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Impact Monitoring Framework Update Report, July 2024

A report on the progress and findings of the systematic approach to monitoring the impact of Public Health Wales's knowledge and research work. This approach was approved at the Business Executive Team meeting in March 2023.

Summary

In 2023 Public Health Wales (PHW) introduced a systematic approach to monitoring the impact of its knowledge and data outputs. Knowledge and data outputs are defined as any research, evaluation, evidence, or analytical-based outputs produced across the organisation. The aim of the approach is twofold, firstly to capture user feedback on the way the outputs are currently being used and its impact, and secondly to capture further information on how the use and impact could be improved.

The proposed approach involved four different elements, ranging from an annual user survey to individual user interviews. Three of the four have been rolled out to date, with limited refinement suggested, good triangulation, and actionable insights provided:

- **Visibility:** PHW has a good reputation and in general satisfaction with PHW's data/knowledge outputs was high; However, external users already familiar with PHW's work, have suggested that more could be done to advertise PHW's added value and improve the visibility of its work through increased sharing, improvements to the website, and increased accessibility of products.
- **Impact:** External users reported some impacts, especially amongst key users, although these focused more on discussions and information sharing rather than action and plans. Users suggest that more tangible impacts could be increased through ensuring products are responsive, understandable, shorter, and shareable, and increasing the focus on how to translate the work into action, policy recommendations or improvements.
- **Engagement:** External users who have been involved in commissioning or developing work with PHW have generally found the process useful; However, improvements have been suggested around the process of user involvement, with a more structured scoping and development process, and additional engagement with the wider public health system.

Actions planned or already underway to support increased impact of our work include:

- Development of a vision for Public Health Wales as part of the Long Term Strategy.
- Initiation of website discovery work and subsequent Web Transformation Programme.
- Development of Content Design standards.
- Establishment of the PHW Publication Standards and associated working group.
- Development of a User Engagement toolkit.
- Establishment of a User Research team.

Background

The systematic approach to monitoring the impact of Public Health Wales's knowledge and data work was introduced in March 2023 to ensure consistency in measuring and enhancing impact.

The 4-tier approach to impact monitoring includes:

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

For further detail on the background and approach to monitoring impact please refer to the original [proposal document](#).

Following initial endorsement by BET and KRIC, these approaches have been rolled out for further development and testing during 2023/24. The findings for each element are summarised individually in this report. Reflections on the monitoring approach have been included alongside wider insights into the impact of PHWs knowledge outputs in general.

In addition to the proposed approach, mentions of Public Health Wales's work in Senedd debates (provided through a service commissioned by NHS Confederation) and peer-review published journal articles are summarised.

1. Annual survey

The annual survey captures stakeholder views on the accessibility, relevance, and impact of PHW's data and knowledge outputs. The survey goes out to as many external users of PHW's work as possible through a snowballing email approach, via website news posts, via social media posts, and via newsletters.

The first in-house annual survey was conducted in May 2023 and was developed from an original stakeholder survey, conducted by external user research consultants User Vision, from March 2022.

One hundred and fifty-two external respondents initiated the survey; 53% (80) completed the full survey. These included respondents from Health Boards, Local Public Health Teams, Local Policy & planning, National Policy and Planning, Third Sector, Welsh Health & Care, Academia and others.

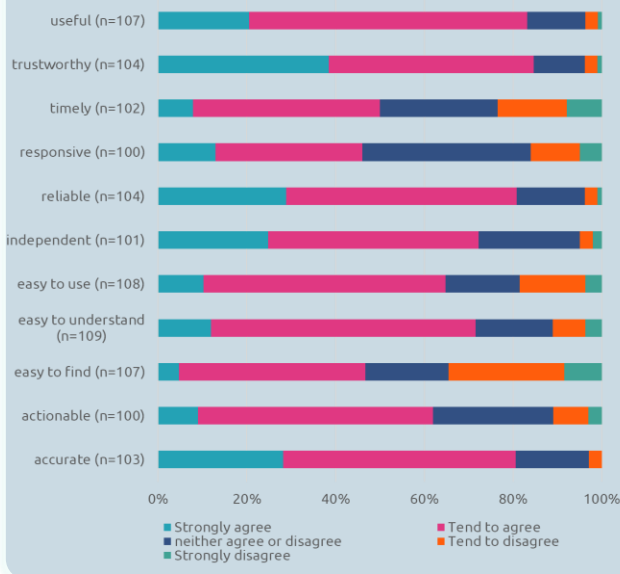
[The annual survey findings](#) have been presented at BET and disseminated across the organisation; they were well received and deemed useful by colleagues.

Key findings

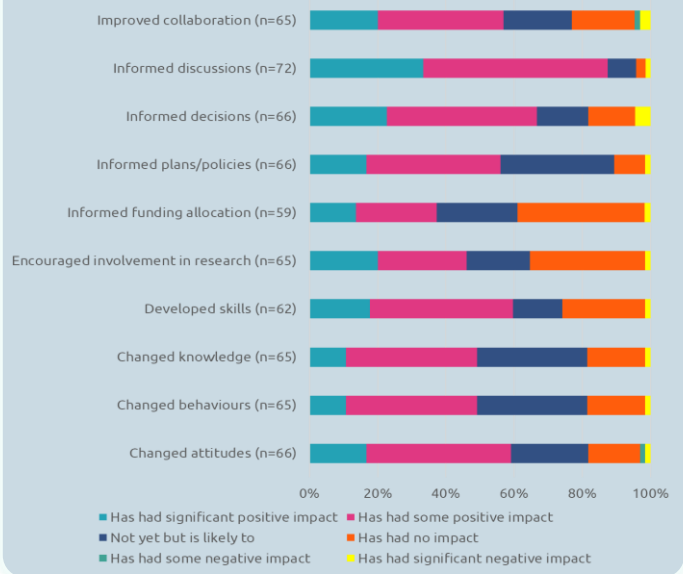
- 93% of respondents said they would use PHW data/knowledge again.
- 66% of respondents rated their experience with PHW as 7/10 or above.
- 67% of respondents reported a positive impact of PHWs work on decision making; Over 85% of respondents reported that PHW data/knowledge had some, or significant, impact on informing discussions.
- At least three quarters of respondents found PHW's data/knowledge to be useful, accurate, trustworthy, independent, easy to understand and reliable. Half or fewer found our data/knowledge to be timely, responsive, or easy to find.
- Reputationally, colleagues were seen as helpful, responsive, and showing a willingness to improve. PHWs work was seen as thorough, of good quality, well presented and reliable data.
- Over half of users were very or somewhat satisfied with all the product types, with three quarters of users satisfied with analytical and research reports, dashboards, and infographics; Summary products were considered useful by as many, if not more respondents, as the main reports (all types).



To what extent did respondents agree that Public Health Wales information products are:



Has the data/knowledge you obtained impacted your work in any of the following ways?



Specific examples of the impact of PHWs work stated in the annual survey included:

“The HEAR2 study has lead to change in the way care is delivered to sanctuary seekers.”

“Immunisation data provided foundation for immunisation uptake improvement project.”

“As a result of the available vaccination data, we are currently working on a research proposal.”

“PHW support is vital to guiding a Healthier Wales & delivering SPPC in collaboration with the ACD programme @ UHB and stakeholders.”

“The information is vital to evidence our need for services to assist those homeless individuals with additional needs such as mental health or substance or alcohol use.”

“PHW data will inform an equity report highlighting key areas where more data is required or where an intervention is needed.”

“PHW produced an evidence review for us which was included some surprises that have definitely changed the way I think about things and that I hope will change our policy”.

“At Swansea Council for Voluntary Service PHW’s short messages have been really useful for raising community awareness on the impact of the outdoors on mental wellbeing, busting vaccine myths and cancer screening. The fact the messages were from PHW means they are recognised as a reputable source to help people make informed choices.”

Findings on survey process

Distribution of the survey was through a snowballing approach with different teams passing the survey on to their stakeholders and encouraging participation. Resultantly there was limited control over which stakeholders received the survey and it was not possible to calculate the participation rate amongst the total who received the invitation.

Examination of the results appeared to show that internal responses referred mainly to the outputs of the Data Knowledge and Research Directorate, rather than more broadly across the organisation, and the main report therefore focuses on feedback from external users only.

Feedback from internal produces has included that it would have been helpful to have further team /topic/product specific feedback.

Three core questions on user experience were included as a trial ahead of their inclusion in all surveys. Response rates suggested 2 out of 3 questions were deemed not to be a good fit for the survey so these have been removed for next year and just 1 left in.

Changes to process

- Public Health Wales does not have a full centralised stakeholder distribution list, there are therefore limited alternatives to the snowballing method and the same approach is being used again this year, whilst also taking advantage of Comms new stakeholder engagement process.
- The identification of different perspectives from external and internal stakeholders last year has resulted in two separate surveys being launched for these two groups this year.
- Additional opportunities to comments on team specific work and the option to collect email addresses from those happy to provide further feedback on those areas has been added to the survey.
- General refinement, and removal, of annual survey questions following feedback from last year's survey.

2. Structured post-project interviews with product requesters

Thirty-minute post-project interviews are conducted with individuals who have worked with PHW teams to develop pieces of work. The interviews are designed to be conducted by someone outside the project team (to avoid bias) and the questions focus on the team, the work produced, and the potential impact of the work. The interviewer follows a template which has key prompts to be considered if interviewees are not forthcoming.

The interview consists of 15 open questions with stipulation that the interviewer follows fluidly, and in accordance with what the interviewee has already said, to avoid them having to repeat.

Three 30-minute interviews have been conducted via Teams to date. All individuals approached for interview were happy to take the time to share their feedback and all interviews went well with the questions being deemed fit for purpose in each case.

Interviewees to date have been from Welsh Government, Swansea Bay Health Board, and the World Health Organization. They have been interviewed on working with PHW on the following pieces of work:

- Interventions to Increase Active Travel
- Identifying and Predicting End of Life Care
- Equity within Digital Health Technology within the World Health Organisation European Region

Project specific feedback has been provided directly to the teams involved and the more transferable findings are collated below. Feedback is categorised into things to continue and things to improve according to the three sections – the team, the final product, and its impact. Any additional wider learning points are also noted.

Key Findings

Findings on PHW teams

People's experience of working with PHW staff was positive with comments on the "*professional nature*", "*expertise*" and "*enthusiasm*" of the team. Interviewees mentioned having "*ultimate confidence*" in PHW staff.

Points to continue

- A professional but not impersonal approach. Understanding that the work is about people and PHW is working with people who are passionate about their work.
- Good expectation management – being realistic and clear about what can/can't be done and the importance of highlighting what isn't available or what couldn't be included as this helps shape future work and funding as much as what is available.

- Working iteratively with regular communication of progress, processes, and slippage in a way that suits the co-producer:

“For the most part we didn’t need to ask them to change anything but on the few occasions we did it was useful that they’d asked if we wanted any changes.”

“They asked lots of questions to ensure they understood what was wanted. ”

- Having a multidisciplinary team:

“This lead to well-informed discussion and results”

Points to improve on

- Set more formal initial scoping / commissioning process to allow users to help shape work / signpost to key resources at outset and set stage gates along the way to help give direction:

“Some research papers on the subject that stakeholders consider seminal weren’t considered.”

Findings on products

Key comments on the products produced included them being *“attracted to Public Health Wales because of the super high-quality products they’ve produced”* and the *“value of key messages and policy guidance that can be easily shared”*.

Points to continue

- Products were easy to understand:

“Those bits that were difficult to understand were worked on together so more complex bits were made clearer in the final report”.

- Products were in good, accessible format.
- Products were produced in a timely manner:

“Quicker than I thought possible. They get stuff done.”

- Summaries / key messages were helpful and actionable points were easily actioned and passed on (sometimes this required some discussion and honing of initial results to refine them).
- Visual ways of looking at the quality of different evidence were good.
- Policy guidance and recommendations were clear.
- Highlighting where things are inconclusive or unavailable and helping to steer where further monitoring and evaluation is needed to get more evidence for their work.



“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, How can you do a population needs assessment beyond simple numbers? There is nothing publicly available on this “

Points to improve on

- In some cases more clarity is needed on timescales:

“This wasn’t a problem for us in this work but may be with others”

- In some cases actionable messages / next steps need to be clearer on paper and not require further discussion / clarification.

Findings on the impact:

Even in the early stages after publication, these pieces of work already had impact. One mentioned how the work *“had a huge and unanticipated positive impact”*, that it *“had resonated with a lot of people and has had incredible reach”*. Specific impacts identified include:

- Supporting further research through systematic evidence searches identifying evidence gaps:

“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 [i.e. lack of information available], we have justified the request for another year’s work.”

- Strengthening the call for evaluation work and highlighting need for stronger evidence base:

“The reality is we have money to invest and need to invest in more than findings show we have robust evidence for. So we need to strengthen evaluation and build an evidence base to continue. So much was inconclusive that it has helped steer where we need to monitor and do evaluation to get more evidence.”

“This will help focus monitoring and evaluation – setting up a hub for this within TFW for active travel and this will help shape that work.”

- Increased understanding and knowledge:

“Know a little bit but this has opened a door. Start of a long road of instruments that we need to produce.”

“It is helping people mature in understanding of the drivers of barriers to use of digital services / inequities so something can be done about it.”

“Understanding that this work is not to be looked at in a silo but in wholistic wellbeing theme.”

“Leaders are going to a US conference on equity in a months’ time with this work.”

“Work is being used as a basis to hold an event to build on these materials and trigger thinking around that event.”

“It has increased knowledge. And will continue to have strategic value for a long time.”

- Changed practice:

“Equity is given consideration during design of digital services as a result.”

“The work has triggered the public and private sector to look at the problem. We would like to influence the private sector in how they look at equity too.”

Additional learning included:

Interviewees shared other viewpoints and information during the interviews which is worthy of consideration to help further the impact of PHW’s work. They included:

- Clearer communication of PHWs purpose and value as an organisation. An interviewee summed this up as:

“Public health bodies across Europe are woefully poor at communicating their value to the system and then it’s difficult to justify why they’re there and get funding and end value. They need to project an image so it’s palatable for the public but also to lead on public debate, have solid research, and push boundaries as that’s where their value is. It’s only going to get more challenging as time goes on.”

- There was a call for further collaborative working, both within Wales and internationally on inequities; There is opportunity for PHW to be a world leader, tackling issues not covered by others.

- PHW needs to consider multiple communication channels and publish more actively:

“It was a struggle to find some of the stuff when first heard about the work at a webinar. Outward image to the world is a huge thing and the more presence you have, the better – to help PHW present itself as a thought leader.”

- Expanding evidence and data sources would be useful. There’s a lot of real world/grey data which is not in the classic scientific literature realm, but which is becoming more and more relevant regarding cutting edge technologies. PHW could be more agile with these things to see how other sources of this information could be utilised.
- The 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 useful to be aware of this intersection between programmes in whatever work we’re doing.

3. Targeted surveys of anticipated product users

The targeted [surveys](#) ask questions on a specific product and the impact they have had. The survey is intended to be answered by anticipated key users of the product. The core survey has 15 questions with the option to add a small number of product specific questions if needed and appropriate.

Key Findings

Two surveys have been completed to date with 12 due to be launched soon. 30 respondents have completed surveys on two different pieces of work:

- Child Measurement Programme (CMP) Primary Care Cluster level data 2021-2022
- Real Time Suspected Suicide Surveillance (RTSS) Deaths by Suspected Suicide 2022-2023

Both surveys show PHW's work being extremely well received by key users with most respondents on the two pieces of work stating that:

- The aims / rationales of the work were met (93% reported them as fully met, 7% partly met)
- The figures, tables and infographics are helpful (93% agree, 7% are uncertain)
- Evidence is well presented (89% agree, 11% uncertain) and easily accessible (90% agree, 7% uncertain)
- The work is understandable (97% agree), relevant (86% agree it is relevant, 10% agree it is somewhat relevant), and informative to their work (83% said it had or would inform their work)
- They have shared the work with other colleagues and organisations (79% said they had or were planning to share the work with others)

Within 4 months of the two pieces of work being released, the following impact had already been recorded by the 30 respondents:

- 5 have added the work to their scientific evidence base.
- 12 have used the work as evidence to inform policy/strategy decisions.
- 3 reported the work influencing new research / grants / income.
- 5 reported the work influencing the seeking of new collaborations / partnerships with other organisations / new networks.
- 4 reported the work supporting the improvement / creation of a product or service.
- 4 reported the work supporting the improvement / creation of organisational processes.

Examples of comments on the impact of the work received through these surveys include:

"This has been used to guide local policy and shape systems and partnerships across the region."

"Key headlines used to inform planning discussions at cluster level."

"The output is helping raise the profile of the issue in our population with stakeholders, and better intelligence in this area can help us work with partners to influence local action."

"Useful to see the effects of the pandemic."

"It informs our tactical action plan, in line with regional and national strategies, and is reflected in organisations we work with."

"This work is invaluable in informing the priorities and formation of subgroups and task groups in suicide prevention."

"This forms part of our reports and inputs to front line officers, investigators, training internally."

"The lack of ethnicity data means I have been reluctant to share this report as it doesn't report the data of interest."

"We need to see statistical data that makes sense on a very local level so that we can target and use resources which are scarce, well."

Findings on survey process

This survey was originally designed to be sent out to anticipated product users from 6-8 weeks after an output's release to 10 or so key recipients. This guideline has since been expanded both in timing and number to gather more useful findings. The survey is now being conducted any time from the 6 week point onward and is sent out to as many recipients as the output creator feels useful, especially as many teams already have established stakeholder / distribution groups.

In addition to project-specific feedback, feedback on the survey itself has also been useful. The first survey, on the CMP Primary Care Cluster work, was negatively affected by Civica (survey software) glitches which meant that data entered by recipients to 3 out of the 15 questions was lost. Looking into the cause of this glitch and ensuring it would not be repeated meant the launch of other surveys were stalled. Civica's developers have now confirmed that the glitches have been corrected so the next survey on the RTSSS Deaths by Suspected Suicide report could go ahead and 12 more are due to be launched.

One suggestion on the process that has come out of trialling it was that it would be useful to include a question on what other information, if any, would be helpful in the work.

A number of respondents were happy to share contact details to provide further feedback.

Changes to process

- Useful feedback was gleaned to support the work of the teams involved and demonstrate the impact PHWs work is having across the system. This type of feedback would be useful for other teams across the organisation.
- Teams need the potential to add bespoke questions when conducting this survey. Additional questions / tweaks to the wording of certain questions are now an option although most questions will remain uniform to facilitate consistent impact monitoring.
- From a technical perspective, before launching a survey on Civica, as well as testing to check if the survey works / flows correctly, we need to also test a report to check that the test findings being entered are captured by the system.
- Question to be added on what other information, if any, would be helpful in the work.
- Consideration being given on rewording the question about sharing contact details.
- There has been some interest from other directorates but all the current and all but one of the planned surveys are from within the Knowledge, Data and Research Directorate. This needs to be expanded. It needs to be communicated that these can be done routinely by all staff using Civica software.



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4. Continuous pop-up survey of Public Health Wales website users

User research specialists had suggested instant pop-up surveys be used on the website to gain valuable and timely information from users.

Consultation was had between the Knowledge Mobilisation team, Digital Communications Team, and Principal Service Designer in Informatics, and the following questions have been agreed for inclusion:

1. Did you find what you were looking for today? yes/no/partially
2. What were you looking for information on? (multiple options)
3. How do you plan to use this information? (multiple options)
4. Are there any more details or anything else you'd like to tell us about our work or website?

Other questions being considered are:

5. If you'd to be involved in further user testing of our work please enter your email address
6. How would you rate the information you found (0-10)?

Due to clashes with the ongoing Web Transformation project and other web surveys, the pop-up has not yet been launched.

Agreement has been made that the pop-ups will initially be used for product specific follow up so will be placed on key product pages.

5. Other Impact

In addition to the evidence of organisational impact and influence found through the approaches in the Impact Monitoring Framework, the reach and influence of PHW's work has also been assessed through its mention in Senedd conversations and journal publications.

Discussion of Public Health Wales work in Y Senedd

Welsh NHS Confederation weekly reports contain headlines of work being highlighted to members of The Senedd and mentions of PHW work during official committee and sub-committee discussion in the Senedd.

PHW work has been expressly cited in the Senedd 11 times in the past year (April 2023-March 2024), with PHW experts also involved in discussions and evidence sessions on further occasions.

Some key examples of PHW impact / influence discussed in The Senedd include:

John Griffiths recognised the scale of air pollution in Wales, with Public Health Wales describing outdoor air pollution as the greatest environmental risk to health, attributing 1,000-1,400 deaths to exposure to air pollution. Like other members, Mr Griffiths spoke of the disproportionate impact of air pollution in Wales. He welcomed PHW's reporting on air pollution and the Welsh Government's Air Quality Bill, wishing fines to be imposed for vehicle idling. He identified a need to embrace new technologies and better educate the public on air pollution and lung health.

[Plaid Cymru Debate: Respiratory Disease](#), May 17 2023

Vikki Howells said inequalities are demonstrable in Public Health Wales data on the take-up of childhood immunisation vaccinations, stating children from the most deprived quintile are less likely to be up to date with their vaccines. The minister said lessons are being learnt from the Covid-19 pandemic, with health boards developing their own vaccine equity strategy.

[Plenary discussion](#), 28 June 2023

A Public Health Wales study exploring prehabilitation interventions has identified that more research is needed to fully understand their effectiveness for improving patients' health whilst waiting for surgery. In response to concerns over long waiting times after the covid pandemic, Welsh Government asked Public Health Wales to conduct a review of existing research exploring actions patients waiting for surgery can take to maintain and improve their health whilst waiting.

[PHW Study reveals mixed evidence on prehabilitation interventions for surgical waiting lists](#), 9 May 2024.

Academic publication of Public Health Wales work

One hundred and thirty-four scientific publications, with one or more author listing an affiliation with PHW, were published between April 2023 and March 2024. 112 of these were primary research papers, with a further 11 reviews. The remaining 11 articles were a mixture of editorials, note, book chapters and conference papers.



6. Key learning points

- A need for more engagement with the wider public health system was identified to meet the system needs, avoid conflicts, and increase impact, especially in topic areas where there is simultaneously local and national level activity.
- Working with stakeholders through the development process to ensure products are clear, understandable, and shareable, and for more clarity in terms of how to translate the work into action, policy recommendations or improvements was also recommended.
- Several comments were made on the difficulty of navigating the website, outdated links, lack of dates and contacts on webpages, and generally problems finding what people are looking for.
- Respondents reported that several pieces of PHW work do not currently meet accessibility standards.
- Ensure a key point of contact is nominated who is available (i.e. not out of office / part time) and able to communicate with wider team. This doesn't have to be the most senior person.
- Requestors and identified key users reported high levels of satisfaction with our products and direct use and impacts were seen within months. PHW need to follow up and feedback to people who've worked with us on products once the product is launched / going forward so people can see the value of being involved.
- Involving external stakeholders in a formal initial scoping process, with agreed stage gates, was suggested to give direction, manage expectations and timings, and give stakeholders opportunity to signpost to key resources.
- Stakeholders valued the clarity on what products are not able to say or where conclusive directions cannot be reached, with these strengthening the call for further research and funding.
- Consider how to use real world/ non-traditional data and evidence sources in addition to scientific research.
- The impact of our work could be amplified if more granular data could be made available, e.g. users required analysis to be broken down by more localised area or more specific demographics.

7. Key remedial actions being implemented:

The following identified needs are being addressed as part of the [Publication Standards](#) work:

- Methods transparency,
- Accessibility guidance,
- Contextualisation,
- Formatting,
- Writing styles,
- Actionable messages

Other relevant activities include:

- Development of a clear vision within the PHW Long Term Strategy
- User engagement toolkit developed.
- User research team established.
- Website discovery work and Web Transformation Board developed.
- Content Design work underway.
- Technological difficulties resolved.
- Impact Monitoring intranet page to be set up.
- Post publication user feedback is going to be a directorate standard within the Knowledge, Data and Research Directorate.