 Iechyd Cyhoeddus Cymru Public Health Wales	<b>Name of Meeting</b> Knowledge, Research and Information Committee Date of Meeting 8 March 2023 Agenda item: 5.2
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Monitoring the impact of Public Health Wales’s Knowledge and Research work				
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Approval/Scrutiny route:		Knowledge Research and Information Committee following the Business Executive Team Meeting (being held 05 Mar 2023)		
<b>Purpose</b>				
This paper outlines a systematic approach for Public Health Wales to monitor the impact of its knowledge and research work.				
The Committee is asked to consider and approve the proposed approach.				
<b>Recommendation:</b>				
APPROVE X	CONSIDER X	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE <input type="checkbox"/>
The Committee is asked to:				
<ul style="list-style-type: none"><li><b>consider</b> and <b>approve</b> the proposed approach for Public Health Wales to monitor the impact of its work using a suite of interviews and surveys of stakeholders/ product users, and to monitor and record this impact using a framework and impact tracking system.</li></ul>				

**Link to Public Health Wales [Strategic Plan](#)**

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.

This report contributes to the following:

<b>Strategic Priority/Well-being Objective</b>	7 - Building and mobilising knowledge and skills to improve health and well-being across Wales
<b>Strategic Priority/Well-being Objective</b>	Choose an item.
<b>Strategic Priority/Well-being Objective</b>	Choose an item.

**Summary impact analysis**

<b>Equality and Health Impact Assessment</b>	An Equality and Health impact assessment is not applicable to this work. The development of this approach does not have a direct impact on service provision, so the resulting impact on those with protected characteristics is identified as minimal or 'low'. It is anticipated that monitoring the impact of our work will have a positive effect on health in Wales.
<b>Risk and Assurance</b>	No major risks with the developing and delivering impact approach.
<b>Health and Care Standards</b>	This report supports and/or takes into account the <a href="#">Health and Care Standards for NHS Wales</a> Quality Themes All themes  Theme 7 - Staff and Resources  Choose an item.
<b>Financial implications</b>	Following implementation of the first year of monitoring impact, there may be business cases for investment to strengthen the monitoring activity.
<b>People implications</b>	There will be some impact on each team, as people will be required to spend time monitoring the impact of their work.

## 1. Purpose / situation

This paper outlines a systematic approach for Public Health Wales to monitor the impact of its Knowledge and Research outputs.

Knowledge outputs are defined as: any research, evaluation, evidence, or analytical-based reports produced across the organisation.

The work builds on the Knowledge Mobilisation Vision, which outlines the importance of evaluating the impact of any Public Health Wales evaluation, research or analysis produced or modified by the organisation.

We want to ensure that:

- ❖ The intended purpose of the work and the evidence gaps are clearly defined.
- ❖ The intended audience and desired impact of the knowledge piece of work is identified at the outset and used to guide the work throughout its development.
- ❖ The impact of the work can be systematically monitored and recorded.

This approach will be important to measure the successful implementation and demonstrable impact of the refreshed Research and Evaluation Strategy to determine the awareness and value of our work.

Public Health Wales has produced the User Personas work to assist with this and this has been presented to KRIC previously.

Building on the work to improve impact, this paper proposes an approach to systematically monitor the impact of the outputs.

The Committee is asked to consider and approve this proposed approach.

## 2. Background

Public Health Wales produces a high number of external facing knowledge and research papers with the aim of being impactful, insightful and valuable. However, there is currently no routine way of measuring the impact of this work and how it affects change. Additionally, we have no way of monitoring if our efforts to improve our impact are successful.

Currently in Public Health Wales:

- The intended impact of a knowledge output is not always clearly considered or identified at its inception. Consequently, plans to measure impact and understand if organisational aims are being met are not as robust as they could be.

- Where impact is recorded within Public Health Wales, it tends to be in an ad-hoc, unsystematic way and not always collected routinely and systematically after knowledge projects conclude.
- Direct impacts on health outcomes, as well as indirect and contributory impacts, are less easy to monitor and attribute to our work than process level impacts.
- Many impacts may only become evident with time.
- The impact of Public Health Wales' knowledge and research work is not held or analysed centrally, which makes its tracking much harder.

There is a need through the refreshed Research and Evaluation Strategy, to routinely and systematically monitor the impact of our work, otherwise the true value and reach of the organisation's knowledge, research and evaluation work and its contribution towards achieving a healthy population for Wales can be challenging to demonstrate and champion. Additionally, routine monitoring and regular feedback could help further improve and direct the impact of these outputs.

This paper will focus on how the impact of the organisation's knowledge, research and evaluation work could be monitored and measured.

### **3. Description/Assessment**

#### **3.1 Background research**

The approach proposed in this paper has been developed following review and engagement activities between March 2022 and October 2022. This includes:

- A review of literature gathered by the Public Health Wales Evidence Service.
- Case studies from within Public Health Wales.
- Interviews with external organisations (academic, health, policy and funders).
- Internal discussions with the PHW Lead for Service User Experience (in QNAHP), Stakeholder & Engagement Officer (WHO CC). Knowledge Mobilisation Team, Public Health Wales Communications Division, and the Research and Evaluation Division.

The conclusion of the review and engagement revealed that monitoring and mapping the impact of knowledge and research outputs was fully supported, but there is no exemplar system for doing this that fully meets the organisation's needs. Much of the knowledge and research work produced by Public Health Wales may contribute to, or even initiate, changes to policy and practice but it is rarely the only influence. Assigning impact to contributory, up-stream, work is incredibly difficult.

Additionally, automated methods of collecting impact are not currently considered comprehensive, and significant capacity would be needed in order to gain a comprehensive picture of the impact of the outputs and work.

The impact approach and implementation plan outlined in this paper uses the learning and best practice gathered from the exercise to put forward a pragmatic approach to impact monitoring and ensure we are measuring the success of the Research and Evaluation Strategy.

## **3.2 An Impact Monitoring Approach for Public Health Wales knowledge, research and evaluation work**

### **3.2.1 What outcomes should be collected?**

There are many different facets of impact and spheres in which Public Health Wales can and does have an influence through its knowledge and research work, e.g. policy and legislative change, practice, research excellence, and capacity building. The proposed approach will show how the impact of our work align with delivering the Public Health Wales vision, and allows us to record and measure this impact going forward. It is important to note that this proposed model focusses on monitoring the impact of the knowledge and research products and not services.

The types of impact (the 'key themes') most important to the organisation are included in the attached framework, and are included below, for ease:

1. **Instrumental**: changes to plans, policies, decisions, behaviours, practices, actions
2. **Conceptual**: changes to knowledge, awareness, attitudes, emotions
3. **Capacity-building**: changes to skills and expertise
4. **Relationship building**: changes to the number and quality of relationships and trust
5. **Culture/attitudes** towards knowledge exchange and towards research impact itself.

The intended impact(s) will differ between outputs and it is important that early consideration, prioritisation and planning is given to improving stakeholder engagement and therefore impact at the early stages in project planning.

The breadth of potential impact also makes it crucial that cross-organisational consideration is given to the details of the data collected and the stakeholders considered. Once the approach has been approved, detailed discussions are planned with representatives across the organisation to ensure the impact of all Public Health Wales knowledge, research and evaluation products can be appropriately captured. An

iterative approach would be taken when developing questions, and learnings from previous projects used to ensure the relevance and integrity of the questions.

### **3.2.2 How outcomes could be collected**

We are proposing a four-tier model of impact monitoring. The four tiers consist of:

1. Annual Survey of Public Health Wales stakeholders
2. Continuous pop-up survey of Public Health Wales website users
3. Targeted survey of anticipated product users
4. Structured post-project interview with product requesters

All tiers would be subject to a Data Protection Impact Assessment (DPIA).

There are limitations with the proposed model which are detailed in section 3.2.4. Some of these could be overcome through investment to digital support elements used alongside these four tiers, should funding be available in the future. As mentioned above, the proposed model is a pragmatic rather than comprehensive approach.

#### **1. Annual survey of Public Health Wales stakeholders**

In March 2022, a survey was conducted with stakeholders who use the various knowledge outputs that Public Health Wales produce to gather feedback on their user experience. This was devised and delivered by user research specialists User Vision.

Part of the survey focused on the accessibility and relevance of our outputs and covered how the impact of our work could be improved, e.g. through a more navigable website, and one question was specifically focused on the impact the work was having, i.e. 'What do you do with the content or information you obtain from Public Health Wales?' The outcome of this work has been presented to KRIC previously.

As part of an annual monitoring process, we propose to repeat this survey and bolster the section on impact, primarily through adopting questions used by the ONS in their annual customer survey and covering the domains of impact identified in this paper: Stakeholder awareness of our work; its relevance to their area of work; whether they feel it has been produced in a format that could be used within their organisations; how it might be used/has been used.

Current plans are to use Civica to allow annual repeats of the survey to be sustainable. A maintained stakeholder list will be necessary to maximise the reach of the survey.

We would aim for upward of 250 responses annually. Further investment in a Client Relationship Management system would be beneficial.

## **2. Continuous pop-up survey of Public Health Wales website users**

Instant pop-up surveys on the website were a beneficial method suggested by the user research specialists who carried out the above work, however due to the high costs of translating the software into Welsh, the work was not deemed feasible at that stage.

Consultation with Public Health Wales website specialists suggests an in-house managed pop-up survey would be feasible. Health Technology Wales utilise this approach and find that they gain viable information this way. Previous experience suggests a pop-up survey of 2-3 questions is ideal.

When the user clicks to download or access an output online, proposed questions could ask what the user is looking for, why they need it and whether they found it. Asking for the user's name, organisation and email address and whether they would like to 'opt in' to receive our future outputs could be considered.

## **3. Targeted survey of anticipated product users**

Targeted output-specific surveys have been carried out within the Knowledge Directorate and wider organisation in the past, but there is a need for a systematic, consistent approach with read-across through the other tiers of impact monitoring.

6-8 weeks after an outputs release, after consultation with the project leads, 10 or so key recipients of the output would be chosen to be contacted by email and asked to complete a brief 7-10 minute survey through Civica. Existing channels could be utilised to identify key stakeholders. Such channels include but are not limited to the following:

- Interest Groups (e.g. Primary Care Interest Group)
- Existing engagement mechanisms (e.g. those signed up to Current Awareness bulletins)

Again the survey would follow the key impact themes set out above and questions would concentrate on ascertaining: the relevance of the output on the recipient's area of work; whether it was thought that the output would inform and/or influence the organisation's future work; what type of influence that might be; whether the recipient shared the output with other organisations with which they work; and whether their own work has been informed or influenced by the output. Recipients of this survey will have the opportunity to submit their responses anonymously, or to

include their name and contact details if they wished their responses to be followed up and discussed further.

The purpose of this targeted survey would be to map the impact route that the output takes, and to ensure all avenues that the output takes can be reviewed, monitored and followed up.

#### **4. Structured post-project interview with product requesters**

As recommended and practiced by the external user research experts, semi-structured interviews with key product requestors can provide useful feedback on the functionality of the team, the product development process, the clarity and usefulness of the output, and the proposed and realised impact of the work.

In the first instance, we propose that these interviews will be conducted by a member of Public Health Wales staff that is external to the individual project team that produced the output, to maintain some neutrality and reduce bias in the responses. The interviews have been trialled and an example of the feedback can be seen in Annex 1. The detail and type of feedback received is likely to be most useful to the project team and wider directorate to action.

Should funding be available, a dedicated member of staff to collate the feedback, conduct more thorough qualitative analysis and develop organisational actions could be considered.

We anticipate that this semi-structured 10 question interview would be conducted by telephone or video call, take no longer than 20 minutes, and be conducted using Civica. We anticipate between 1 and 3 interviews per major outputs.

#### **3.2.3. Opportunities/Risks/Limitations/Challenges**

- The proposed work offers an opportunity for additional interaction with our users. To maximise this the benefit of other aligned duties and organisational policies and priorities will be considered, including examples such as:
  - Welsh Government and NHS Wales Framework for Assuring Service User Experience
  - The Welsh Government Duty of Care and Duty of Quality
  - Quality as an Organisational Strategy
- Impact monitoring, within teams and across the organisation, will create an increased awareness of impact and an increased consideration of it throughout product development. This may be particularly true for elements 3 and 4 which have direct team involvement.
- Impact monitoring may not be viewed as a priority and therefore may not be readily adopted across the organisation.



- A lack of appropriately trained dedicated staff without the capacity to actively monitor and record impact could result in inconsistency and poor-quality data.
- Unsystematic contact with the same stakeholders to ascertain the impact of multiple outputs could lead to perceived bombardment and result in annoyance and negative perceptions of Public Health Wales.
- Impact can take years to be apparent, and in this case would be difficult to capture. There may be no “end outcome”.
- Due to capacity, not all forms of impact can be monitored. Consideration needs to be given to the types of impact that are prioritised, and whether unintended and negative impacts are measured.

### 3.2.3 Resource/Workforce requirements

Impact Monitoring Tiers	Task	Resource required
1. Annual survey	Maintain stakeholder list	<ul style="list-style-type: none"> <li>• To be coordinated by Knowledge Mobilisation (KMob) Team</li> </ul>
	Agree questions	
	Enter/edit survey on Civica	
	Review findings	
2. Online pop-up survey	Create survey questions	<ul style="list-style-type: none"> <li>• To be coordinated by Knowledge Mobilisation team, with input from Digital Communications Team.</li> </ul>
	Create pop up survey	
	Review findings	
3. Anticipated product users survey	Create survey questions	<ul style="list-style-type: none"> <li>• Template provided by Research &amp; Evaluation's Project support team</li> <li>• Wider product team to provide capacity to conduct surveys.</li> </ul>
	Enter/edit survey on Civica	
	Review findings	
4. Post-project interview	Agree questions	<ul style="list-style-type: none"> <li>• Template provided by Knowledge Mobilisation team</li> <li>• Wider product team to provide capacity</li> </ul>
	Book interview time	
	Carry out phone interviews	

As can be seen in the table above, it is proposed that all interviews be carried out by existing teams, as these teams have relationships with individual key stakeholders in place and conducting these surveys/interviews provides an opportunity to reinforce and maintain these key relationships.

### 3.2.4 Potential future investment

The approach should be piloted and evaluated initially, to ensure that the collection and review of the data is manageable, and the data collected is useable, actionable and contributes to the monitoring of the Research and Evaluation Strategy. The amount of resource spent collecting and reviewing the data would also need to be monitored. Consultation with the Evaluation and Impact Team in the Research & Evaluation Division would be sought to develop this evaluation.

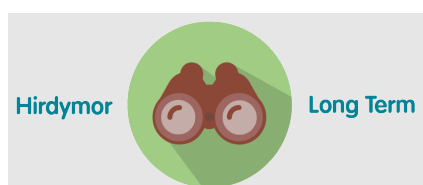
It is expected that after a year of use, any unexpected issues with the framework could be picked up, and a baseline of impact would be apparent. This baseline would be crucial in capturing year on year improvements.

### **Assurance**

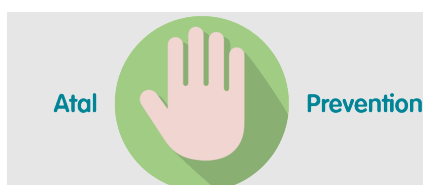
The implementation Team will report back to the Committee in a year's time after the initial implementation of the framework to provide assurance.

## **4. Well-being of Future Generations (Wales) Act 2015**

This work has been put together following the five ways of working, as defined within the sustainable development principle in the Act, in the following ways



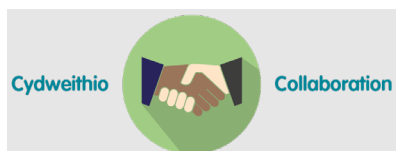
*Adopting a systematic way of measuring the impact of Public Health Wales's outputs allows us to understand our work's long-term effects on population health in Wales*



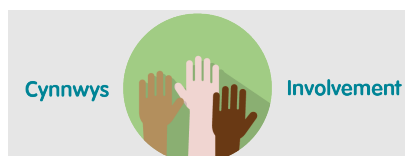
*Creating a framework and a systematic approach to collecting impact prevents an ad hoc, difficult to track approach to collecting impact.*



*This proposed approach can be integrated into the existing Knowledge Mobilisation strategy.*



*People across the organisation will input into this work and will collaborate to implement this impact plan.*



*External organisations were engaged and consulted with to create this work, and this practice will continue while the approach is implemented.*

## 5. Recommendation

The Committee is asked to **consider** and **approve** the proposed approach for Public Health Wales to monitor the impact of its work using a suite of interviews and surveys of stakeholders/ product users, and to monitor and record this impact using a framework and impact tracking system.

## Annex 1

Below is an example of the feedback gained through a pilot interview with a direct product requestor once the project had been completed. Such feedback would be beneficial to the direct team and also the organisation as a whole.

### User Feedback Interview Learning Points

**Work completed:** End of Life Care Agile Scoping Report

**User:** Idris Baker, Consultant, Swansea Bay UHB

**Date:** January 2023

#### TEAM AND PROCESS

##### Professionalism

- Very professional but not impersonal.
- Understanding that this work is about people and that they were talking to people who are passionate about it.
- Nice to work with.
- Expectation management was good – team were clear about what they couldn't do and being realistic. They weren't overconfident in things they couldn't deliver. They were clear. No over promising.

##### Listening / understanding need

- Were honest about not understanding topic.
- Good at checking they understood
- Good iterative process – constantly (not too often) checking they'd done the work right
- For the most part we didn't need to ask them to change anything but on a few occasions they did it was useful that they'd been asked if wanted any changes.
- They responded well to their wishes evolving.

##### Communication

- Really strong
- Liked setting up next meeting as opportunity to discuss updates / have a sense-check if wanted to. Usually took them up on this.
- Liked using Teams and appreciated that always checked this was ok.

##### Points to improve on:

- None

#### PRODUCT/S

## **Format**

- Format not the most important thing for us but the format it was in made it accessible.

## **Content**

- Very satisfied. With one caveat that it wasn't everything we were initially looking for but they were clear in what they could and couldn't do. The stuff that can't be done was either due to data being unavailable or because thinking hasn't been done/published on the subject, e.g. how can you do a population needs assessment beyond simple numbers? There is nothing publicly available on this.

## **Understanding**

- Some of it was new so asked a lot of questions to understand it but weren't looking for it to be easy. Team were good at answering the questions and complex stuff was made so they could understand in final report.

## **Timeliness**

- Very happy. Quicker than thought possible. Used to months to years to get this kind of work and it took weeks to months.

## **Points to improve on**

- None

## **IMPACT**

- Next steps / actionable points were clear and useful.
- Useful to know what can't be found / answered as well as what can.
- Clarity and degree of precision – excellent. Asked lots of questions to ensure they understood what was wanted.

## **Impact so far**

- Strongest impact so far was in the work being initiated because of what the product couldn't contain. The lack of available information has lead directly to an agreement with the Minister that we need another year's work as part of the quantitative data being collected and intelligence for the population needs assessment on palliative life care is now being done.
- Phase 2 report to minister was meant to be the last one but thanks to the findings (lack of information available), we have justified the request for another year's work.

## **Points to improve on**

- Make sure what couldn't be found is clear either in final report or in work presented to user in advance of this (this happened here but may not be a standard part of the process).

### **ADDITIONAL LEARNING POINTS / THINGS TO IMPROVE ON**

- The EOLC (End of Life Care) programme intersects and impacts / is impacted by all the other NHS programmes of work except for sports medicine and it's really useful to be aware of the intersection point between programmes in whatever work we're doing.
- The Outcomes Framework gave no thought to EOLC and yet 1% will die each year, approximately 75% of whom will need EOLC.
- It would be good if PHW came at this question with an enriched understanding of what EOLC is. Given that death and dying is the commonest condition in Wales it would be good if the public health world operated in the way they work with a greater awareness of this. E.g. When working with anything else, e.g. cardiovascular work, would be helpful for EOLC to be part of the foreground.
- Idris would be happy to have a conversation to help around this.