMENTS SO WE CAN PROGRESS TO FURTHER LEVELS OF THE AWARD SCHEME.

(The Corporate Health Standard (‘the Standard’) is part of the ‘Healthy Working Wales’ programme and is the national mark of quality for health and well-being in the workplace.)

Our underlying theme is our focus on mental well-being, as we believe that good mental health is vital for everyone.

We pledged our support to the ‘Time to Change Wales’ campaign in December 2017. This campaign aims to end the stigma and discrimination faced by people with mental-health problems in Wales.

Although mental-health problems are common, they can still be a taboo subject in the workplace, so we are working hard to change this.

INCREASING THE USE OF THE WELSH LANGUAGE

We are committed to making sure that we reflect the importance of the Welsh language in our day-to-day activities, both when we interact with the public and with each other as colleagues.

We feel that with more members of staff understanding Welsh (even the most basic Welsh) we will be better able to understand and respond to the unique linguistic culture that is Wales.

WE WOULD LIKE STAFF TO WORK WITH US TO IMPROVE OUR SERVICES TO WELSH SPEAKERS, BOTH AS SERVICE USERS AND AS COLLEAGUES.

The Welsh Government and other public-sector bodies have also committed themselves to not just improving their own use of Welsh but also to giving staff the chance to learn Welsh (or to improve their Welsh).

We ran our first course at the end of 2017 and are working to support even more staff to learn and use the Welsh language.
WE’VE MOVED!
Over 80 of our staff from the Health Protection, Health Intelligence and Health and Wellbeing divisions moved into new offices in Matrix House, Swansea.

The move also brought together our screening teams from Orchard Street and St David’s, Carmarthen, allowing them to work together better and use resources more efficiently.

Staff packed up their desks on Friday and came into their new offices on Monday 11 September 2017 to find the office space set up thanks to the hard work of our facilities and IT teams over the weekend.

The project team has also maintained the good work achieved in 2 Capital Quarter with reusing and refurbishing office furniture.

The office has been largely fitted out with furniture given to us by Hewlett Packard who until recently occupied the ground floor in Matrix House.

Due to their generosity we were able to reuse and divert from landfill:

- 84 office desks
- 71 pedestals
- 83 cupboards – various sizes
- 20 meeting room chairs
- 8 meeting room tables

The move to the new 10,600 sq ft space means we are able to provide our staff with a modern, fit-for-purpose working environment and at the same time reduce operating costs, improve how space is used, improve efficiency and provide a clean, sustainable and energy-efficient workplace.

WE ARE COMMITTED TO BECOMING A RESPONSIBLE, WORLD-LEADING AND INSPIRING PUBLIC-HEALTH AGENCY.
HERE ARE A FEW EXAMPLES OF WHAT WE HAVE DONE TO DEVELOP AND SUPPORT WALES TO BE BETTER PREPARED TO RESPOND TO GLOBAL THREATS AND TO IMPROVE GLOBAL HEALTH.

TO VIEW ACCESSIBLE VIDEOS SUMMARIES OF THE STORIES IN THIS SECTION, PLEASE SCAN THE QR CODES BELOW.
We are delighted to announce that the World Health Organization (WHO) has designated our Policy, Research and International Development Directorate the first WHO Collaborating Centre on Investment for Health and Well-being.

This milestone achievement recognises us as a world-leading, globally responsible authority on supporting investment in people’s health and well-being and encouraging sustainable development (development that meets the needs of the present generation without compromising those of future generations).

As part of a four-year programme of work with the World Health Organization, the Collaborating Centre will develop, collect and share new information on how best to invest for better health, reduce inequalities and build stronger communities in Wales, Europe and worldwide.

It will support Wales to put into practice the United Nations 2030 Agenda on Sustainable Development and its world-leading national equivalent, the Well-being of Future Generations (Wales) Act.

The Head of the WHO European Office for Investment for Health and Development and the WHO Responsible Officer for the new WHO Collaborating Centre, said:

“We are delighted to welcome Public Health Wales’ Policy, Research and International Development Directorate as the first WHO Collaborating Centre in this field.”

“The expertise and high-quality work from our colleagues in Wales has been a valuable asset to the WHO over the past years. Our recent joint work collating global knowledge on ‘Investment for Health and Well-being’ is a good example of our fruitful collaboration.”

As well as raising our profile worldwide, being designated a Collaborating Centre is expected to benefit our staff.

The WHO programme will give staff the opportunity to become actively involved in international networks, attract expertise and create new partnerships, as well as provide a platform from which to share learning and generate resources.

The Collaborating Centre will join a network of over 700 centres covering different health topics and based in 80 countries worldwide.
The report concludes that we can’t continue to work as we do. The evidence shows that investing in cross-sector public-health policies will have wider benefits to society, the economy and the environment. Investing in people’s health and well-being throughout their lives encourages lasting and inclusive economic growth, security, fairness and impartiality, and peace. It allows present and future generations to achieve the best possible health for everyone, whatever their age, in Wales and beyond.

The report supports the global sustainable development goals (SDGs) being put in place across the 53 European Region member states. We continue to work closely with the Welsh Government and the World Health Organization to encourage investment in public health and to support the nation to achieve Prosperity for All.

For more information, go to:

The sustainable development goals (SDGs): https://sustainabledevelopment.un.org/sdgs


International interest in Wales’ new case management system

In November 2017, colleagues from Ireland’s Health Service Executive visited our Health Protection team to share experiences and discuss surveillance of infectious diseases.

One of the main topics of discussion was Tarian, the new all-Wales case and incident management system. The system was developed by our Informatics team and allows information to be shared between all 22 local authorities in Wales, our microbiology division and Health Protection team. Preparations for its development began in 2015 and it went live in May 2017.

As an integrated system, Tarian is unique in its ability to bring together key partners in health protection in Wales. It has also proved an invaluable tool for analysing information. Information entered by everyone who uses the system is available to the Communicable Disease Surveillance Centre for reporting and analysis, either on a routine basis or in response to an acute incident.
SETTING A GOOD EXAMPLE

As a public body we have duty to use our resources as efficiently as possible and play a part in demonstrating how Wales can lead the way in environmental sustainability.

Below are a few examples of the recognition our environmentally sustainable approach has received.

**NHS Sustainability Awards**
- Procurement – Winner
- Leadership – Winner
- Carbon – Highly Commended
- Re-use – Highly Commended

**Procura+ Awards**
- Tender procedure of the year 2017

**Sustainability Innovation in Public Service 2017**

**International Green Apple Award**
- Environment Best Practice

**Health Service Journal (HSJ) Award 2017**
- Finalist

**Improving Environmental and Social Sustainability**
- Finalist

One way we have done this is to carry out a review of our office accommodation and move our staff into as few locations as possible (where appropriate). Not only does this promote learning and sustainability, it also reduces business travel and inefficiencies and provides value for public money.

Over the last few years we have managed to relocate over 580 staff into two buildings, Capital Quarter Cardiff and Matrix House, Swansea. During both moves we worked with social enterprises to furnish the buildings and renovate over 2800 office items.

We managed to save over 134 tonnes of CO₂e (carbon dioxide equivalent), which could fill over 800 double-decker buses! We also managed to divert more than 41 tonnes of waste from going to landfill. The change of office location also encouraged more staff to use public transport and so help meet our environmental criteria.

During 2017-2018, our workplace innovations have been recognised nationally and internationally and we have been asked to talk about them across the world.
WALES FOR AFRICA

Wales for Africa is a programme developed by the Welsh Government that works with individuals, communities, the public and the third sector to be more actively involved in international development with Africa.

IT ALSO SUPPORTS WALES’S CONTRIBUTION TO THE UNITED NATIONS’ SUSTAINABLE DEVELOPMENT GOALS AND HOW THEY ARE PUT IN PLACE.

We work closely with the Wales for Africa Programme within Welsh Government, Hub Cymru Africa and the Wales for Africa Health Links Network (WFAHLN). In particular, we continue to support the Wales for Africa Health Conference and various major events, such as the WFAHLN Shared Learning Events and the annual Hub Cymru Africa Conference.

Our International Health Coordination Centre (IHCC) provides a focal point for global health work across the NHS and supports the Charter for International Health Partnerships. We have recently refreshed membership of the Charter Implementation Group to include representation from the Wales for Africa Health Links Network.

Through this joint approach, we are now working to promote the combined efforts of the charter, the Well-being of Future Generations (Wales) Act and the Wales for Africa Programme to make sure it is widely followed across Wales and in individual Health Boards and NHS Trusts.

LEARNING FROM FEEDBACK

Most people who use our services, programmes and functions have a positive experience and we regularly receive compliments. These are very welcome and we pass them on to the staff involved.

However, occasionally we make mistakes, and it is essential when this happens that we fully investigate to make sure we learn from our mistakes to prevent them happening again. The examples below illustrate a range of concerns and compliments we received during 2017-2018.

CONCERN EXAMPLE 1

The Welsh Language Commissioner received a complaint that highlighted a possible failure by us to put in place our Welsh Language Scheme.

According to the complainant, a message in Welsh and English on one of our web pages invited parents of children aged two to three to fill in a questionnaire to help plan the next flu campaign. The link led to a questionnaire in English only. The complainant told the Commissioner that they asked about the Welsh questionnaire but were told that one was not available.

WHAT WE DID

We worked with our staff to reinforce our Welsh Language Scheme, which requires both the Welsh and English languages to be treated equally. All staff must keep fully to the Welsh Language Scheme, including the commitment to produce forms for the public in both languages.

The questionnaire was a time-limited survey so, to support the complainant, we made the Welsh questionnaire available to the Commissioner to pass on to the complainant and also made it available freely through our Facebook page.
What we did

Although good customer service is vital for all our staff, it is particularly important for those who work in our screening services as they have contact with large numbers of the public.

Between July and September 2017 we held a series of customer-care training workshops for our screening staff, to reinforce good customer care.

Concern example 2

We received a complaint from a member of the public about our mobile screening unit.

They had received an appointment letter to attend for screening but when they got there they were told that no appointment was scheduled. The complaint also highlighted the poor attitude of staff. The person left the mobile unit without being screened.

Concern example 3

We received a complaint about our Help Me Quit service.

The person complaining said that we had failed to adequately support them to quit smoking. It also highlighted poor communication which resulted in them wasting time by travelling to a pharmacy to get their nicotine replacement therapy (NRT) when it was not available.

Concern example 4

Many of our services, programmes and functions rely on using other NHS Wales organisations or community premises.

Sometimes things go wrong at these venues which are beyond our control. However, we still investigate and work with our partners to make sure people learn from mistakes and that services improve.

Someone raised an issue about the attitude of a member of staff working at a health centre where a screening clinic was being run. This resulted in the complainant being unable to register for her screening appointment.

What we did

We worked with the health centre involved to make sure all receptionists were made aware of the screening programmes and the clinic procedures. We also investigated whether our screeners had followed our own standard operating procedures (which they had) and we have reinforced these procedures to all staff.

Concern example 4

We received a complaint from a member of the public about our mobile screening unit.

What we did

Our investigation showed that we failed to record information on our electronic system ‘Quit Manager’. This meant that we were unaware where letters relating to the person getting their NRT should have been sent.

We have told our Help Me Quit team that they should record all client activity, including NRT letters, on the Quit Manager System. We also said that if the NRT letters are urgent they need to be sent 1st class or faxed to a pharmacy they have agreed with the client.
COMPLIMENTS

“Thanks so much for ease of accessibility to you and your prompt attention to the issue makes such a change nowadays (if you know what I mean).”
Member of public

“You are amazing people. Thank you for kindness and patience you took with me and all the support you gave, you are a great team. I couldn’t have wished for any better. Thanks!”
Member of public

“I am writing to say a massive thank you to the staff who dealt with my mum brilliantly at her appointment. The staff were so professional and informative but also so caring and kind. I was especially impressed with the lovely nurse we dealt with, reassuring my mum and keeping her calm. Thank you so much and keep up the good work.”
Daughter of a person who attended for screening

“Just wanted to say a big THANK YOU/ DIOLCH for attending the Careers Fair on Tuesday, it was a busy day with over 2,500 school children attending and I hope that some of them are considering a career in the NHS after speaking to you all.”
Healthcare practitioner

“Recently received my scan and would like to comment that the person who carried out the scan was excellent. He explained everything clearly both before and after the scan (which was clear) and put me into a relaxed frame of mind prior to the scan which I was worried about.”
Screening participant

“The scanning programme is an excellent idea and I have advised a neighbour who turned 65 this month to accept the invitation when he gets one. Thank you!”
Member of public

LOOKING FORWARD

2018/19

This section includes a few examples of work that we plan to carry out during 2018-19. We would like you to hold us to account and make sure we report back to you in our 2018-19 Annual Quality Statement.

OUR LONG-TERM STRATEGY

During 2017-18 we worked to develop our new long-term strategy which would set out what we planned to achieve over a 10- to 12-year period.

Developing our strategy means we are making sure that we’re delivering the most we can for the people of Wales. It was really important that we understood the thoughts and needs of our stakeholders, staff and the public, so we involved them early on in the process. This was supported by research and evidence, as well as key pieces of legislation, to make sure we were working jointly with partners to develop our long-term strategy.

We discussed with our Board which stakeholders we needed to talk to in order to understand what our partners thought of us, what we could help them most with, how we could work together, and where we should focus our efforts. We did this through meetings between our Executive Team and representatives from the public sector, the NHS, the third sector, the police, local government and the Welsh Government.

DID YOU KNOW?

We actively encourage people to contact us to share their experience, and during 2017-2018 we received a total of 1419 compliments and 52 formal complaints.

The ratio of compliments to complaints is 27:1

27 😊 1 😞
Our staff are our biggest asset and they have a lot of ideas on what we should be doing to achieve a healthier future for Wales. During the summer of 2017 we held a number of focus groups and drop-in sessions. Over 200 staff took part, giving us their views on the key areas of public health they thought we should focus on. Each session was led by a member of the Executive Team so staff could talk directly to our senior leaders.

We gained a great deal of information from these sessions, which identified many themes. Our senior leaders were given the results of involving our stakeholders and staff, and they worked together and in their directorates to group the comments and suggestions into key themes.

To find out the views of the Welsh public, we commissioned a survey of 1000 face-to-face interviews to understand what people thought were the major areas of concern we could help with. We also organised an online survey, which over 3000 people completed in English or Welsh.

From this work came our seven long-term strategic priorities. They are to:

- influence the wider factors that affect people’s and communities’ health;
- improve mental well-being and resilience;
- promote healthy behaviour;
- secure a healthy future for the next generation;
- protect the public from infection and environmental threats to health;
- support the development of a sustainable health and care system focused on prevention and early intervention; and
- build and spread knowledge and skills to improve health and well-being across Wales.

The scope of each of these priorities means that each directorate is responsible for the success of all the priorities and staff can identify with more than one of the priorities.

Our long-term strategy is supported by a series of other documents such as:

- our strategic plan, which sets out what we’ll do over the first three years of our long-term strategy to deliver each of the seven priorities; and
- our annual plan, which includes the key milestones for each priority and strategy objective during 2018-19.

TOGETHER THESE DOCUMENTS SUPPORT OUR STAFF TO DELIVER OUR STRATEGIC PRIORITIES.

CONTINUING TO WORK WITH YOUNG PEOPLE

We will work with the young persons’ planning group to evaluate the 2017 Public Health Youth Summit and use the feedback we receive to develop a report and recommendations which we will present to our Executive Team during 2018. We will also continue to work with Children in Wales and support even more young people to become involved in creating the next Young Persons’ Annual Quality Statement.

THESE CONVERSATIONS GAVE US A REAL INSIGHT INTO WHERE OUR PARTNERS THOUGHT WE COULD HAVE THE MOST IMPACT AND WHICH AREAS WE COULD WORK WELL ON TOGETHER TO TACKLE KEY PUBLIC-HEALTH ISSUES.

Following a positive mock assessment in February 2018, we will be undergoing a two-day assessment for the Corporate Health Standard (silver level) in July 2018, with assessors visiting sites in Cardiff and Swansea. We are hopeful that this assessment will acknowledge the range of wellbeing actions we deliver throughout our organisation.

OUR STAFF WELLBEING

Our staff wellbeing

Looking forward 2018/19
WORLD HEALTH ORGANIZATION (WHO) COLLABORATING CENTRE

As part of a four-year programme of work, we will develop, collect and share information and tools on how best to invest in better health, reduce inequalities and build stronger communities and resilient systems in Wales, Europe and worldwide.

The work is made up of seven activities involving more than 60 of our staff across all directorates. This is a truly cross-organisational programme of work, which supports all of our priorities and objectives and is included in the Integrated Medium Term Plan (IMTP) and the organisational long-term strategy.

The WHO Collaborating Centre will report to the WHO each year and will be monitored and supported by a WHO Collaborating Centre Management Board, accountable to our Board.

The aims and benefits of the WHO Collaborating Centre are to:

- strengthen the impact and reputation, nationally and globally, of public-health work in Wales;
- help drive investment and innovation for better health, well-being, fairness and impartiality, encouraging sustainable development in Wales and the world;
- ease the way for further European and global collaboration, partnerships and networking;
- help encourage more effective and logical cross-sector and cross-organisational multidisciplinary work;
- aid how advance applied research informs and influences policy and practice;
- help share knowledge, evidence and best practice, and foster learning and professional development;
- create opportunities for pooling resources and generating external income;
- support our national functions and responsibilities and the commitment to put into practice the Well-being of Future Generations (Wales) Act, developing a globally responsible Wales; and
- support the WHO to put in place the United Nations 2030 Agenda for Sustainable Development worldwide.

TIMELY ACTION

During 2017, Rebecca Evans, the Public Health Minister for Wales, confirmed that the Welsh Government had accepted the recommendations made by the UK National Screening Committee and the Wales Screening Committee to introduce non-invasive prenatal testing (NIPT) within the antenatal screening programme in Wales.

During 2018-19 we will work with the Welsh Government, Health Boards, the All Wales Genetics Service and the Welsh Health Specialised Services Committee to put this in place as soon as possible.

We will also work with Health Board screening co-ordinators to discuss how we will deliver updated screening information for women and to arrange how we will dispose of old information. We will also make sure the information available on the Antenatal Screening Wales web pages is up to date and accurate.

HEALTHY WALES

The Public Health (Wales) Act 2017 placed a duty on the Welsh Government to develop a strategy focused on preventing and reducing levels of obesity. We are part of the Welsh Government multi-agency National Obesity Strategy Development Board and are working closely with the Government to support them to develop the strategy.

We have also been working to collect data and evidence for the obesity strategy. Over Autumn 2018, the Welsh Government will launch a consultation on the strategy, which will set out a broad vision for Wales and test a number of key proposals. We will contribute to the development of these proposals and help promote the consultation widely.

STAYING SAFE

A new UK strategy for antimicrobial resistance is expected in 2018 and we are prepared to support the Welsh Government in developing a new national action plan for Wales. In the meantime, we will continue to support the current national delivery plan and the introduction of the Healthcare Associated Infections (HCAI) National Collaborative. Also, we will work with the Welsh Government to review immunisation in Wales and continue to provide leadership to NHS Wales through direct support and advice, training and education.

In 2018-19 we will continue to support the HCAI National Collaborative, organising regular events for Health Boards and Trusts to report on the progress they are making. We will also continue to support and evaluate the current Antimicrobial Resistance (AMR) Delivery Plan and, when the new UK strategy is published (expected 2018), we will support the Welsh Government to assess the implications for Wales.
YOUR VIEWS

WE WOULD LIKE YOUR VIEWS ON HOW YOU WOULD LIKE US TO IMPROVE OUR SERVICES.

If you would like to get in touch, please contact us.

電子郵件: general.enquiries@wales.nhs.uk

您也可以透過社群媒體聯繫我們。

Facebook: www.facebook.com/PublicHealthWales
Twitter: www.twitter.com/PublicHealthW
Vimeo: www.vimeo.com/publichealthwales

THANK YOU

Thank you for taking the time to read our Annual Quality Statement – we hope it helps to explain a little more about what we do.

So that we can make improvements to our Annual Quality Statement, we would be grateful if you could fill in the online feedback survey by following the link below.

www.surveymonkey.co.uk/r/K6H3FSC