

Public Health Wales

Duty of Quality Annual Report 2024-25

Contents

1. Foreword

Public Health Wales is the national public health organisation for Wales. We exist to help all people in Wales live longer, healthier lives. With our partners, we aim to increase healthy life expectancy, improve health and wellbeing, and reduce inequalities for everyone in Wales, now and for future generations.

Together, our teams work to prevent disease, protect health, and provide system leadership, specialist services and public health expertise. We are the primary source of public health information, research and innovation, to help everyone in Wales live healthier lives.

This is the second year we have pulled together our achievements and ambitions across the quality agenda. We put quality and experience at the heart of everything we do as an organisation, and this year's report highlights that ongoing commitment to quality in line with our responsibilities within the Duty of Quality.

Our diverse programmes and services have come together to present examples of their work throughout this report under each of the [domains of quality](#). We have also updated some of the work we committed to improving in last year's report.

The work we lead in Public Health Wales (PHW) reaches across many areas, and this report presents examples across all strategic priorities (as set out in the [Long-Term Strategy](#)), including mental and physical wellbeing, extending and improving access to screening, vaccination programmes, action on biodiversity, reducing carbon emissions and improving breastfeeding rates and nutrition for children. The examples within this report demonstrate the excellent progress and outcomes that have been achieved this year, but also areas where we know we still need to improve.

Our organisation's approach to quality is characterised by the appetite to continuously learn. The year ahead includes ambitious plans to reduce health inequalities, improve the mental and physical health of school age children, support families with younger children, provide information to primary care on the health of their population, and reduce rates of suspected suicide. We also continue to work to increase the uptake of vaccination, screening and support programmes for diabetes and obesity prevention.

Through our commitment to improving the nation's health, we continue to work with our communities, Welsh Government, public and private bodies, the third sector along with voluntary and community groups across a wide range of sectors, including health, housing, local authorities, police, fire and education to support a healthier Wales.

I would like to thank all our dedicated people in Public Health Wales who work hard to put our vision into action through their skills, expertise and talent. I also, of course, need to thank all our partners who are committed to working with us to help improve the health of all living in Wales.

We have promised through our Long-Term Strategy and the values and culture of our organisation that we will continue to strive to improve the quality of every aspect of our work. We hope that this report demonstrates some of the significant progress we have made over the last 12 months, and some of the plans we have ahead as we keep our focus on improvement and learning in the year

ahead. Please enjoy it and provide us some feedback on what you read here, so that every year it becomes more helpful.

Claire Birchall

Executive Director of Nursing, Quality and Integrated Governance

2. How to read this report

This Annual Quality Report is laid out following the structure of the 12 Health and Care Quality Standards (see section 5 – ‘The 12 Health and Care Quality Standards’ for further information on the standards), under the Duty of Quality.

Within each Health and Care Quality Standard we have presented case studies to demonstrate our achievements and ambitions. The case studies provide information concisely and effectively by following a simple and clear format of:

- Background – relevant information that provides context for the situation
- The situation – a brief statement that immediately describes the core situation
- We did – what we did to meet the need and make improvements
- What next – what we are planning to do over the next year

3. Introduction

This is our second Annual Quality report and is one way how we demonstrate we are fulfilling our obligations to meet the Duty of Quality. We spent 2024-25 embedding the systems already in place in order to improve the quality of our services, bringing quality to life within our organisation, so that everyone understands the part that they play in delivering quality public services

We remain committed to improvement to ‘make a difference’, whether that be through improving the quality of our patient facing services in Screening, Health Protection, Microbiology, and Help Me Quit Smoking Cessation or through our health improvement programmes, research, staff development and the work we do on policy and internationally.

Last year’s report identified areas that we needed to ‘do better’ and these have directed our improvement activities throughout the year, along with the operational plan objectives. This has also enabled us to track our maturity as an organisation and support us in where we want to be by next year.

We have brought key leaders together through our Quality Oversight Group to share the work they are doing across the Quality Standards so that we can evidence our improvement journey and those areas that need more of our time; focus and energy. A collaborative approach has been central to the development of this report, and this is reflected through the breadth of examples highlighted.

4. Duty of Quality: Central to delivering our Strategy

The Duty of Quality means that PHW has a legal responsibility to work to try and continuously improve the standard of our services.

PHW use the Duty of Quality to drive the key objectives in its strategy ([PHW Working Together for a Healthier Wales](#)):

- Influencing wider determinants of health
- Promoting mental and social well being
- Promoting healthy behaviours
- Delivering excellent public health services
- Supporting a sustainable health and care system
- Tackling public health effects of climate change

5. The 12 Health and Care Quality Standards

We are guided by the 12 Health and Care Quality Standards, under the Duty of Quality. They focus our work and are central to how we plan, make decisions, deliver and evaluate the work we do and the services we provide to our population. There are six domains of quality and six enabling standards that support us to embed quality into our organisation.

Domains of quality:

- Safe
- Timely
- Effective
- Efficient
- Equitable
- Person Centred.

Enabling Standards:

- Leadership
- Workforce
- Culture
- Information
- Learning, improvement and research
- Whole systems approach.



Safe

Our services should be high quality and reliable, avoiding preventable harm, maximising the things that go right and learning from when they go wrong to prevent them occurring again.

➤ **Safeguarding**

Background

In PHW we have several responsibilities within Safeguarding. Safeguarding means protecting a person's health, wellbeing and human rights; enabling them to live free from harm, abuse and neglect.

We are responsible for systems and processes in place to ensure that those we work with and for are protected from avoidable harm, abuse and neglect. Secondly, we lead the National Safeguarding Service (NSS) which has a national improvement role across Wales to progress the safeguarding agenda and the effectiveness of safeguarding practice.

We did

- In March 2024, the Chief Nursing Officer for Wales commissioned a review of Strengthening Safeguarding in Health. The findings of the review make recommendations for transforming and strengthening safeguarding practice across NHS Wales. PHW contributed significantly to this work and will lead a number of key improvement actions from the recommendations.
- The NSS facilitated three multi-agency learning events, focused on exploring recurrent themes in safeguarding case reviews. Combining learning and quality improvement, we delivered sessions using academic research, policy and practice development, service user experience presentations and scenarios to simulate real life cases. Our delegates were from a variety of sectors and the feedback was overwhelmingly positive showing these events provide real learning opportunities.

What next

- During 2025-26, we will be implementing one of the main recommendations of the Strengthening Safeguarding in Health Review report around how we meaningfully measure and identify safeguarding outcomes.
- Further training materials will be developed to share, spread and embed the learning from the multi-agency learning events.

➤ **Managing Our Risks**

Background

Risk is the chance or likelihood that something may cause harm. In healthcare and in the public sector we have a responsibility to carefully assess, mitigate and manage risk and evidence this to provide assurance to our Board and our public.

In 2024-25, we continued to focus on taking risk reduction approaches throughout the organisation to improve the quality and safety of our services for our population.

We did

- We introduced more advanced risk management training targeted at colleagues with responsibility for managing risks.

What next

We will continue to mature our risk management framework, and this will be supported by our revised risk appetite framework which was approved by the Public Health Wales Board in July 2025. A revised risk management approach to support the successful delivery of the Public Health Wales' Strategy will be finalised in 2025-26.

➤ **Rejected samples**

Background

The Public Health Wales' Laboratory Microbiology Diagnostics Network receives around 1.9 million samples each year. Unfortunately, approximately 5% (90,000/year) of these are rejected and not processed for a variety of reasons:

- there may be insufficient information to reliably identify the patient
- there may be insufficient clinical information to ensure that samples are correctly processed with appropriate safety procedures
- the incorrect sample may be submitted
- the sample may be too old for processing when it arrives at the laboratory
- the sample may have suffered physical damage; leaking samples can be contaminated but also pose a risk to portering and laboratory staff.

Dealing with large numbers of rejected samples requires a significant resource in the laboratories, but the rejection of these samples also has a patient and wider service impact.

We did

- Our Cardiff and Swansea services have run communication campaigns with users to highlight the required information, appropriate samples, and appropriate timings for samples. In both areas there has been improvement in rejection rates.
- We have undertaken targeted work with nursing staff who take wound swabs to improve the quality of sampling; this has led to a sustained reduction in wound swab rejection rates.

What next

- We will be working with behaviour-change colleagues to develop and roll-out strategies to reduce inappropriate sample submission and rejection rates.

➤ **Putting Things Right**

Background

The "Putting Things Right" (PTR) 2011 legislation governs how we manage concerns within the NHS. The term 'concern' collectively refers to incidents, claims, redress, complaints, and compliments. An incident is any unintended or unexpected event which could have, or did lead to harm to people who access our services, visitors, the public and employees of Public Health Wales.

The situation

All NHS organisations are required to investigate, act and close any concern within 30 working days. A National Reportable Incident (NRI) is an incident which has caused or contributed to unexpected harm or severe harm for one or more patients, staff or members of the public. We are also required to provide urgent notifications to Welsh Government for any patient safety matters or potential areas of interest; these are called Early Warning Notifications.

We did

During 2024-25, we delivered an improvement in the rate at which incidents are investigated and closed. This means we were able to provide timely investigation and learning to those who raised the issue.

Number reported	2023-24	2024-25
Incidents (%) closed within 30 working days	61%	65%
Nationally reported Incidents (NRI)	2	3
Early Warning reports submitted to Welsh Government	1	6

During 2024-25, we improved the time it took to investigate and close concerns by 4% compared to the previous year. This improvement is seen within the context of an increased volume of reporting from 1,842 incidents in 2023-24 to 2,160 in 2024-25.

In 2024-25 we received more patient safety incidents that met the criteria for national reporting. Whilst there were no identified themes, these incidents required comprehensive investigation with any learning shared.

Keeping our Population Safe

One of our key organisational functions is to generate comprehensive and accurate health data, information and evidence, to understand any emerging health trends. We play an important role in presenting this data for the health, community and other public sector organisations who use this in order to plan and respond to changes in the data.

➤ **Suicide surveillance**

Background

All suspected suicides are reported to the coroner so that they can be formally recognised. The coronial process can take time and our suicide surveillance team work using real time data to identify trends that could help work towards suicide prevention.

The situation

PHW host the Real Time Suspected Suicide Surveillance (RTSS) which compiles information from police forces across Wales. We then analyse the data to identify patterns and trends of suspected suicide deaths and to support suicide prevention initiatives.

We did

The second [RTSS report](#) (on deaths occurring April 2023-March 2024) was published in December 2024. Data relating to unemployment was identified as a key area to investigate in more detail.

We also produced maps of where people live to be able to provide information of areas of concern to key community groups and public services.

We welcomed user engagement with a widely circulated feedback survey following the second RTSSS annual report and identified user needs with a number of stakeholders prior to the publication of the third annual report to determine the value of the data. Feedback was disseminated and incorporated into the planning of the next annual report.

We shared potential patterns and trends which emerged from the real time surveillance with national, regional and local suicide and self-harm prevention leads, which in turn fed into the strategic objectives for suicide and self-harm prevention for Wales. This enables earlier intervention by providing timely intelligence, informs targeted prevention activity at both local and national levels, supporting evidence-based decision-making and strengthens multi-agency collaboration by giving partners a shared, up-to-date view of suspected suicide patterns.

What next

This central national repository for deaths by suspected suicide in Wales is an important resource to support suicide prevention initiatives. Discussions have started on work to analyse and better understand the unemployment data, due to the high rate of suspected suicide in people who were reported to be unemployed.

We will also continue to discuss the data needs of key partners, such as national, regional and local suicide and self-harm prevention leads and exploring the use of additional data sources (for example, hospital deaths) to better understand patterns of suspected suicide in Wales and provide comprehensive intelligence to support preventative action.

Timely

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

Pathways to access tests and services

- **New-born Blood Spot Screening**

Background

In the 2023-24, we reported on improvements we undertook in our new-born blood spot screening service. New-born blood spot screening is a test that is done to see if a baby has any rare or serious health conditions so that early treatment can be started. For some conditions, delaying treatment by a few days can make a difference to whether a baby remains well or becomes seriously ill. Ideally the test is offered within the first week of life.

We have a 'fail-safe' safety netting system in place to ensure that no new-born baby is missed. This key safety feature helps us to identify any eligible babies for whom no sample has been received in the laboratory by a certain time, which then triggers healthcare staff to follow up and request a new sample.

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

The situation

In October 2023, we reduced the trigger date for our sample safety netting process to 12 days after the birth of the baby.

We did

In 2024-25, we further reduced the trigger date to 11 days, which was made possible by making changes within the New-born Screening Administration team, including introducing new working practices which released staff capacity to deal with increased volumes of testing.

What next

We will continue to monitor this change with the aim of reducing the trigger date to 10 days to align with the guidelines in England. Based on current projections for screening expansion, it is anticipated that we could implement a day 10 trigger by the end of December 2025. We also plan to implement Hereditary Tyrosinemia Type 1 screening for a very rare genetic condition which prevents the body from breaking down a substance called tyrosine found in food.

- **Introducing rapid testing in Microbiology**

Background

Our Infection Services operate laboratories which test samples of body tissue, blood and other substances to identify infection.

The situation

In last year's report, we shared some improvement work we had undertaken to decrease the time it takes to process some of these tests and provide the results. Any delay in providing results means that it takes longer for patients to be started on the most appropriate treatment. This is particularly important with bugs that are highly infectious like Norovirus which can spread quickly across hospitals.

In 2023-2024 we told you how we had worked on more rapid testing opportunities and taken this work forward during 2024-2025.

We did

We continued to support Health Boards by expanding access and availability of rapid testing for infections, including Norovirus, Clostridium difficile and MRSA. This helped nursing staff to better care for patients in ways that reduce outbreaks amongst patients and prevented delays in admissions and discharge. We undertook 10,281 rapid tests in 2024-2025 for these types of infections.

In addition, we have successfully piloted rapid bone joint infection testing to help diagnose septic arthritis and artificial joint infections. This will allow us to identify potential causes of the infection and choose the best antibiotics to use to treat the infection. 710 of these tests were conducted in 2024-2025.

What next

We will continue to pilot and potentially expand rapid diagnostics tools to aid patient care including for Meningoencephalitis and Pneumonia. This will significantly impact our clinicians' ability to provide a timelier, effective diagnosis and treatment.

- **Waiting Times for our Services – Breast Screening**

Background

We deliver NHS breast screening across Wales. The screening tests look for breast cancer before any symptoms show which can improve the chance of survival and minimise treatment needed. Every three years, women living in Wales aged 50 to 70 are invited for mammograms, which are x-rays of the breast.

The situation

The impact of the pandemic meant that the PHW Breast Screening Programme had to be temporarily paused in line with national guidance to suspend non-urgent outpatient appointments.

The standard for breast screening appointments is that '90% of participants are offered an appointment within 36 months of their previous appointment'. As a result of the programme being paused during the pandemic, the average wait for an appointment was 44 months by April 2023.

During 2023-24, the screening service worked hard to recover the impact of the pandemic on screening waiting times.

We did

The breast screening programme successfully cleared the backlog of delayed appointments, to meet the standard, by July 2024 by increasing the number of participants being screened.

We have also improved the way we measure, and track waiting times and developed clearer reporting of this to our Board.

What next

We know there is more to do to reduce delays in other parts of the breast screening pathway, where women are waiting longer than we would want. The Breast Screening Programme will continue to further reduce waiting time in the breast screening pathway through the following initiatives:

Workforce Expansion and Support

- Recruiting and training more radiographers, radiologists, and support staff where staff shortages are impacting on the delivery of services.
- Improving retention of our existing staff through better working conditions, incentives and career progression.

Optimised Scheduling and Capacity Use

- Extending screening hours (eg: evenings/weekends) to maximise existing infrastructure where our current resource allows.
- Using our data to adjust appointment availability across regions and maximise appointment capacity which will improve overall waiting times and reduce disparity.

Digital and IT Improvement

- Upgrading our imaging systems which will streamline reporting and assessment timelines.

- Rolling out digital image sharing and evaluating Artificial Intelligence (AI) tools to speed up diagnosis and reduce bottlenecks.

Public Awareness and Participation

- Focused programme communications on further promotion in the uptake of breast screening.
- Providing clearer, culturally appropriate communication about the screening process, which meets everybody's needs.

Monitoring and Continuous Improvement

- Regularly auditing the quality of our breast screening pathways and patient outcomes.
- Continuing to improve our performance and delivery data.

Quality Review

- Undertaking a programme-wide review of the end-to-end pathway to identify further opportunities to improve quality, focussing on the Duty of Quality.

➤ **The First 1000 Days - Supporting Younger Families in Wales**

Background

The first thousand days of a child's life is a fantastic opportunity to lay the foundations for a healthy and happy life, and it is important that we take actions to support families in the best possible way. Pregnancy and the first years of life are the foundation for a happier and healthier future. A good start in life informs how children feel about themselves and those around them and builds the blocks for how they will cope as they grow. As well as love, care and attention from the most important people in their lives, babies need good nutrition, play and communication to build their brains and bodies.

The situation

It is clear that there are many challenges in establishing strong foundations to reduce inequalities in Wales, with research showing that more than one in four children in Wales are living in poverty. Stressful family circumstances make it harder for parents to give their babies the best start in life. Children eligible for free school meals are less likely to be at the expected level of development when they start school than those that are not¹. When babies do not start with a solid foundation it is harder for them to catch up later, and as a result they often fall behind their peers, needing more support further down the road.

We did

¹ [academic-achievement-of-pupils-in-foundation-phase-baseline-assessment-and-at-key-stage-3-2022.ods](#)

A report from the PHW First 1000 Days Programme identified six priority areas for action and said that making small changes to the way that things are done in these areas can deliver a huge difference to families across Wales.

The report further says that creating the conditions for all families to flourish – like safe homes, fair work and income, accessible transport and built and natural environments which are family friendly - acts as the foundations of a society that enables all children to have the best start in life.

The research also shows that investment in early year’s interventions pays dividends, with every pound spent on helping families and children in the first thousand days of life delivering a return of between £1.30 and £16.80 in long term savings and benefits to the economy. For example, making investments in training early year’s practitioners in areas such as speech and language development, can make a huge impact on children’s communication outcomes – for a much more modest financial outlay.

What next

The First 1000 Days Programme held a series of workshops and consultations in 2024-25 to help develop a shared understanding of ‘what good looks like’ and what needs to be in place to achieve that. Both the ‘Best Start in Life: An Early Years Framework for Action’ and ‘Best Start in Life: An Early Years Framework for Action and a Report on [‘Parental Insights’](#) were published in 2025. The findings from these reports will be used to develop actions to support and implement improvements.

Effective

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

Research and quality improvement to our services

We undertake research and quality improvement in healthcare so that we can continuously explore and understand better ways of delivering our work and our services. This helps us to test, evaluate and embed new ways of working to improve quality, effectiveness, safety and efficiency as well as outcomes.

➤ Bowel Screening Age Lowered to 50 in Wales

Background

More than 9 in 10 people diagnosed at the earliest stage of bowel cancer survive five years or more, compared to just 1 in 10 when diagnosed at the most advanced stage. Early detection is key in fighting bowel cancer, and screening can identify signs before symptoms even appear.

In response to the UK National Screening Committee (UKNSC) recommendation on bowel cancer screening (August 2018), Bowel Screening Wales (BSW) implemented the rollout of the Faecal Immunochemical Test (FIT) as the primary screening test across Wales in September 2019 and developed a plan to ‘optimise’ the screening programme in Wales. This Plan involved a four-stage age expansion to include those aged 50-59.

The situation

Those registered with a GP will automatically receive a free bowel screening test kit every two years. People aged 51-74 are already eligible for the programme. From 9 October 2024, people aged 50 in Wales became eligible for bowel screening through the NHS

Expanding screening to younger people is expected to help detect bowel cancer at an earlier stage, increasing the likelihood of successful treatment.

This simple, easy-to-use test can significantly improve survival rates by detecting cancer early, when it is more treatable.

We did

Annual participation rates for bowel cancer screening have consistently remained above 60% each year since 2021 (62% currently).

As a result of the four-year age expansion the annual number of screen-detected cancers has increased from 211 in 2020-21 to 375 (May 2024-April 2025), 219 of which were detected between October 2024 and April 2025.

What next

BSW currently invites approximately 515,000 people aged between 50-74 for screening annually, which is an increase from 224,000 invited during 2020-21.

This means an increased number of people will need further investigation through colonoscopy. The increased demand has put pressure on health board colonoscopy waiting times, and we will work in partnership with health boards to bring these waiting times down.

➤ Diabetes Prevention – Tackling Diabetes Together

Background

Diabetes is a condition which impacts on a person's ability to safely control their blood glucose (sugar) levels. Over time, the condition can have significant impact on people's health. Diabetes can affect eyesight, circulation, cause nerve damage, cause heart and kidney disease and lead to long-term disability and earlier death. Last year we told you about work we had commenced to try and tackle the worrying rise in the number of people who are being diagnosed and living with diabetes and its complications.

We shared analysis by Public Health Wales which shows that 1 in 11 adults in Wales could be living with diabetes by 2035, with factors like a person's ethnicity, where they live and their income, all increasing the likelihood of them developing type 2 diabetes.

The situation

The Tackling Diabetes Together Programme has been developed by Public Health Wales and NHS partners across Wales. Putting the people of Wales at its centre, the Programme has adopted an

approach that aims to tackle inequalities in communities that make people more likely to develop diabetes or struggle to manage the condition.

The Programme is delivered locally by a dedicated team of trained healthcare support workers and dietitians. People who attend the Programme are offered a range of support options including help to make dietary changes to maintain a healthy weight and guidance on how to become more physically active. The Programme developed a toolkit to help services across Wales identify the communities that may be at a higher risk of developing diabetes or may struggle to access the support they need to stop their condition getting worse. This supports local teams to use the toolkit to prevent and minimise the impact of type 2 diabetes in Wales.

We did

Two years on from the launch of the Tackling Diabetes Together Programme in June 2022, it has supported more than 9,000 people to reduce their risk of developing Type 2 diabetes and is now being delivered in 35 out of 60 primary care areas in Wales. Service users have told us they value the support the consultations provide. However, we want to ensure that all eligible people in Wales can access and get involved with the programme to improve outcomes and reduce inequalities in the prevention of type 2 diabetes.

During 2024-25, the Tackling Diabetes Together Programme made progress towards the aim of having more people living well with diabetes (types 1 and 2) through a reduction in amputations and other key outcomes by the end of 2028-29.

During the year our work has included:

- securing access for people with diabetes to an app they can use called 'MyDesmond' which helps them to better manage their condition
- developing information for health and social care staff on diabetes prevention and self-management, so they can better support people with diabetes
- funding an Engagement Officer to support people living with diabetes and their carers to help them understand how to access relevant services and improve their own health
- establishing a diabetes community support programme including videos on user experience
- identifying gaps in the data available for monitoring patient outcomes and aiming to improve that.

What next

Several pieces of work were already in progress and will continue into 2025-26. These include:

- a project to address health outcomes inequalities by understanding the barriers faced by people with diabetes in using digital tools to improve their health
- reviewing the evidence to better understand the factors which help people engage with, or make people disengage with, hospital services
- identifying diabetes care procedures which have the best value for money to assist health boards use their budgets well.

- **Preventing the Spread of Disease – Measles, Mumps and Rubella (MMR) Vaccine**

Background

Vaccination and immunisation are important ways of protecting people from infectious diseases. The MMR vaccine protects against measles, mumps and rubella, the complications caused by these diseases, and the spread of these diseases within the community. The number of measles' cases started increasing on a global scale once the pandemic restrictions started to ease, with the potential for measles to also spread within Wales.

The situation

Through data we had collected, we were able to prioritise work with GPs, schools and community services, to improve the uptake of the vaccine in communities where we could see the uptake of the MMR vaccine was poor.

We continued to undertake actions and learning from the measles outbreak in Cardiff in 2023 and made preparations to support the NHS to be ready to respond should a significant measles outbreak occur. This included ongoing action to improve vaccination uptake among school-aged children and healthcare workers, as we knew these were the areas where transmission was most likely to occur.

We did

We continued to work on the 'catch-up' campaign for MMR vaccinations in schools. This campaign resulted in delivering 1,500 and 1,000 first doses to primary school and secondary school aged children in Wales during 2024-25. Furthermore, over 2,000 and 1,000 second doses were delivered to primary school and secondary school aged children in Wales. This was a significant improvement in MMR uptake on previous years. We also identified the areas and age groups where under-vaccination could result in large outbreaks, to support the targeting of the next phase of activity.

What next

We will continue to provide health boards with data and support them to understand the risk in their local areas. We will also provide advice on how they can reduce the risk of measles' outbreaks through targeted action, as well as tracking the uptake of vaccinations.

➤ Preventing the Spread of Disease – Respiratory Syncytial Virus (RSV) Vaccine

Background

Respiratory Syncytial Virus (RSV) is a contagious virus that circulates in autumn and early winter, infecting most children within the first two years of their life and frequently re-infecting older children and adults. RSV causes between 400-600 deaths in older adults and over 1,000 hospital admissions in young babies in Wales every year.

The situation

For most people, RSV infection causes a mild lower respiratory illness with cold-like symptoms, but babies under one year and the elderly are at greatest risk of a more severe infection which could lead to hospitalisation. There is now a safe and effective vaccine which offers excellent protection, easing pressure on NHS Wales primary care services during the busy winter months.

The Joint Committee on Vaccinations and Immunisations (JCVI) recommended that a Vaccination Programme be rolled out in the UK, and that advice was accepted by Welsh Government. The programme is for adults aged 75 and for mothers-to-be in pregnancy from 28 weeks to term for

protection of their baby when born. All those eligible either receive an invite directly or can be informed how to get vaccinated by their midwife during antenatal clinics.

Public Health Wales recently undertook a 'Time to Talk' Public Health survey of over 1,000 adults in Wales and found that nearly 60% said they had not heard of RSV, meaning that the majority of people are not aware of the risk posed to babies and older adults.

We did

The new RSV Vaccination Programme launched in September 2024. We supported the roll-out of this programme across Wales, through the provision of training and specialist advice to health professionals delivering the vaccination service.

We also developed public information resources and delivered a public awareness campaign to increase awareness of the new vaccine. Based on evidence and learning from the pandemic, PHW set up a new surveillance programme for vaccine uptake, measuring the effectiveness of this new programme.

The RSV vaccine is now the fourth vaccination offered in pregnancy, along with whooping cough, flu and COVID 19. Offered at different stages of pregnancy, the vaccines offer excellent protection from serious illness both for the mother and the baby.

What next

Since September 2024, over 75,000 RSV vaccinations have been administered in Wales. Uptake in pregnant women and those aged between 75-79 years old are approximately 40%. Evidence from across the UK has shown that an increased uptake will substantially reduce the number of people admitted to hospital in the autumn and winter as a result of this infection.

In order to maximise the benefit from the RSV vaccination, it is essential that work continues to improve the quality of the RSV programme including increasing the awareness of the infection and uptake of the RSV vaccine before the next RSV season in autumn 2025. We will continue to work with local health boards to make sure that those from disadvantaged communities are able to access the vaccine.

Efficient

We will make the most effective use of our resources, ensuring we build capacity and capability across the organisation to achieve best value healthcare in an efficient way. We will only do what is needed to gain the most benefit, ensuring services represent the best value for money that will improve outcomes for those we work with and for, in a sustainable way, avoiding waste.

- **Value for money for the population**

Background

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

The situation

In Public Health Wales, we look at the most efficient ways to implement change, programmes and services to deliver the best outcomes; this is called a 'value-based approach'.

We did

Public Health Wales has continued to develop its value-based approach through 2024-25 focusing on maximising population health outcomes from our resources. Key projects include:

- further development of the Social Value Toolkit including engagement sessions with organisations to show them how to use it to make value-based decisions
- implemented the final stage of lowering the age for bowel cancer screening and improving the accuracy of the Faecal Immunochemical Test (FIT)
- submitted a proposal to Welsh Government on the establishment of a Lung Cancer Screening Programme. This Programme aims to target the population segment most at risk of lung cancer for screening and early detection for early diagnosis and treatment to improve lung cancer health outcomes
- undertook the "Time to Talk" public survey in November 2024 with 1,780 responses providing significant health intelligence on our population's views and experiences of their own health to inform value-based decisions on public health
- developed and published the '[Investing in a Healthier Wales; Prioritising Prevention](#)' report which demonstrated the importance of investing in prevention to help people live longer, healthier lives.

What next

In 2025-26 we plan to continue to develop our value-based approach to public health. Key to this will be the development of our Value Proposition for Public Health Wales.

The Value Proposition will describe how we will measure, report and embed value into our strategic and day-to-day decision-making, to ensure we maximise public health outcomes delivered from our resources.

Whilst developing our Value Proposition we will continue to promote and progress the prevention agenda across NHS Wales to maximise the value of both Public Health Wales' services and wider system prevention approaches.

➤ Cell free DNA testing

Background

Haemolytic Disease of the Foetus and New-born (HDFN) – also known as Rhesus disease - is a condition that can occur when a mother has RhD negative blood and the baby in her womb has RhD positive blood. It can cause serious consequences but is rare because women with RhD negative blood are offered injections of a medication called anti-D immunoglobulin. Anti-D immunoglobulin

is given to RhD-negative women to prevent Rhesus disease in their future pregnancies to prevent HDFN and serious complications in the baby.

The situation

Until now, all pregnant women with a RhD negative blood group (previously called Rhesus negative) were offered the anti-D injection. The injection is offered routinely at 28 weeks of pregnancy and if needed, when there is any possibility of mother and baby's bloods being mixed. There is a high uptake of the offer of this injection, which is a blood product.

We did

The introduction of a simple blood test into the screening pathway was offered to all RhD negative women who do not have maternal antibodies (called cffDNA test). This blood test is offered at around the 16th week of pregnancy and can accurately predict the blood type of a baby. This means that the anti-D injection can be accurately targeted to only those women who need it – those whose baby has RhD positive blood type. It also means that maternity services can reduce unnecessary use of this treatment in pregnant women, as well as ensuring that supplies of anti-D immunoglobulin are conserved for those who need it.

What next

At the time of introduction, it was estimated that around 2,000 fewer women in Wales would need anti-D injections during their pregnancy, thanks to the new test rolled out by Antenatal Screening Wales.

By April 2025, cffDNA tests were being accepted by most women who needed it. Further work will be undertaken to understand the experiences of women being offered the blood test and the impact on the volume of anti D immunoglobulin being used with pregnant women across Wales.

➤ **Supporting the wellbeing and health economy in Wales – focus on public and social value**

Background

Wales is facing unprecedented public health challenges from a population growing older with multiple health problems; young people struggling with their mental health, people feeling excluded either due to social or financial disadvantage, the increasing impacts on health due to climate change and the growing cost of living. All this combines to widen the inequality gap and puts real pressure on public systems, such as social security (eg: pension, social benefits) and the health service.

The situation

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

We did

We have continued to develop knowledge and resources to support colleagues in public health and finance across health boards and trusts in Wales to prioritise and shift budgets towards prevention, including:

- publicising Wales' approach to developing a wellbeing economy
- setting out the evidence for public health interventions in areas such as mental health, physical activity and nutrition
- demonstrating how NHS Wales is an important part of the economy of Wales, for example, in buying goods and services and providing jobs.

We have also continued to engage with key partners within Wales and internationally on developing wellbeing economy approaches.

- We were a partner in Wales' first 'Wellbeing Economy Festival of Ideas' in November 2024. As part of this we ran a 'Health in the Wellbeing Economy' workshop which explored the benefits of a wellbeing economy for a healthy population, and the role of the health sector in building a wellbeing economy.
- As part of the World Health Organisation (WHO) European Wellbeing Economy Initiative, a key stakeholder discussion group was organised by WHO, Public Health Wales and the Welsh Government, which was held in Cardiff. This discussion group hosted health leaders from Iceland, Finland and Scotland to develop solutions on (i) investing in prevention and health equity, and (ii) the relationship between ill-health and economic inactivity.

What next

Public Health Wales will continue to work closely with WHO, the Welsh Government and key stakeholders and partners across Wales to bring in international learning, share best practices, use evidence, and access people and resources across sectors and countries to help identify sustainable solutions. We will focus on developing practical support and building capacity in relation to the use of health economics and social (public) value approaches, embedding them into decision-making and funding prioritisation across policies and sectors to facilitate early prevention, healthier communities, and a fairer society in Wales and beyond.

- **Reducing carbon emissions from microbiology laboratories**

Background

Microbiology laboratories have increasingly relied on single-use plastic items due to evolving work practices, material availability, and stringent health and safety standards. In 2014 alone, research laboratories worldwide generated a staggering 5.5 million tonnes of plastic waste, much of which goes unrecycled due to contamination risks.

The COVID-19 pandemic also exacerbated this issue, leading to a significant surge in single-use plastics and personal protective equipment, thereby increasing emissions and waste within laboratory settings.

The situation

With funding from the Welsh Government's Health and Social Care Climate Emergency Fund, PHW joined forces with external partners, including Revolution-ZERO, the Waste and Resources Action Programme (WRAP), and Eonomia, to examine this pressing challenge. While the Reducing Carbon Emissions from Microbiology Laboratories project primarily focused on PHW laboratories, its findings and solutions hold promise for sharing across the healthcare and science sectors.

We did

The Project identified the top 16 single-use plastic materials and the highest carbon impact items used in microbiology laboratories. A number of actions were identified where changes could be made to reduce carbon emissions. These actions included:

- establishing a Sustainable Laboratory Group
- adoption of biodegradable alternatives
- reducing paper usage
- focusing on the highest carbon impact single-use plastic items
- engaging with potential suppliers of sustainable products and services.

Additionally, 'life cycle' assessments conducted as part of the Project identified potential significant emission savings from various scenarios, including recycling boxes, and reducing sample bags and packaging.

What next

Moving away from single-use plastics presents significant challenges. However, the enthusiasm and commitment demonstrated by microbiology staff emphasises our determination to continue to champion sustainability.

This Project is an excellent example of a proactive approach to reducing environmental impact and advancing sustainable practices in supporting our commitment to environmental sustainability. It also highlights that small-scale actions can mitigate our collective impact on climate change. We will continue to focus on further improvements in this area.

Equitable

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

- **Optimising the role of school food in promoting nutrition and reducing health inequalities**

Background

Wales is in a strong position to build on the great work already underway to improve school food and its contribution to children's health and wellbeing. Public Health Wales plays a vital role in supporting this work through evidence, evaluation, and partnership working. With continued collaboration and a shared commitment, school food in Wales can be a driver for long-term health, environmental and economic benefits.

The situation

The roll-out of universal free school meals in primary schools, the review of the Healthy Eating in Schools Regulations, alongside the ambitions of the Wellbeing of Future Generations Act, presents a timely opportunity to realise the full potential of school food on children and young people. This includes not only improving health outcomes but also supporting a more sustainable food system and contributing to the Welsh economy through the production and supply of food and the creation of jobs.

We did

This year, Public Health Wales launched a focused workstream called ‘Working Together for a Healthier School Food Environment’. As part of this workstream, we strengthened partnerships across the school food system, building credibility and engaging key stakeholders to better understand current practice, highlighting opportunities for improvement, and identifying areas for change at both policy and practice levels.

What next

As Wales continues to explore the full potential of school food to support children’s health and wellbeing, collaboration across sectors remains essential. In the year ahead, our work will continue to support Welsh Government in the review of the ‘Healthy Eating in Schools (Wales) Regulations’ and help all organisations to prepare for effective implementation.

We will also review progress to ensure changes are achieving their intended outcomes. Looking ahead, we will also focus on supporting improvements in secondary school food environments—helping policy makers understand the actions needed to strengthen nutrition and reduce health inequalities for learners of all ages.

➤ Improving rates of breastfeeding in Wales and reducing health inequalities

Background

Currently in Wales, too many children are starting school above a healthy weight, indicating we are not doing enough to support families to meet national dietary recommendations. There are opportunities to promote healthier early childhood nutrition by shifting society’s views toward breastfeeding as the preferred feeding method while ensuring informed and supportive choices for parents. Additionally, increasing access to affordable, nutritious options and educating parents on responsive feeding can foster healthier dietary habits.

The situation

National breastfeeding statistics show some progress has been made helping women to start and continue breastfeeding but inequalities persist across regions and different communities. Wales has some of the lowest breastfeeding rates in Europe. In 2023 only 29% of Welsh babies received any breastmilk at 6 months compared to 33% in England, 43% in Scotland and 71% in Finland.

We did

This year, we made progress in working across organisations to improve early childhood nutrition in Wales. We developed evidence-based recommendations for Welsh Government to improve

nutrition in the first 1,000 days of life, informed by a review of the All-Wales Breastfeeding Action Plan.

We presented a proposal for infant feeding to the UK Chief Nursing Officers' Forum, securing a Four Nations commitment to adopt consistent definitions around infant feeding where possible. Work has now begun to implement this in Wales. We hosted our annual 'Bright Spots' event to showcase and celebrate best practice and successfully led a collaborative bid, with key partners, to the Child Poverty – Innovation and Supporting Communities Grant. The funded project, 'Empowering Communities', aims to improve breastfeeding rates in socially deprived areas.

What next

While progress has been made, there is still work to be done to improve breastfeeding rates. In the coming year, we will continue to build on the work to date with a focus on strengthening our efforts to create supportive environments that protect and promote children's right to nutrition. We have submitted a bid for funding to Welsh Government to take forward the next steps of the Infant Feeding Plan.

➤ **Biodiversity action plan**

Background

There is a wealth of evidence to demonstrate that increasing access to green spaces has a positive impact on the health and wellbeing of everyone in the community. Our quality of life and our very existence is dependent on nature. We need a rich network of plants, insects and animals to create a healthy environment which can support our food systems, sustain our air and water quality and help us adapt to climate change by protecting us from flooding and capturing carbon rather than being released into the atmosphere. Our mental and physical health, identity and culture are also deeply connected to the natural world.

The situation

Public Health Wales is working to enhance access to green spaces, as well as promoting biodiversity and ecosystem resilience by reducing our carbon emissions, waste and impact on the environment. Unfortunately, the 'State of Nature Report Wales' published in 2023 highlighted the widespread loss and degradation of habitats across Wales since 1970, and Welsh wildlife is in decline with one in six species now at risk of disappearing.

We did

Public Health Wales published its second Biodiversity Action Plan in 2024 which outlines the work that it will undertake as part of its duty under the Environment Act, to maintain and enhance biodiversity and promote the resilience of ecosystems. The Plan states that people in Wales do not have equal access to nature and green spaces, and that those in the most disadvantaged areas have the least access.

Several studies have highlighted the connection between access to green spaces and pregnancy outcomes, and worse health for people from the most disadvantaged areas.

Ensuring that people in disadvantaged areas have greater access to green spaces may be an overlooked resource for addressing health inequities, with research showing that just a 10% increase in exposure to green spaces in urban settings can reduce health problems and improve wellbeing.

What next

The Plan sets out PHW's commitment to biodiversity, which is where:

- staff feel inspired and able to take actions to reduce their impact on the environment and support biodiversity both as individuals and as teams
- spending time in nature is seen as beneficial for the health and wellbeing of staff, and there are opportunities for this to happen on a regular basis
- access to biodiverse green and blue spaces are promoted within programmes focused on tackling health inequalities
- we share good practice with the wider healthcare sector in Wales and help support and strengthen national networks with a focus on biodiversity and health.

We are delighted that our Biodiversity Action Plan has been shortlisted for an NHS Sustainability Award, in the Wellbeing of Future Generations Act category.

Actions for 2025-26 include:

- engaging with staff as part of Wales Nature Week, through a joint session on Welsh language, landscapes and nature connection
- understanding the evidence on nature and health particularly in relation to physical health, health inequalities and mental wellbeing
- identifying opportunities to highlight biodiversity in our strategy
- working with Public Health Network Cymru and other partners to arrange a webinar focused on biodiversity and health.

Access to Services

➤ Accessibility Audit

Background

Public Health Wales has responsibility within the Equality Act (2010) to ensure people have equal access to our buildings and facilities. The Act requires us to make reasonable adjustments so that people are not excluded from accessing our buildings because of a disability or any other protected characteristic.

The situation

Some of our facilities are old and not very accessible in terms of parking, walkways, heavy doors and office and clinical environments. We have previously undertaken an accessibility audit of the PHW estate to prioritise areas that we need to invest in, redesign and improve, and took forward some of these recommendations during 2024-25.

We did

Work has continued to explore opportunities for further improving access to PHW sites across the estate to make them accessible to all. In 2024-25, we:

- Developed a proposal for a future relocation of a Diabetic Eye Screening clinic to a new site which provides an opportunity to deliver improved service facilities and improved accessibility for service users.
- addressed challenges with access to car parking for service users, including those requiring accessible parking at a breast screening centre in North Wales, by the installation of a parking control access system
- commenced service user feedback work to explore opportunities for enhancing existing accessible parking at a breast screening centre in South Wales
- secured funding from Welsh Government for several improvements to be made to a South Wales' breast screening centre; part of the works included improved service users access arrangements to the main entrance, including new door automation and reconfiguration of its design.

What next

We will continue to work through the changes and make improvements to our sites in order to make them more accessible for all, including prioritising some of the larger estate related changes such as the relaying of footpaths for our wheelchair users, and identifying opportunities for improvement changes to accessible car parking. The findings from the accessibility audits completed to date will also help to inform the design of future building developments and leasing arrangements.

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

Engaging with our Population

Our Approach to Engagement

Background

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

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

The situation

We reviewed our strategy for engagement this year to understand its impact and to ensure that going forward we make changes where re-focus is needed, whilst continuing to build on what has worked well.

We did

Implemented post-experience surveys or pathway surveys for all Public Health Wales Screening programmes. In Breast Screening Wales, Wales Abdominal Aortic Aneurysm Screening Programme, Diabetic Eye Screening Wales and, to a degree Bowel Screening Wales, further work has been undertaken to support more robust engagement, this includes:

- an 'ask for feedback' section in all screening results' letters. The feedback surveys are also available on the respective programme website on a separate feedback page
- Screening Programmes have developed posters, leaflets and business cards, which will be given out periodically to encourage feedback and experiences
- further support experience and feedback collection, digital tablets have been distributed to Screening Programmes with the patient experience survey tool preloaded. This should enable feedback collection in areas where poor internet connection exists and where screening services are being delivered in community settings
- Public Health Wales is also piloting the SMS text feedback approach with Diabetic Eye Screening Wales with plans to roll it out to other Screening Programme areas. The pilot started February 2025 and has already attracted over 300 feedback responses across only eight clinics.

What next

The Welsh Government People's Experience Framework will be published in 2025-26, and we have started work on the organisational self-assessment, with plans to share early findings by the end of summer 2025. This approach is aimed at supporting a culture of collaboration, leading to the development and implementation of a comprehensive action plan.

We are also planning to undertake a staged rollout of SMS text feedback requests in Screening services across 2025 and 2026. This would mean every person who attends an appointment will have the opportunity to leave feedback within 72 hours of attending their appointment. Feedback is essential for us to continually improve our services.

- **Improving Screening Access for Diverse Communities**

Background.

At Public Health Wales, we screen for conditions such as bowel cancer, breast and cervical cancer, and the hearing of new-born babies to identify people who may be at an increased risk of a disease or condition.

The situation

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

In last year's report we told you about our Ethnic Minority Screening Project which worked with ethnic minority communities across Wales to help understand why people were not attending their screening appointments. We have continued this work over the last 12 months, focussing on the key the themes we found; culture, language, awareness of screening services and importance, available information and previous screening experiences to support improvements.

We did

Throughout 2024-25 the team:

- collaborated with ethnic minority organisations and community groups to develop a 'Working Together' Guide. This resource provides practical guidance to organisations supporting people from ethnic minority communities when accessing screening services. The Guide was launched in July 2024, and positive feedback from community partners has been received

- continued to work with ethnic minority community organisations to encourage Community Health Workers and Champions to attend the Public Health Wales Screening Awareness training
- and Screening Engagement Practitioners continued to meet with different community organisations and groups including ethnic minority representatives to continue to build trusted relationships, raise awareness of supporting resources and encourage them to take up engagement opportunities available in screening
- focused on developing understanding when explaining the screening pathway for people coming through the service. The team worked with the breast screening programme and external suppliers to develop a video. The video reflects diversity in Wales and include people from ethnic minority communities.

What next

An evaluation of the 'Working Together' screening resource for ethnic minority communities is currently underway. A survey has been sent to community partners to gain feedback on the resource and how it has been used to support the community. The findings and learning from both the evaluation and feedback will inform how we can continue to support and improve access to screening for ethnic minority communities across Wales.

- **Development and Implementation of the Health Protection Inequalities Best Practice Guide**

Background

Health protection services safeguard people from threats such as infectious diseases, environmental hazards, and major incidents. These risks often disproportionately affect disadvantaged communities, with factors like poor housing or hazardous work compounding their impact. Addressing these inequalities as part of our service response is essential to delivering fair and effective health protection.

The situation

The Health Protection Inequalities Programme (HPIP) was established to ensure that Health Protection and Emergency Preparedness, Resilience and Response (EPRR) services actively identify and reduce inequalities. The Programme's aim is to improve coordination across different areas of health protection, ensuring this agenda remains a clear focus, addressing gaps, and promoting the sharing of good practice. The Programme also works to address shared challenges and increase the overall impact of our activities in this space. Led by senior health protection leaders, HPIP sets out to further embed these principles across everyday health protection practice and response.

We did

HPIP worked with relevant teams to develop specific workplans, bringing these together and monitoring their implementation. To aid teams in delivering this, a Best Practice Guide was created in 2024-25 to help teams recognise and address inequalities. The rollout of this Guide included a virtual launch via distribution to relevant teams and supported by a half-day training session. Over 100 colleagues from Health Protection, EPRR and partner functions took part in this interactive

training session. Feedback was highly positive, and the content has featured in the induction training for all new Health Protection starters since April 2025.

What next

The Best Practice Guide and information on the HPIP programme approach has been shared with Directors of Public Health in Welsh health boards, Welsh Government and the International Association of National Public Health Institutes (IANPHI), which collectively builds public health capacity and capability worldwide. We are now working both locally and internationally on how we can share the learning and approach of our Programme, while incorporating international best practice into our work. This will form the foundation for a sustained cycle of improvement, ensuring health protection services in Wales remain equitable, resilient, and responsive to evolving challenges. Next steps will include assessing the impact of the Best Practice Guide and the wider programme and embedding the learning into future planning and service delivery.

To further support internal accessibility of health protection inequality-related information, a dedicated HPIP page is being considered which will ensure staff have quick, centralised access to accurate and up-to-date resources. It also supports ongoing engagement, learning, and alignment with organisational priorities by making key information easily accessible.

Person Centred

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

- **Providing information for new parents**

Background

The NHS is a trusted source of information for families, and Public Health Wales is responsible for producing guidance and health information for parents on behalf of the NHS in Wales. A programme of work began in 2018 to review and refresh the information we provide and develop for new parents the new 'Every Child' resource for families during pregnancy and up to their child's 7th birthday.

The situation

We worked with parents and professionals to review and refresh the NHS parent health information for Wales. In 2023-24 we published the first two resources in the Every Child series, booklet one 'Your Pregnancy and Birth' and booklet two 'New-born to age 2'. These booklets are now available in Welsh and English for all first-time parents in Wales from their midwife and health visitor.

We did

During 2024-25 we published the final Every Child booklets in the series 'Age 2 to Starting School' and 'Age 4 to 7', making them digitally available to both families and professionals in Wales. We also reviewed and refreshed the existing Every Child: 'Your Pregnancy and Birth' and 'New-born to Age 2' resources.

What next

Ongoing evaluation of the Every Child Health Information for Parents Programme will include parental engagement to assess the impact of existing resources and guide future improvements. We will continue to develop high-quality digital health information that is accessible, engaging, and effective in increasing knowledge and skills, meeting the needs of families and healthcare professionals in Wales.

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

- **Immunisation tackling health Inequality – public understanding of vaccines**

Background

The National Immunisation Framework for Wales (NIF) was published in October 2022. The Framework sets the broad priorities for vaccination services across Wales and sets a vision for the future of immunisation in Wales, aiming for high uptake of a sustainably delivered, effective vaccines, at the right time, to reduce mortality and morbidity.

Among the six priorities outlined in the NIF is the aim to ensure everyone in Wales can recognise the importance of vaccination and have fair access and opportunity to take up the offer of vaccination.

The situation

Health literacy is defined as the ability and motivation level of an individual to access, understand, communicate, and evaluate both written words and numerical information to promote, manage and improve their health status throughout their lifetime. This incorporates language, literacy and numeracy skills that are used in health settings and for managing health, as well as the ability to access, understand, evaluate, use, and navigate health and social care information and services.

A person's health literacy depends both on their own abilities and on the efforts of health and social care systems to make their services and information clear and accessible for all. Vaccine literacy has been defined as health literacy relating specifically to vaccinations, immunisations and vaccine preventable diseases and the services relating to them.

Studies undertaken in Wales found that a significant proportion of the population in Wales experience poor or problematic health literacy levels. Improving health literacy for vaccinations is essential to ensure that people can make a truly informed choice and are able to access vaccination services.

We did

In partnership with key stakeholders, we led the development and publication of a Vaccine Literacy Strategy for Wales. The strategy focuses on achieving a high level of vaccine literacy in the public, but also to develop support from within local communities to improve local levels of vaccination.

As part of this Strategy, we developed standards for the quality of the public information we release, to increase people's knowledge about vaccines, and have also strengthened our public engagement team capacity and capability.

What next

- We will audit public information produced by Public Health Wales against these standards and will develop an improvement plan based on the findings
 - We will pilot educational tools for schools to help improve vaccine literacy in children and young people
 - We will explore educational and training modules to support improved vaccine literacy in health and social care workers.
- **Protecting and Promoting Mental Wellbeing**

Background

Mental wellbeing is about how we're thinking, feeling and coping with life at a particular time. We can say we have good mental wellbeing when we are 'feeling good and functioning well', however that looks for us individually. It is influenced by experiences throughout our lives, including from early childhood, as well as our relationships with family, friends, and partners. It is also influenced by the wider communities of which we are part, opportunities to influence things happening in our own lives, and having our basic needs met.

Good mental wellbeing is an essential part of our overall good health. When we are feeling good and functioning well, we are more likely to look after our physical health. We're also less likely to take part in health-harming behaviours such as drinking too much alcohol or smoking.

The situation

Findings from the National Survey for Wales (2022-23) showed that mental wellbeing had declined over recent years, from an average score of 51 for adults in 2018-19 down to 48 in 2022-23 (as measured by the Warwick Edinburgh Mental Wellbeing Scale).

Evidence shows that making time to do things like being creative, spending time connecting to nature, being physically active and connecting with trusted friends both protects and improves our mental wellbeing.

We did

Public Health Wales, alongside national strategic partners, opened a national conversation on mental wellbeing. PHW's strategic partners on the programmes are [Hapus](#) Sport Wales, Cadw, Arts Council Wales, Amgueddfa Cymru (Museum Wales), National Trust Cymru, Tempo, the Mental Health Foundation, Wales Council for Voluntary Action and the Wales NHS Confederation.

The new Hapus programme aims to inspire people in Wales to take part in activities that protect and improve mental wellbeing and is designed to increase the Welsh population's knowledge of what they can do to protect or improve their own mental wellbeing. Hapus also provides information and resources to help people take steps to improve their mental wellbeing and encourages people to share what matters for their mental wellbeing.

The national conversation is supported by a dedicated Hapus website (launched in July 2024) and social media activity. Engagement with the website and social media activity is performing well compared with other health improvement sites and campaigns.

Hapus help promote the national conversation and engagement with wellbeing-promoting activities through sharing of social media content and contributing guidance, stories and practice-based

examples of how individuals and communities can improve mental wellbeing and benefit from engaging with community-based activities. Specific partner activity includes:

- **Amgueddfa Cymru - Museum Wales** – delivered a ‘Love your mental wellbeing festival’ marking Santes Dwynwen on 25th January 2025 and are now planning to run annual wellbeing festivals following the success of the multi-site event
- **Cadw** – collaborating with PHW to develop a short film promoting the wellbeing benefits of engaging with heritage is in development, reflecting voices from the public, academia, health partners and the heritage sector. The film aims to increase knowledge and awareness among health and care professionals and the public.
- **Tempo** – stories of those benefitting from volunteering were gathered and promoted via social media and the Hapus website, including a “[Many faces of volunteering](#)” article which aims to highlight the wide range of people that volunteer and motivate others to volunteer in their communities
- **National Trust Cymru** – promotional materials for the Mindful Meadow at Erddig have been developed and will be shared throughout the summer. A National Trust-led event the Summer of 2026 will bring people together to celebrate the creation of the site and the opportunities it brings to increase wellbeing and nature connection for residents and visitors.
- **Mental Health Foundation (MHF)** – additional guides from MHF were translated into Welsh and made available on the Hapus website. These cover MHF’s commonly downloaded resources on [self-harm](#) and [workplace mental health](#). MHF also provided updated versions of *How to manage stress* (Dec 2024), *Our best mental health tips* (Feb 2025) and *how to manage fear and anxiety* (March 2025).

An evaluation, focusing on the partnerships, carried out during 2024 identified the partnership to be moving in the right direction and identified the need for further collaborative action.

The evaluation found:

- most partners feel their organisation has a better understanding of what mental wellbeing is and wellbeing-promoting activities since joining the partnership
- the partnership has facilitated new connections and relationships between partner organisations that did not exist prior to Hapus
- Public Health Wales is the key player within the system facilitating the distribution of information to other organisations, demonstrating PHW’s critical role in guiding the partnership
- individually, most partners have taken additional action to promote mental wellbeing and/or reduce barriers to their services.

Following recommendations from the evaluation additional organisations were invited to join the Partnership and engagement with other newly invited partners is now underway.

Hapus published a new practical '[Wellbeing in Action](#)' resource aimed at our supporters and those developing and delivering community activities. It provides tips on how to maximise wellbeing benefits when designing and developing community activities.

What next

We will continue to grow our Hapus Supporter network and support members to celebrate good practice and strengthen their contributions to protecting and promoting individual and community wellbeing in Wales.

Following the Hapus Supporter event in 2024-25, PHW supported National Youth Arts Wales (NYAW) to submit a successful bid to the recent Welsh Government's Child Poverty Fund. Public Health Wales will support NYAW to integrate a Health Impact Assessment process into the planning and delivery of activities aimed at increasing access to the arts in less affluent communities in South Wales.

The team are also working with another of our supporters, the Aloud Charity, to develop a National Institute Health Research funding bid to evaluate the impact of their Only Boys Aloud initiative on the mental and social wellbeing of adolescent boys. Colleagues from the PHW Research, Digital and Data Directorate (RDD) and leading academics with expertise in arts and singing for mental health and wellbeing are supporting the development of this bid.

Hapus and partners will be meeting to reflect on the findings from the Strategic Partnership Evaluation report and shape its priorities and ways of working going forward and to identify opportunities to support wider ambitions.

- **Strengthen community connections to improve health and wellbeing in Wales**

Background

Social connections play a vital role in our health and wellbeing and can be a contributory factor in some peoples' experience of poorer health outcomes than others.

The situation

People are living longer and having fewer children than in previous generations. The average UK family size has steadily been decreasing – from 1.91 children per woman in 2010 to 1.49 in 2022, with projections suggesting we may also see more multi-generational and single-person households.

While multi-generational living could contribute to advantages like increased financial security and more resources for child and elder care, there is the risk that more deprived families could be forced into situations where homes are overcrowded and strained. Single person households could experience increased isolation, by comparison.

We must protect and promote stronger social connections in a rapidly changing world to improve health and wellbeing for all in Wales.

We did

'No one left behind', a report published in July 2024 from Public Health Wales examined some of the potential impacts of future trends on our social connectedness and community networks. The report considered trends like our aging population, changing make up of families, the expansion of

online communities, and the future of work, to assess how these could affect our health and wellbeing.

A webinar was delivered in partnership with colleagues from Pobl Group's The Hive Centre in Newport and the Ageing Well Lead at the Older People's Commissioner for Wales's Office. A workshop on the future of social connection was also delivered at the Tenant Participatory Advisory Group Cymru Annual Conference.

What next

Public Health Wales are developing a new report on loneliness, social isolation and social connection in Wales, intending to be published later in 2025. The Report will draw on existing research and reports from Wales, recent data collected via the PHW Time to Talk Public Health Panel, and learning from WHO work. It will present information on the prevalence of loneliness, social isolation and social connection in Wales, risk factors, impacts on health, evidence on solutions and case studies of action in Wales.

Responding to People's Needs

- **Complaints and Concerns**

The Putting Things Right Regulations are the process for raising concerns in NHS Wales. The Regulations support people to raise concerns around their care experience, and commit organisations to investigating, sharing and learning from the gifts that feedback offers us to improve.

In 2024-25 we received 121 complaints, of these 42 were formal complaints and 80 were informal complaints. Public bodies are required to investigate formal complaints and provide an organisational response within 30 working days. With an informal complaint, we are generally able to resolve the concern locally at service level and aim to do this quickly.

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

- communication issues
- access to our services
- appointments scheduling or issues.

This coming year, we will be working to further support our screening services to continually review and improve their processes based on Service Users' experience, and focussing on equitable access, facilities, and customer care.

Leadership

- **Developing and supporting our leaders**

Background

We are committed to developing our leaders across the organisation so that they have the right skills, knowledge and opportunities to succeed and lead our workforce.

The situation

We maintained our journey of 'Inspiring Culture and Leadership', continuing with several leadership and management initiatives started in 2024:

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

We did

We redefined our approach to Leadership and Management in line with one of our key objectives for 2024-25 *"Develop and implement a systemic programme of work which will increase leadership and management skills, capacity and confidence including formal learning"*.

Our Leadership and Management Framework (LMF) forms the central and co-ordinating work for how we develop leaders and managers through an academy. It also supported the procurement of:

- a contract to provide coaching as and when required, where our leaders and managers can access support aligned to the competencies and behaviours required within our organisation to encourage everyone to thrive, develop and deliver.
- a New Manager's Induction Programme which enables attendees to understand what it means to manage and create the culture we aspire to.

What next

PHW Leadership and Management Academy

The PHW Leadership and Management Academy will be a significant step in evolving our culture by developing our leaders and managers through a formal programme.

The Academy aims to empower line managers to create an environment where people and teams can thrive. By connecting with engaged, optimistic, and reflective leaders, participants will experience stimulating and thought-provoking activities. The Academy aims to provide a safe, supportive space to test new ways of working and contribute to positive change across Public Health Wales.

The Academy launched in January 2025, with dates for the first four cohorts advertised and then running across 2025-26. The opportunity is open to those who contribute to creating an environment where our people and teams thrive, namely:

- our organisational leaders (colleagues who lead work and make decisions beyond their own function)

- those who directly manage people.

Leadership and Management Framework

The Public Health Wales' Leadership and Management Framework (LMF) sets out how our leaders and managers work and behave, creating a culture where all our people can thrive, develop and deliver across each part of the organisation.

The Framework has been designed to:

- support individuals currently operating within leadership and management roles
- support aspiring leaders and managers
- shape how we lead and manage our people through every stage of the Employee Life Cycle including attracting the right people who share our values and behaviours
- inform succession planning and the development of our own professions
- provide development programmes and initiatives that share the same consistent message about how we lead and manage as individuals and as an organisation.

The Framework supports our colleagues, people managers and organisational leaders as they go through the employee lifecycle:

- setting out how we attract, recruit and on board the right people
- setting out the modules of learning and self-development plans provided by our Leadership and Management Academy
- utilising coaches, coaching and mentoring styles that reflect our culture
- providing team development, self-development, 360-degree feedback, interventions and material aligned to the skills and behaviours that will help people with their learning.

Governance, Management and Sustainability

- **Board Assurance Framework**

Background

All NHS organisations are required to demonstrate good governance to ensure they are operating safe systems in delivering public services.

The situation

The organisation is supported by good governance which supports and control how decisions are made. Robust board assurance is fundamental to the effective working of the board through structure, process and management and the control of risk.

Our Board Assurance Framework (BAF) summarises how we deliver and sustain good governance to ensure the delivery of our strategic objectives outlined within our Long-Term Strategy. It outlines decision-making and what roles different Public Health Wales' Committees have, and what types of information and assurance they use and scrutinise.

We did

The BAF was reviewed in 2024 and a revised version approved by the PHW Board in May; it will be reviewed annually. The review included:

- the PHW Committee chairs agreed an approach to cross committee working; to manage referrals and items for which there was crossover with other Committees

- referrals between Committees are co-ordinated through the Board Business Unit (BBU)
- work continued to ensure Committee terms of reference and work plans were aligned
- the Committees reviewed their effectiveness throughout the year to ensure effective use of time and ensure they were fulfilling their agreed function and role.

What next

Key developments / improvements planned for 2025-26 include:

- building on the cross committee working approach
- developing a committee handbook to support our Non-Executive Directors moving between committees / new to the organisation, outlining the key areas of focus, role and remit of each committee and how they link in with the Board
- exploring support for staff who attend committees or write reports, in terms of report writing, understanding the role of the committees and expectations, to support their wider understanding of the assurance function
- next review of the BAF undertaken which was approved by the Board in May 2025.

Workforce

- **Workforce Wellbeing and Enablement**

The wellbeing of our staff is our priority, and we continue to do important work to keep our workforce well.

Public Health Wales Wellbeing

How might I be?	Supporting Self	Supporting Others
 <p>Feeling well and want to stay healthy</p>	<ul style="list-style-type: none"> • Headspace App: Headspace for NHS • Work How it Works Best: Work How It Works Best (sharepoint.com) • Social Media (Staff Facebook/PHW Wellbeing community on Yammer): A work place social network (sharepoint.com) or Public Health Wales Staff Facebook • Wellbeing Workshops: Wellbeing Workshops (sharepoint.com) • Staff Diversity Networks: Staff Diversity Networks (sharepoint.com) 	<ul style="list-style-type: none"> • Wellbeing Workshops for Managers Wellbeing Workshops (sharepoint.com) • Team Wellbeing Check-ins • People Support: PeopleSupport.PHW@wales.nhs.uk • Resources: Resources (sharepoint.com) • Wellbeing Champions • Training for: <ul style="list-style-type: none"> Mental Health First Aid, Stress Resilience Practitioners, & Trauma Risk Management Practitioners
 <p>I am beginning to struggle with my emotional wellbeing</p>	<ul style="list-style-type: none"> • Talk to your Manager • People Support - PeopleSupport.PHW@wales.nhs.uk • Employee Assistance Programme through Vivup - Counselling and Support Information (sharepoint.com) Tel: 0800 023 9387 • Wellbeing pages on Intranet - Staff Wellbeing (sharepoint.com) • Menopause Toolkit and Cafes Menopause Toolkit (sharepoint.com) 	
 <p>I am struggling with my emotional wellbeing</p>	<ul style="list-style-type: none"> • Talk to your Manager • Health for Health Professions Wales helpline (9am-5pm, Monday to Friday) 0800 058 2738 or www.hhpwales.co.uk • Silvercloud: SilverCloud, Making Space For Healthy Minds (silvercloudhealth.com) • Headspace App: Headspace for NHS • Mental Health Peer Support: phwpeersupport@wales.nhs.uk 	
 <p>I am really struggling with my emotional wellbeing - Speak to your GP</p>		

We did

- **Mental Health and Wellbeing Workshops**

We held 10 wellbeing workshops during 2024-25; eight workshops aimed at line managers and two workshops aimed more broadly for all non-line managers.

Learning outcomes for the line manager session included:

- exploring ideas of how to create a kinder culture 'remotely' where people are caring, supportive and more empathic of each other's anxieties
- considering best practice for managers to inspire employees to remain engaged during exceptionally challenging times
- how to inspire employees to be more open by saying 'it's okay not to be okay' and by sharing our own vulnerabilities.

Learning outcomes for non-line managers included:

- how you can assess your own mental health and improve your own levels of personal resilience during challenging times
- how to spot the signs that a colleague may be suffering with poor mental health and then how best to start a wellbeing conversation without making them feel awkward
- the importance of using the right language to encourage honest and open conversation about wellbeing
- how to inspire our fellow employees to be more open by saying 'it's okay not to be okay' and by sharing our own vulnerabilities.

We trained almost 100 colleagues across both line manager and non-line manager programmes during 2024-25.

- **MedTRIM**

Three Medical Trauma Resilience Management (MedTRIM) managers have undertaken training to support healthcare professionals after traumatic events with peer support, early intervention, and wellbeing strategies. In addition, those trained will help support and coordinate the rolling out of the Trauma and Stress Resilience Practitioner's Programme.

- **Mindfulness**

Mindfulness workshops were developed and started, working in collaboration with a theatre company based in Wales. This was part of a pilot scheme working across various NHS sites in Wales and took place over a four-week period. The aim was to provide tools and techniques to help manage stress, improve mental well-being, and build resilience.

- **Financial Wellbeing**

The MoneyHelper tool is live. This is a financial wellbeing portal with resources around personal financial planning ranging from personal budgeting, pension planning, investments, mortgages, making a will, and many more.

What next

We are planning a further 10 wellbeing workshops during 2025-26 aimed at both line-managers and non-line managers.

We will start to explore and train 12 wellbeing champions across all directorates to enhance engagement and foster a sense of community. By empowering these champions, we aim to facilitate the sharing of ideas and ensure effective communication across all organisational levels, thereby supporting a culture of mutual support and inclusivity.

We will be rolling out the Trauma and Stress Reliance programme across the organisation with our MedTRIM colleagues. Colleagues across the organisation will be able to access the peer support programme, following an evidence-based approach to help ensure they get the support needed.

Financial wellbeing will be expanded upon further with the addition of two e-learning modules:

- Money Mindset: this online course is designed to help individuals develop a positive money mindset, which is essential for managing personal finances effectively
- Foundations in Personal Financial Planning: this online course will provide a comprehensive introduction to the basics of personal financial planning, equipping participants with the knowledge to manage their own financial matters confidently.

Workforce equality, diversity and inclusion

Background

The PHW Strategic Equality Plan outlines our commitment to delivering on our legal responsibilities and organisational ambition to act on inequality.

The situation

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

- developing a Strategic Equality Plan
- involving the public and our partners from protected groups when developing plans and policies and shaping services
- collecting and publishing information about equality, employment, and differences in pay.

We did

We published our Strategic Equality Plan in April 2024 following a detailed public consultation. The Strategy covers the period up to March 2028 and we are required to provide updates in our Annual Equality Report each year.

We set up a Reverse Mentoring Scheme in September 2024 for underrepresented groups which will give more junior staff the opportunity to develop leadership skills and share wisdom upwards.

What next

Background work has taken place to lay the foundations for a new Minority Ethnic Apprenticeship Scheme. We have also met with the Ethnic Youth Support Team (EYST) who will partner with us to identify interested candidates to participate in this Scheme.

Culture

Our healthcare system creates the right climate and culture to nurture and encourage quality and system safety, valuing people in a supportive, collaborative and inclusive workplace so that our people feel psychologically safe to raise concerns and try out new ideas and approaches. Relationships between teams and with the people we serve are effective and based on transparency, ethical behaviour, trusts and just culture where people can thrive.

Background

Our People Strategy outlines our ambition for how we expect people to behave and work together.

The situation

Our Long-Term Strategy is underpinned by the work we are leading on culture within our organisation. In our People Strategy, we referenced the work we have done to understand the 'ideal' culture that our staff and Board aspire to have. We have used the Being Our Best behavioural framework which we launched 2023 to take this work forward.

We did

These are some of the Being Our Best initiatives that took place in 2024-25:

- Being Our Best week (June 2024) included online sessions:
 - "Introducing Being Our Best"
 - "Being Our Best – Reflection, Personal Growth and Development"to which all staff were invited. Further communications for awareness raising including reflection and self-assessment, Leading by Example and the Being Our Best leadership pledge
- working with the Public Health Collaborating Unit at Bangor University conducted an evaluation of the Being Our Best Framework
- created a suite of courses and resources for each of the three Being Our Best colleague categories to support employee development
- refreshed the PHW Being Our Best toolkit to include additional exercises to support teams identify their strengths and development areas and reflection tools to support personal growth and development
- developed a self-assessment and multi-source feedback tool to support the embedding of our values and behavioural framework.

What next

Following the evaluation of Being Our Best undertaken by colleagues at the Public Health Collaborating Unit (Bangor University) in 2024-25, we are currently considering the results of that evaluation which will inform our ongoing plans to embed the framework across our entire employee lifecycle.

Kindness, and Culture and the Freedom to Speak Up

- **Spotlight on Speaking Up Safely**

We did

Since the approval of the Public Health Wales [Speaking Up Safely Protocol](#) in 2023-24, work has been ongoing to embed this approach and to promote the framework within the organisation. This included:

- developing a self-assessment action plan for embedding the framework within the organisation
- Raising Concerns Champions have expanded their roles to cover the full breadth of the Speaking Up Safely Framework

- our People and Organisational Development Committee (with members from Trade Unions and People and Organisational Development) has responsibility for Speaking Up Safely within its Terms of Reference. The Committee reviews an Annual Report on raising concerns, including key data and thematic learning.

The organisation also created new guidance to reflect the new Framework, including information on anonymity, staff support, available routes to speak up, and Frequently Asked Questions, all of which are on our intranet site.

We have engaged with the staff diversity networks, subject matter experts in Equality Diversity and Inclusion, and People and OD Advisors. We are in the process of implementing the findings of the recent Culture Assessment, identifying and addressing gaps between the current and ideal culture, particularly in relation to creating a psychologically safe environment for speaking up. As part of this work, the organisation has introduced an accredited programme to develop Culture Advocates who can support teams and the organisation during culture change.

Other developments include:

- learning and development material which is available for organisational leaders, people managers, and all colleagues, including cultural awareness training
- the development of intranet pages in respect of Speaking Up Safely (internal link for NHS employees only) containing information and support for speaking up
- News Stories on staff pages to raise awareness and links to available resources.

What next

- Welsh versions of the intranet pages are in development
- exploring further the barriers to speaking up and how these can be overcome
- frequently promoting the ability to raise concerns via our Communications Team.

Developing a culture of high quality, sustainable and trained staff

Our people are at the heart of our work and the development of our workforce is central to this.

- **Mandatory Training**

We Did

There are 10 essential courses which staff across the NHS in Wales must undertake to ensure they are safely trained to work in any of our organisations. These include training in fire safety, how to safely handle equipment, safe management of information and infection prevention and control. At Public Health Wales we have exceeded the nationally set target of 85% for this mandatory training.

10 Essential All-Wales courses Target: 85%; we achieved: 89.5% in 2023-24 and 92.27% in 2024-25

10 Essential & 7 additional PHW courses: Target: 85%; we achieved: 88.34% in 2023-24 and 92.8% in 2024-25.

In addition, in January 2024 we added Duty of Quality training for all our staff to improve their knowledge on what this means and how to apply it in practice. With a target of 85%, 93.06% of staff completed this training by the end of 2024-25.

Information

Our healthcare systems ensure information is available and shared appropriately for all who need it. We turn data into knowledge by triangulating quantitative and qualitative performance, using experience and outcome measures to understand the quality of services, efficacy of improvement work and impact of decisions made. We monitor, report and escalate indicators through our governance structures to ensure the appropriate action is taken at every level in terms of learning, improvement

- **Primary Care Clusters Dashboard**

Background

A primary care cluster brings together all local services involved in health and care across a geographical area. Clusters cover a smaller population than a health board, typically serving a population between 25,000 and 100,000. Working as a cluster ensures care is better co-ordinated to promote the wellbeing of individuals and communities.

The situation

Colleagues from the Primary Care Division approached our Data and Information Team regarding the possibility of updating the primary care Cluster reports that were published some ten years ago. Members of this Team set about meeting with key stakeholder groups to gauge wider interest and seek membership for a user group to help us understand their needs and guide the development of the work.

We did

Public Health Wales published a new [Primary Care Clusters Dashboard](#), which includes a range of indicators about the 64 primary care clusters in Wales, to help them to plan and inform their priorities and address any inequalities within their clusters.

The dashboard provides a comprehensive set of data that will enable clusters to assess the specific needs of their area compared to other areas and against the Welsh national average.

The dashboard includes both demographic data such as age and sex, as well as population health metrics such as: percentage of low birthweight; breastfeeding at 10 days; mortality and avoidable mortality; the prevalence of chronic conditions like asthma; as well as emergency admissions for conditions such as diabetes and circulatory diseases. The dashboard also incorporates maps which show cluster populations based on deprivation measures.

What next

We will be continuing to improve and add to the dashboard, and we would welcome feedback from primary care users on how they are using the data and what further developments could be considered. Feedback to date has been positive:

“The development of the new Primary Care Clusters Dashboard has been an ongoing, process. We’ve had fantastic input from our user group and a wide range of organisations and individuals, which has shown the clear demand for data at this geographical level.”

“The dashboard gives clusters a wealth of information on their populations, and it will mean that they have evidence to help focus resources to improve population outcomes and reduce inequalities.”

We are aware that different user personas have varying needs. For example, some may not have the time to delve into a dashboard. We therefore began working with users to produce a [Primary Care Clusters indicator summary](#) showing key indicators for all clusters within each health board along with brief key findings. This was published in March 2025, and we have already received positive feedback.

- **Records Management and Information Governance**

Background

We have led a focussed piece of work over the last few years to improve the robustness of how we manage the information and records we use, and how we share information safely for the purpose of planning and delivery of services.

The situation

Public Health Wales has changed how it manages records by moving them to an online SharePoint document store. SharePoint is a secure system which gives us much better control of access to information and makes us more efficient.

We did

The Records Management Project commenced in 2023 with the aim to create a new Electronic Document Records Management System for Public Health Wales.

The project delivered all expected outcomes, was completed on time and in budget with all Directorates, Divisions and Teams having a SharePoint space in which to store and organise their documents and records; the project concluded in March 2025. SharePoint has allowed us to develop a system that makes it easier for staff to organise, store and share our information where necessary, while also allowing us to preserve the documents and records that require ongoing retention, ensuring that they are available for future use and reference. This also includes an organisational approach to the storage and management of Staff Records. In addition, SharePoint allows us to store personal, confidential and sensitive records securely using robust permission management.

The organisation also has a secure method of data sharing, where we can allow external stakeholders and partners to access designated SharePoint areas to transfer or access information of relevance. This has reduced the risk of data breaches and streamlined the process for Information transfers between organisations.

What next

In 2025-26, we will continue to support colleagues to improve collaborative working, information sharing and giving staff alternative ways of working to save time and resources to support a robust records management system.

We will also be developing and implementing a Records Management Audit, so we can identify ways in which we can not only improve records management, ensuring that we preserve records that need to be held, but disposing of those in a timely manner when they are no longer required.

We will also be looking to understand what hard copy records we are still holding within PHW sites and reducing the number of hard copy records wherever possible, to continue to reduce the risk of data breaches, loss of information and potential fire hazards.

Information Governance: Freedom of Information Requests

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

During 2024-25 we received and responded to the following FOIs:

- 209 requests were received
- 160 responses were compliant with the requirements of the Act
- 44 (22%) of requests fell out of compliance which is a slight reduction of 26% from last year. Requests which fall out of compliance are often due to the nature of the request being complex and needing more time to ensure a comprehensive response
- five requests from 2024-25 are still being processed but remain compliant as have extensions of time because of the need to clarify with the requestor exactly what information they are requesting, and in dealing with complex enquiries.

Since introducing tighter performance management arrangements earlier in 2025, response times have improved.

Information Governance: Subject Access Requests

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

During 2024-25 we received Subject Access Requests as follows:

- 22 received
- All 22 responses were compliant with the requirements of the Act.

Information Governance: Data Processing

A revised approach to the approval of processing personal data and the submission of Data Protection Impact Assessments (DPIA) was initiated in July 2024. This involved identifying Information Asset Owners (IAOs) in each Directorate who take responsibility for the approval of processing activities and working closely with the IG Service to ensure that processing is conducted lawfully, fairly and transparently. This was an intensive training programme for IAOs and their

supporting staff, and a new Sharepoint system was developed to streamline the submission of DPIAs.

In March 2025, a new service offer was piloted which was a joint initiative between the IG Service and the Digital team, in which staff were invited to bring their project ideas to a short presentation so that they could receive early advice on what processes they would need to follow and what documentation may be required.

Also in March 2025, the PHW Information Governance Policy was approved by the Audit and Corporate Governance Committee prior to publication.

What Next

Several new or revised procedures have been developed and are currently in the consultation stage, including:

- Data Subject Rights
- Personal Data Breach Management
- National Intelligent Integrated Audit System.

Revised national policies on Information Governance and Security, Internet Use and Email use are in the final stages of development and are anticipated early in 2026.

- **Always on Reporting**

Background

The Duty of Quality requires Welsh ministers and NHS bodies to actively monitor progress on the improvement of quality services and outcomes and routinely share this information with their population. 'Always on' reporting is one way of achieving this.

The situation

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

We did

An 'Always on' reporting webpage was developed and is available to access on the PHW Duty of Quality webpage ([Duty of Quality and Reporting](#)) which signposts the public to information on:

- PHW Committees and Boards
- PHW Annual reports
- Data and statistics about health in Wales.

This dashboard aims to help with people's wider understanding of the Duty of Quality and what it means for them.

What next

A cross-organisational group is working to enhance our 'Always on' reporting. The focus of the work is on:

- developing measures and information to demonstrate the quality of our services and outcomes, including compliments and concerns
- developing patient and staff stories
- reports following external reviews or inspections by inspectorate and licensing bodies.

We will be engaging with services users and the public to better understand what would be of benefit for them using 'Always on' reporting. This engagement aims to help inform the development of the reporting format on the PHW website and will be made available in accessible formats.

Learning, Improvement and Research

We remain committed to a programme of ongoing learning and development, to improve our services.

Learning Culture – Organisational approach to continuous learning

- **The Improvement and Innovation Hub**

Background

The Duty of Quality emphasises the need to have a Quality Management System in place which provides controls, assurance and infrastructure for improvement in our organisation.

The situation

The Public Health Wales' Improvement and Innovation Hub ('the I&I Hub') works with all areas of the organisation to support quality improvement work and to enable innovation to flourish. It does this through coaching, training, on-line libraries and tools, plus hands on support.

We did

The I&I Hub continued to help build capacity and capability in the areas of quality, improvement and innovation. 'Simply Do' is an ideas platform which allows staff to digitally submit innovation ideas for consideration, enabling us to support and develop innovative ideas and suggestions for improvement within the organisation. We opened four idea challenges across PHW in 2024-25; for example, during the Climate Change challenge, PHW staff submitted ideas aimed at reducing our digital carbon footprint. In response, the Health and Sustainability Hub, together with the I&I Hub, produced a practical guide featuring simple yet impactful tips to help reduce our digital carbon footprint on both work and personal devices.

The I&I Hub supported several quality improvement projects throughout the year; an example of one is detailed below.

- Four Help Me Quit (HMQ) workshops were run across Wales where 95 HMQ advisors, practitioners, pharmacists, service leads and others came together to discuss change ideas that could be tested across services with the aim of delivering an effective smoking cessation service for clients in Wales.

The team continued to support our screening services, including:

- Supported the Bowel Screening Wales (BSW) Equity group to help the service reach underserved populations
- in collaboration with the Time to Talk Public Health team, supported a national survey to understand public perceptions on the use of AI in reading breast screening images.

What next

During 2025-26, the I&I Hub will continue to work with the Help Me Quit programme to design and implement improvements to drive the quality of the service and outcomes.

We will also assist the PHW People and Organisational Development team in delivering improvements in our Employee Relations Case Management Systems, and the way in which we recruit.

We will deliver up to six 'Introduction to Improvement' sessions and three 'Leading on Improvement and Innovation' sessions, equipping staff with improvement and innovation skills. Participants will be supported through coaching to encourage collaboration, shared learning, and the spread of best practices across PHW.

We will be supporting the implementation of improvement ideas within the Nurse Retention Programme which aims to help us retain our nursing workforce.

We will also be supporting all screening services to implement the 'Gloves Off' approach aiming to reduce the use of single use gloves within the organisation.

Research to improve services

- **Effectiveness of smoking cessation interventions for groups with some mental health issues**

Background

The Welsh Government aims to reduce smoking prevalence from the current rate of 13% to below 5% of the population by 2030, as part of their 'Smoke-Free Wales' strategy. It is important to consider groups that have higher smoking rates, and who are less likely to access services to help them stop smoking.

The situation

People living with mental health conditions have significantly higher smoking rates compared to the general population and are less likely to access smoking cessation services. However, evidence shows that quitting smoking can reduce symptoms of depression and anxiety while improving mood and quality of life.

We did

As part of a collaboration with the Health and Care Research Wales Evidence Centre, the Evidence Service conducted a rapid review of the existing literature looking at the effectiveness of smoking cessation interventions in people living with depression and/or anxiety.

The studies looked at a range of interventions which included medication, psychological techniques such as how to change your behaviour to tackle problems that are adversely affecting your mood or a combination of these.

There was some evidence that medications, particularly varenicline, and psychological techniques,

Healthy Lifestyle Behaviour	2017/18	2019/20
Never smoked	95%	94%
Never/rarely drink alcohol	80%	81%
Meet daily physical activity guidelines	18%	18%
Eat 5+ portions of fruit/veg daily	46%	48%

could help reduce smoking in people with depression. Using both types of interventions together had a similar effect on smoking cessation. However, the findings did not consistently show improvements in participants’ mental health. The studies using exercise-based interventions had mixed results, and did not appear to have a positive impact on mental health.

What next

This rapid review of existing evidence has helped to inform the next Tobacco Control Delivery Plan revision to include actions to better support those with mental health conditions. It may also be used to inform the review of the Help Me Quit Service which has been commissioned by Welsh Government and aims to identify specific populations of need that are linked to these services, to identify how they can be best supported in quitting smoking. The rapid review also demonstrated the need for further research in this area, to establish what interventions targeted at this group of people are most effective in reducing smoking.

- Improving the health and wellbeing of children and young people

Background

In 2019, over a quarter of children in Wales were overweight or obese. Rates of childhood obesity are in part due to the rates of food poverty defined by the Welsh Government as the inability to secure an adequate and nutritious diet in Wales, especially in deprived parts of the country. According to the Royal College of Paediatric and Child Health, young people between the ages of 15 and 17 years are more likely to binge drink.

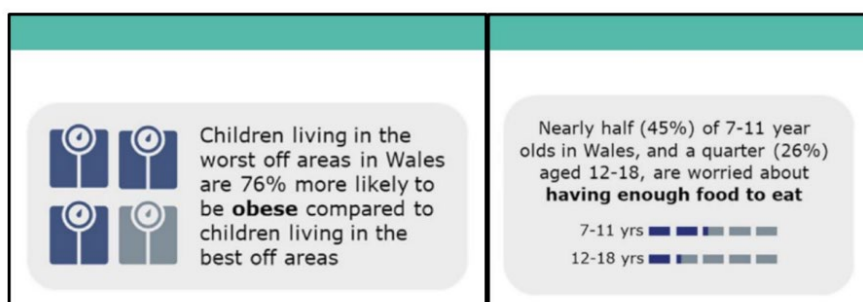


Figure xxx. Proportion of children engaging in each lifestyle behaviour

Healthy lifestyle behaviours of children have not improved over the past several years. There is an urgent need and momentum for change growing in Wales. Data from Public Health Wales’ Time to

Talk Public Health survey on food environments show public support for more formal measures to address unhealthy food and drinks:

- 63% of people agreed planning laws should be used to restrict the number of fast food restaurants near schools
- 63% of people agreed there should be restrictions on sponsorship of sporting events and teams by companies that market unhealthy food
- 81% of people agreed that healthy drink options, such as water or milk, should be the default option for children's meal deal offers
- 82% of people agreed there should be age restrictions for buying food and drink labelled as not suitable for children (eg: high caffeine or sugar)
- 83% of people agreed governments should use financial tools to reduce the price of healthier foods such as fresh fruit and vegetables.

The situation

International evidence highlights that advertising restrictions, legal age requirements, price increases, and limits on where fast-food outlets can be built can reduce exposure and access to unhealthy products. This can result in improved health outcomes among children and young people, as well as adults.

We did

PHW led two international learning reports addressing this issue:

- [The Commercial Determinants of Health](#)
- [Fiscal Levers to Address Obesity](#).

Evidence suggests that young people are particularly susceptible to the adverse effects of commercial activities on their health.

The reports recommend several actions for policy makers, including:

- prioritising the implementation of comprehensive marketing restrictions for unhealthy products
- strengthening urban planning regulations to control the number of fast-food outlets near schools
- promoting school-based interventions to ensure healthy food environments as well as restrictions on online marketing
- financial policies that influence the relative price of foods and beverages have been repeatedly recommended at the global level as an option to promote healthy diets; and could have the potential to make healthier items more affordable

These measures require buy in, resources and adaption to be successfully implemented. They are not a single solution and while they can have a positive impact on purchase and consumption, wider measures for overweight and obesity are also required.

What next

PHW looked at [public health implications of free trade agreements](#) as well as successful interventions across the life stages, including early years, to [prioritise prevention](#) and [social value](#). Building on this evidence and international learning from policy and practice, PHW is informing Welsh Government decisions and policies that shape (un)healthy behaviours of children and young people, such as tax and subsidies, school interventions, sustainable food, and others. PHW is also working as part of a whole systems approach to healthy weight with health boards in Wales and strategic partners across the system to reshape local food environments, identifying local and national levers for change for children, families and communities.

We are also part of and informing the global agenda through contributing to the World Health Organization reports and initiatives.

- **Research into flood early warning systems prioritises financial impact rather than health**

Background

Flooding can have a significant impact on both mental and physical health, both when an actual flood occurs and when individuals are aware that they live in a flood-risk area.

The situation

Existing research into the benefits of flood early warning systems has focused on their impact on tangible losses, such as damage to property, rather than looking at their effectiveness for reducing the negative health impacts of flooding.

We did

The Evidence Service at Public Health Wales examined whether flood early warning systems have been effective in mitigating the health impacts of flooding.

The review found very little evidence looking at the effectiveness of flood early warning systems on health impacts, with the majority of existing research focused on the mitigating impact that systems have on property or other tangible assets.

There was some evidence that those who received early warnings of flooding benefited, with research suggesting that the longer the time from warning to flood, the lesser the negative short- or long-term health effects.

Another study showed that depression and Post Traumatic Stress Disorders were higher among people who were displaced by flooding and who had received no early warning, compared to those who received a flood warning more than 12 hours in advance.

In addition, the Service carried out a scoping review of the evidence examining interventions to support mental health and wellbeing in areas at risk of flooding and after a flooding event.

The scoping review found no secondary research that focused solely on mental health and wellbeing interventions for those affected by flooding. However, there was some research which looked at disasters more generally and suggested that distress resulting from a flood is usually temporary for most people, but that some people may need to be referred to specialist mental health services for significant and enduring psychological problems.

What next

Development of Public Health Wales' research priorities around climate change, including flooding, is ongoing because of the scoping and evidence reviews and research studies undertaken by the Evidence Service.

Monitoring and Improving Outcomes – Continuous Improvement

- **Communicable Diseases**

Background

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

The situation

In Wales we have a detailed plan which guides us how to manage such diseases and outbreaks - the Communicable Disease Outbreak Plan for Wales which was updated and published in 2024 after an extensive review by PHW.

We did

Several exercises were undertaken in 2024-25 including exercise Fad Faeln and exercise MPOX that demonstrated the system's ability and preparedness to respond to and manage incidents of communicable diseases. There have been subsequent reports published in relation to these exercises and relevant learning is being embedded.

What next

We will continue to test and improve our resilience and preparedness to provide a safe, timely, equitable, efficient, effective and people centred response to environmental and communicable diseases cases, incidents, and outbreaks, including:

- undertaking a division-wide Business Continuity Cyber Security Digital Disruption Exercise from which we will apply learning
- actively participating in national Exercise Pegasus (to test our Pandemic response) and then apply learning
- collaborating with our partners to review and refresh the Environmental Public Health Incident Management Team guidance.

Whole-Systems approach

A whole-system approach describes the combined actions of communities and many organisations to collectively address issues facing local communities.

As the lead public health organisation in Wales, we cannot deliver the impact and ambitious change and impact across our population without the multiple partners and stakeholders with whom we collaborate.

- **National Work in Violence and Trauma**

Background

The Wales Violence Prevention Unit (VPU) is a South Wales' Police hosted team which has multiple different partners and is funded by the Home Office. Public Health Wales is a founder member and has a small research and communications team in the VPU. The Adverse Childhood Experiences (ACE) Hub Wales, funded by the Welsh Government is hosted by Public Health Wales. Both of these are examples of whole-system approaches.

The situation

PHW work with local and international experts and partners in these areas to support community interventions which in turn can support people living with the impact of violence and trauma. This helps us support individuals who experience lifelong distress because of their exposure and also helps us to work together to build more resilient communities in Wales.

We did

The Trauma-informed Wales Framework implementation continued with a fully established Steering Group co-chaired by ACE Hub Wales and Traumatic Stress Wales. Working groups were set up to lead on priority areas such as children and young people, communications and engagement, monitoring and evaluation.

Several resources were developed, including research on what works, e-learning and guidance on reflective practice and physical spaces, as well as independent evaluations of the toolkit and sector specific work.

The VPU progressed the implementation of the Wales Without Violence Framework and developed an engaging 'Men and Boy's' toolkit to provide a range of accessible information for understanding, supporting and critically assessing the role that programmes engaging men and boys can play in preventing violence.

What next

Complete the implementation of the Trauma-informed Wales Framework with projects and initiatives to support effective and inclusive community engagement. A key focus of this continuing work will be to understand the experience and impact of racial trauma, and the further development of resources and guides for the NHS, social care, and education.

The Violence Prevention Team, formerly the Violence Prevention Unit, will continue to provide a national role in promoting the prioritisation of primary prevention. Implementation of the Wales Without Violence Framework will continue to support local areas to halve knife crime and Violence Against Women and Girls in the next ten years.

- **Whole-School and Systems Approaches to Health and Well Being**

Background

Our schools and early year's education settings hold a unique position in influencing the health and wellbeing of children and young people. Parental support has been identified as one of the key levers enabling settings to embed whole school approaches to health and wellbeing.

The situation

Public Health Wales takes a leading role in promoting and implementing a whole-school and systems approaches to health and wellbeing. Three complementary programmes delivered by Public Health Wales, on behalf of the Welsh Government are:

- Welsh Network of Health and Well-being Promoting Schools (WNHWPS)
- Whole School Approach to Emotional and Mental Well-being (WSAEMWB)
- Healthy and Sustainable Pre-school Scheme (HSPSS)

With support settings in place to take evidence-based action to embed health and wellbeing into the fabric of the school or nursery, supporting lifelong physical, mental and emotional health and wellbeing.

We did

A survey conducted by Public Health Wales and published in April 2024, showed that most people in Wales support schools and nurseries having a role in health and wellbeing outcomes for under 18s. The results showed that support for the role of educational settings (eg: schools and nurseries) was high across all nine child health and wellbeing areas we asked about.

What next

Our teams will continue to provide local support to schools and early years' settings, guided by national tools, guidance, and resources, to help identify their health and wellbeing priorities, develop action plans, and access additional support such as training, to meet the needs of their school community.

- **Physical activity among secondary school pupils in Wales**

Background

We know that regular physical activity offers significant mental and physical health benefits for children and young people. It enhances cardiovascular fitness, strengthens bones, and reduces the risk of chronic diseases such as diabetes and high blood pressure. Engaging in physical activity is associated with improved sleep quality, reduced symptoms of anxiety and depression, and better academic performance.

UK Chief Medical Officer Guidelines recommend that children and young people aged 5-18 should engage in an average of at least 60 minutes of moderate to vigorous physical activity daily across the week. Over the past decade, physical activity levels among children and young people in Wales have shown a decline in levels since 2017, with only 16% of young people meeting the recommended 60 minutes of daily physical activity in 2021. Despite a more recent improvement, overall activity levels remain low – particularly among older adolescents and girls. Children from more affluent backgrounds are more likely to engage in regular physical activity.

These trends highlight the need for targeted interventions to promote physical activity among all young people in Wales.

The situation

The school setting offers an ideal opportunity to address physical activity among children and young people. Public Health Wales are working with national partners, including Welsh Government, Sport

Wales, and Natural Resources Wales, to develop the Daily Active Whole School Approach to Physical Activity (“Daily Active”). This aims to improve opportunities for physical activity in and around the school day, with a focus on areas such as active lessons, developing PE and active travel.

We did

The Wales-focused School Health Research Network (SHRN) survey is one of the biggest surveys of school pupils in the UK. Every two years it asks questions on a range of topics including mental well-being; substance use and school life. The most recent survey was completed by nearly 130,000 learners in years 7 to 11, within 200 maintained secondary schools across Wales.

The results are included as part of a new update to the [Secondary School Children’s Health and Well-being Dashboard](#), an easy-to-use tool which enables users like schools, government and local authorities to look at figures from SHRN surveys over time. The dashboard allows users to explore the data by different regions, ages, gender and family affluence, providing an opportunity to identify trends for adolescents in Wales.

An example of the findings is an increase in physical activity levels reversing a decline that started in 2017. Particular attention needs to be given to encouraging more physical activity among young people (especially girls) as they progress through their teenage years.

What next

Public Health Wales is working closely with Welsh Government, Sport Wales, and Natural Resources Wales to develop the Daily Active Whole School Approach to Physical Activity. Daily Active aims to enhance the delivery of high-quality physical education and create positive experiences and opportunities for physical activity in and around the school day. This initiative adopts a whole-school approach to physical activity, promoting lifelong health, physical literacy, and enjoyment of physical activities tailored to everyone’s capacity and ability.

A range of development and discovery activities have taken place, informed by data from the SHRN survey and other sources of intelligence. Daily Active is now developing an assessment framework for schools and will be supporting schools in improving their physical activity offer over the coming years.

- **Primary Care Obesity Prevention Action Plan**

Background

Obesity is a serious health concern that increases the risk of many other health conditions such as heart disease, type 2 diabetes and some types of cancer such as bowel cancer. As well as being a significant public health concern, it also places significant pressure on our health and financial resources.

The situation

Last year we presented the work that PHW had led through two reports to support obesity prevention and weight management in Wales, with a specific focus on Primary Care. The recommendations from these reports continued to be our focus in 2024-25. As a reminder, they are.

- supporting the person-centred journey in primary and community care

- supporting the primary and community care workforce to confidently manage overweight and obesity
- optimising overweight and obesity data usage and digital healthcare technologies in primary and community care
- developing leadership and governance to drive implementation of actions in primary and community care.

We did

Significant progress was made against the Primary Care Obesity Prevention Action Plan to improve weight management support in primary and community care, with substantial activity having occurred in relation to 24 out of the 29 actions in the Plan.

A report published in November 2024 highlighted that most actions in the Plan were delivered via activity in four ‘spotlight’ areas:

- supporting obesity prevention and postnatal weight management in women up to five years after pregnancy
- integrating the All-Wales Weight Management Pathway (AWWMP) into patient treatment plans
- supporting prevention and management of musculoskeletal conditions such as osteoarthritis
- providing resources to support the primary and community care workforce in how to improve weight management.

Alongside the report, an infographic was also published to help policy makers, practitioners and researchers to better understand and support postnatal weight management in primary and community care.

What next

During 2025-26, we will prioritise:

- maintaining and building on the momentum achieved in key areas of work, including post-natal health and wellbeing, embedding obesity prevention into clinical pathways, and developing more helpful resources for the primary and community care workforce
 - addressing challenges to progress on digital developments and workforce wellbeing.
- **Vaping for Secondary-aged learners in Wales**

Background

Vaping is an ongoing concerning behaviour, particularly amongst young people. We have a role in identifying new trends which may impact on the health of our population. Vaping is one of these new trends and involves inhaling and exhaling a vapour usually containing nicotine and flavouring.

The situation

Last year, we spent time understanding the data and trends in vaping in children and young people, and informed you about a document we produced to support schools in how to respond to vaping : [Vaping Guidance](#). Vaping remains a priority area for us in 2025-26.

We did

During 2024-25, to supplement the information and guidance on vaping for schools, we produced a detailed curriculum toolkit which provided teacher guidance, knowledge banks, and classroom activities. We also developed and publicised specific guidance for parents and carers on vaping to help them to understand key issues, identify if their child is vaping, and have supportive conversations.

What next

During 2025-26 we will:

- produce a webinar for school staff on vaping
- develop a set of resources to support professionals working with young people who vape to deliver a brief intervention
- create a tailored Help Me Quit offer for young people who vape and are nicotine dependent to support them to quit.

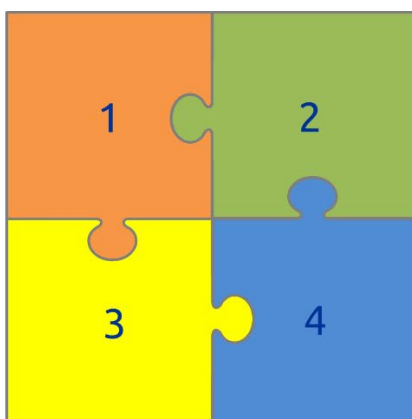
6. Quality Management System

Background

The Duty of Quality requires Welsh Ministers and NHS bodies to develop their quality management system (QMS) with appropriate focus on quality control, quality planning, quality improvement and quality assurance to create a culture of quality within organisations. Improving services and impact needs to be at the heart of everything we do².

Quality planning helps us set our goals by understanding the needs of the people of Wales, our patients and service users

Quality Improvement is about identifying priority areas that need improving, and creating ways or solutions to ensure this happens



Quality control is about good management of the day-to-day business using information to understand where things need to be better or are not meeting the required performance standards.

Quality Assurance is about checking that a service is doing what it was designed to do and meeting the needs of patients, service users or the wider population

The situation

During 2024-25, Public Health Wales, as part of its commitment to the Duty of Quality, continued to develop its QMS as an approach for PHW to be a quality-driven organisation at its heart.

We did

We developed and published 'bitesize' animated videos for our staff, to raise awareness and knowledge of the Duty of Quality, Health and Care Quality Standards, and all aspects of a QMS.

We established a dedicated Quality Oversight Group (QuOG) to provide a structured forum for discussion in matters relating to the Duty of Quality. The QuOG is a key component in supporting us to become a quality-driven organisation and sharing learning.

² The Duty of Quality Statutory Guidance 2023 and Quality Standards 2023

We developed and implemented a Duty of Quality Health and Care Quality Standards digital self-assessment tool. This tool helps us to report on and assess the quality of our services across the organisation, drive quality decision-making and share learning. We will be able to monitor our impact through a measurement dashboard that will be developed in 2025-26.

The Public Health Wales' Improvement & Innovation Hub has worked with all areas and across the organisation to support quality improvement work, build improvement skills in our staff and enable innovation to flourish.

We procured and started the initial implementation of a digital system that allows us to capture all of the audit work we undertake. Audit helps us assure delivery against standards and this new system will enhance our ability to capture results, actions and share learning.

What next

In 2025-26, we will be supporting our teams and services to grow this QMS approach. We will implement areas of improvement from our assessment against the Health and Care Quality Standards and share progress and learning.

We will be developing a digital tool that will allow us to undertake Quality Impact Assessments so we can understand and record the impact of any changes we plan to make on the quality of our services and improve our quality decision-making.

The Public Health Wales' Improvement & Innovation Hub will continue to support all areas of the organisation to drive quality improvement and innovation, share the learning from the work, and reach more staff to build improvement and innovation knowledge and skills across our workforce.

We will monitor the progress made so we can provide evidence and assurance to the people that use our services that we have the right systems in place to deliver excellent services, learn and continually improve.

7. Concluding Remarks

This second Duty of Quality Annual Report has built on feedback from last year's report. We hope that it is a helpful overview of our progress and endeavour this year to continue to improve the quality of our services. We will continue to use the 12 Quality Standards to centre both our daily work and our strategy and vision for a healthier Wales, delivering excellence in all we do and continuing to be a learning and improving organisation.

My thanks to everyone who has contributed to this report, and to you, our population for taking the time to read it and support our work.