



Annual Quality Statement

2018 - 2019



GIG
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WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales



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Foreword

Welcome to our 2018-2019 Annual Quality Statement, which demonstrates just some of the amazing work being carried out throughout our organisation, not just by our staff but also our partners, both here in Wales and across the world. We are constantly working to achieve a healthier future for the people of Wales. We do this through working with communities, public and private bodies, charities and voluntary and community groups across a wide range of sectors, including health, housing, local authorities, police, fire and education. We also work with the Welsh Government.

We are committed to involving people from communities and organisations across Wales to help transform the health and well-being of our population. This Annual Quality Statement shows some of the work that we have been doing during the first year of our long-term strategy 'Working to Achieve a Healthier Future for Wales', and also what we have been doing to deliver our responsibilities under the Well-being of Future Generations (Wales) Act 2015.

You will see that it has been a busy year for everything we do, and we could not have achieved this without the amazing support of our people and partners. On behalf of the Board, we would like to thank all of our wonderfully talented people in Public Health Wales who go the extra mile every day to make a difference, and all of our partners who are committed to working with us to transform our health in Wales.

Jan Williams, OBE FRSPH
Chair Public Health Wales

Tracey Cooper
Chief Executive
Public Health Wales



The baobab, tree of life

Our Artwork

Working with asylum seekers forces us to confront the realities of a changing world. Though a small nation, Wales is still affected by large-scale challenges such as conflict, environmental change and poverty that drive increased populations of displaced people.

Through learning about the experience of asylum seekers we can challenge ourselves, asking if we deal with inequality and discrimination across all groups and whether we make people feel powerless or unimportant.

Oasis Cardiff supports 100 to 150 visitors every day, including people from Iran, Iraq, Afghanistan, Sudan, Mali and the Congo, among many other countries. Some have just arrived in Cardiff whereas others have been here for a few years and visit Oasis to socialise with the many friends they have made here.

The artwork was supported by local community artists and involved children, women and men who attend the project. Everyone who was involved in the piece thought the baobab tree was one of the best symbols to express health and well-being.

The baobab is a remarkable tree. It features highly in African tradition and in folklore, and in traditional natural remedies. It has many properties and is seen as a symbol of life and positivity by many people from Africa.

The group at Oasis felt there were great similarities between this tree and their experiences and those of other asylum seekers and refugees and the wider Welsh communities, all of whom have to rely on their own endurance and strength in difficult or challenging situations. The group photocopied hands to represent the leaves of the tree, symbolising togetherness and helping each other.

Many hands and nationalities are represented in the artwork, symbolising health and well-being from the asylum seeker's perspective in a Welsh context. The trunk also represents a road or a journey – a journey every asylum seeker at Oasis has experienced, and a lot of those journeys are harrowing. The baobab tree represents coming to terms with the upheaval of displacement and also the nurturing of nature, here represented in a tree. A very special, wise old tree.

‘Healthy Wales’ means working with others to make a difference to the health and well-being of present and future generations living and working in Wales. Here are a few examples of our work to promote and protect health.



Our long-term strategy

In Summer 2018 we launched our long-term strategy ‘Working to achieve a healthier future for Wales’. Significant work was undertaken during 2017-2018 to develop our new strategy, which covers the years 2018 to 2030 and will allow us to focus on how we can best work with our partners to have the greatest effect on improving health and well-being and reducing health inequalities in Wales.

We drew on various sources of information to develop the strategy, including more than 1,000 hours of staff and stakeholder feedback and a public survey ‘Stay Well in Wales’, which produced very useful information. Relevant law, regulations, research and reports also influenced our approach.



During 2018, we began work to deliver the seven priorities that emerged from the feedback and the survey. These priorities provide the basis for our Strategic Plan. Each priority is supported by a number of objectives that set out what we will do over the next three years. Each of these objectives is in turn supported by detailed plans, which we monitor through our Annual Plan. To support the development of these plans, we adopted a new approach to planning, involving staff from across the organisation by encouraging them to contribute to our plans. We held a planning session for each priority so that staff could get involved, and this also helped to further shape our objectives.

Following the launch of our long-term strategy:



We also put in place new arrangements for managing our priorities



These arrangements are currently being developed. They build on our previous planning and make sure the priorities are promoted from across the relevant parts of the organisation.



The new arrangements include responsibility for governing, and delegating our main priorities from our Executive Team to the strategic priority groups, to make sure we stay on track to deliver the long-strategy and plan for the future.

For more information, go to:

<https://bit.ly/2DqvVJl>



Our Values

Working together with trust and respect to make a difference.

The public sector in Cardiff agreed to put in place 14 commitments as part of a charter to support and encourage staff to walk or cycle to work or use low-carbon transport. The scheme has been co-ordinated by a consultant in the local public health team.

A joined-up approach: public health leadership in Public Services Boards

The Cardiff Healthy Travel Charter will be launched in April 2019 and is a public commitment by major public-sector employers in Cardiff, including us and Cardiff and Vale University Health Board. Eleven organisations who have signed up to the charter will be at the launch, representing over 33,000 public-sector staff in Cardiff. Once the charter has been launched we hope it can be offered to the private sector in Cardiff, and also public-sector organisations in the Vale of Glamorgan and possibly other parts of Wales.

We have continued to work closely with Cardiff Council on:



The city's clean- air strategy, to try to reduce air pollution.



We are also planning trials of Nextbike-on-prescription, which allows GPs to offer free membership of the hugely popular Nextbike cycle-hire scheme in Cardiff.

Quality Improvement Skills Training

1000 Lives Improvement has been working with Health Education and Improvement Wales to develop a unique Quality Improvement Skills Training (QIST) programme.

The programme is aimed at trainee doctors and dentists (and their trainers). Its aim is to provide high-quality training in the principles of Quality Improvement (QI), and access to Quality Improvement training resources to support innovation and excellence in healthcare.

This innovative national programme aims to:



Include access to QI as part of postgraduate training in Wales, and support the development of QI networks across Wales;



Improve access to existing QI resources and the development of innovative high-quality QI projects developed by trainee doctors and dentists (and trainers) for the benefit of patients; and



Incorporate QI training in existing educational settings and curriculums as part of postgraduate training across Wales.



"This distinctive project-focused Quality Improvement training programme is mapped against specific Royal College training curricula and also reflects the greater emphasis of Quality Improvement as part of General Medical Council Generic Professional Capabilities"

- Dr Gethin Pugh





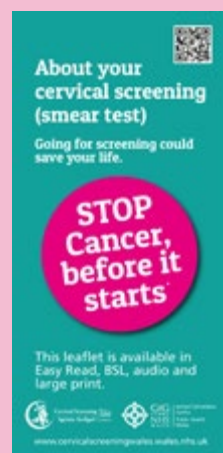
Cervical Screening Wales has started using a new screening test

Wales is the first country in the UK to start using high-risk HPV (human papillomavirus) screening as the main form of cervical screening. This testing began across Wales on 17 September 2018.

The UK National Screening Committee had previously recommended testing for high-risk types of HPV as the main type of cervical screening. Evidence shows that this test is better than the previous screening test at picking up changes in the cells in the cervix that could become cancer. It is also more accurate at identifying women who do not have cell changes. The Welsh Government agreed with this recommendation, and then began planning for a full launch of HPV primary screening in Wales.

Women aged 25 to 49 are invited for cervical screening every three years and women aged 50 to 64 are invited every five years.

A trial of primary HPV screening started in April 2017, where 20% of women attending for screening had primary screening with HPV testing.



We carefully evaluated this trial, including looking at how the test performed and inviting feedback from women and staff.

914 women filled in questionnaires about HPV testing and were asked for comments about the information they were given about the screening.

We used their responses to improve this information for the full launch.



To increase awareness and improve uptake of cervical screening, we have been running a comprehensive social-media campaign. The **#LoveYourCervix** campaign, launched in March 2019, aims to encourage more women to go for cervical screening, especially those aged 25 to 30 (who have the lowest uptake), and to increase people's understanding of HPV.



Did you know?

- Cervical screening can prevent cervical cancer.
- Cervical cancer is caused by high-risk types of human papillomavirus (HPV).
- HPV can be passed on through any type of sexual contact with a man or woman.



Bach a Iach (Small and Healthy)

Bach a Iach (Small and Healthy) is an initiative developed in Powys to promote our 10 Steps to a Healthy Weight programme. It focuses on the food and fitness elements of the Healthy Pre-schools Scheme. Building on the success first reported in last year's Powys Teaching Health Board Annual Quality Statement, almost 90% of full and sessional day care settings in Powys now take part in the Powys Healthy Pre-schools Scheme. More than half of these have been recruited through the Powys Bach a Iach initiative launched in 2016.



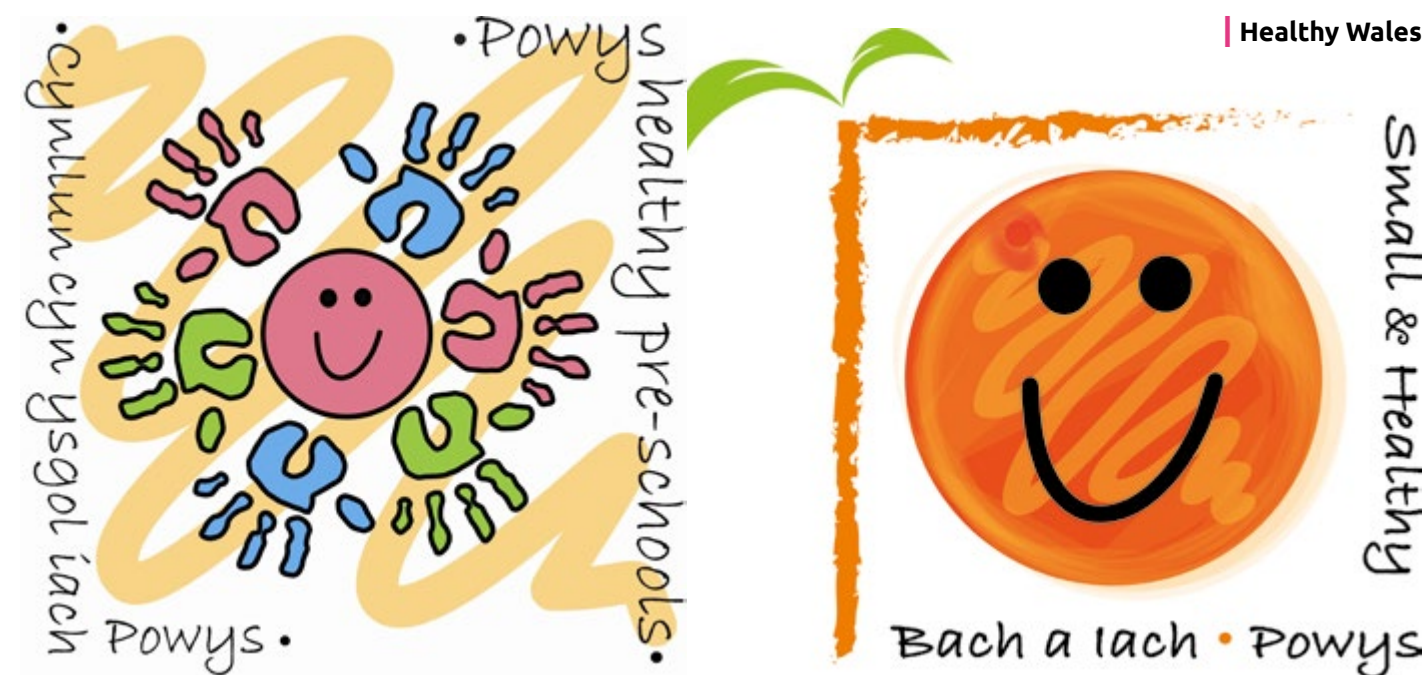
There have been 17 gold, three silver and four bronze Bach a Iach awards achieved.



All have achieved the nutrition and oral health, physical activity and active play elements of the scheme,



and have gone on to work on other parts of the wider scheme, such as safety, hygiene and environment.



The annual Bach a Iach 'Celebration and Sharing' event was held on 1 October 2018 in the Metropole Hotel in Llandrindod Wells, and was supported by groups such as the Family Information Service, Workplace Health, Radnorshire Wildlife Trust, Education, Sports and Leisure, health visitors, dietetics and the Powys Teaching Health Board (PTHB) local public-health team.

There were training, resources and demonstration sessions for more than 45 staff and professionals – all coming together to celebrate and innovate. It is hoped that the scheme will grow from strength to strength and support all pre-schools in Powys.



21st century leaders

This year a further 15 current and aspiring GP cluster leads completed the Confident Primary Care Leaders programme, giving them the knowledge, skills and confidence to become great leaders within their own clusters and help drive change in NHS Wales.

Established in 2016, the programme has supported 59 people over three groups, representing all health boards across NHS Wales. The programme is commissioned by the primary care hub in our Primary Care Division, and provided by qualified coaches and experts.

For more information:

<https://bit.ly/2vRvlpD>

You can find more information through Primary Care One at:

<https://bit.ly/30blQVp>

Did you know?

A cluster is a group of GPs working with other health and care professionals to plan and provide services locally. There are 64 cluster networks across Wales, serving between 30,000 and 50,000 patients.

“It has been invaluable. Each session has given me something different to take away. One of the key factors for me was having the headroom to think. As a cluster lead you don’t often have much thinking time – the programme gave me the chance to reflect on my learning after each module.”

**- Dr Kirstie Truman,
Cluster Lead and GP Partner**

“It’s been truly thought-provoking. As cluster leaders we’re working with people who have a clear vision about what they want to achieve within the primary care environment – and this course has been about learning how to support them in achieving this. It’s been brilliant to have the opportunity to take part in such an innovative course to help drive the clusters forward.”

**- Antonia Higgins,
Practice Manager**



Nurture – Inform - Choice

Most women want to breastfeed because breast milk is perfectly designed for their baby. It protects the baby from infections and diseases, and provides health benefits for the mother. However, feedback from North Wales Maternity Consultation events held by Betsi Cadwaladr University Health Board (BCUHB), the local public-health team, showed that some women stopped breastfeeding earlier than planned due to the difficulties they face and the lack of support during the first few weeks following childbirth. Wider cultural attitudes and practices also continue to influence how women choose to feed their baby.

The BCUHB Strategic Infant Feeding group was formed to look at the challenges faced by women and families. The group's aim is to create a long-term supportive culture of breastfeeding in North Wales and give parents information that helps them choose the most nutritious method of feeding their baby, and which helps develop close, loving relationships (whether they choose to breastfeed or not).



The Infant Feeding Strategic Plan supports our 10 Steps to a Healthy Weight programme – breastfeeding and introducing solid foods at the appropriate time are two main factors that can increase the likelihood of a child being a healthy weight when they start school.



The BCUHB group was set up to look at infant feeding in its broadest sense, and it supports a number of groups to work together to encourage positive discussion about breastfeeding. It also supports professionals to help families, and considers the views of women, families and volunteers.



The group's action plan focuses on all staff groups within the health board whose work affects families during the early years of a child's life.



The plan was formally launched on 25 March 2019, giving professionals, volunteers and mothers the opportunity to contribute.



The group is committed to continuing its work and making sure that relationships between all groups are strengthened to meet people's needs as much as possible, and deliver quality services to help give every child the best start in life.

Outbreak impacts

- Increased morbidity/ mortality
- Prolonged admissions
- Increased cost
 - Patient care
 - Outbreak control measures
- Disruption of services

Pathogen genomics: one year on

On 14 February 2019 a one-day event was held at the Life Sciences Hub in Cardiff. The day celebrated the significant achievements made during the previous 12 months within the Pathogen Genomics Unit (PenGU) and its partners. The day was well attended, with representatives from across Public Health Wales, education and the Welsh Government.

Representatives were updated on the following specialist issues:



HIV resistance typing is now delivered in Wales.



Genomic identification, resistance determination and mycobacterium tuberculosis typing is now live in Wales, delivering rapid sensitivity results and comprehensive characterisation to help manage patients and incidents.



Genomic typing of clostridium difficile is now challenging how we define outbreaks and providing invaluable information for Infection Control and Prevention colleagues across Wales.



Genomic typing of flu viruses across Wales has fed into the vaccine-selection process.

Did you know?

Tuberculosis (TB) is caused by a type of bacterium called mycobacterium tuberculosis.

It is spread when a person with active TB disease in their lungs coughs or sneezes and someone else inhales the droplets, which contain TB bacteria. Although TB is spread in a similar way to a cold or the flu, it isn't as contagious.

For more information about TB, go to:

<https://bit.ly/305Q78l>

Early Action Together

We have developed Early Action Together (EAT) to help us and the police and criminal justice system across Wales work together using a public-health approach. EAT is an opportunity to fundamentally change the way we identify, understand and support vulnerable people in Wales.

In the past, services have often focused on treating the symptoms of people's behaviour rather than preventing the causes, and by the time people get professional help it can feel too late to intervene. Research shows that people who have 'adverse childhood experiences' (ACEs) are more likely to develop antisocial behaviour or behaviour that harms their health, and become involved in violence. But it doesn't have to be this way. Because the police spend so much time with people whose well-being and safety are at risk, they are well-placed to intervene before things get worse. They can also find ways of helping individuals, families and communities to become stronger, and so reduce the impact of ACEs and trauma and break cycles of behaviour that have continued through generations.

So far, almost 3,000 police officers and partners have received ACEs training as part of EAT. 'Early help' trauma-informed systems and processes (see Did you know? below) are being tested with local authorities, and a public-health approach is being tried out in all four police forces in the areas of serious violence, workforce well-being, social prescribing (see Did you know?) and policing in schools. The whole programme is being evaluated, and its findings will inform the work of the police and the prison and probation services. A learning network has been developed to share professional knowledge, findings from research, best practice and information about partner organisations to help sustain the work of the programme and a trauma-informed workforce.

For more information contact:

contact earlyactiontogether@wales.nhs.uk
and follow on Twitter

Benefits of EAT include:



support for a trauma-informed approach from senior and strategic leads from all partner organisations;



influence on government policy, for example there is a reference to the programme in the UK Government Serious Violence Strategy;



improved well-being of the workforce; and



better sharing of information and knowledge on how to put in place offers of early help. A joint approach to early help is already resulting in less demand on police and their partners, with fewer repeat calls from the same people and families (because they now have the right support in place from the right organisations).

Early help is when public-health organisations, the police, the criminal justice system and the third sector (charity and voluntary organisations) work with other agencies to step in early to try to prevent antisocial behaviour that results from ACEs and trauma, and help people who are at risk of poor outcomes in relation to crime.

Social prescribing, sometimes referred to as community referral, enables GPs, nurses and other primary-care professionals to refer people to a range of local, non-clinical services.

Did you know?

A trauma-informed approach begins with understanding the physical, social, and emotional impact of trauma on a person, as well as on the professionals who help them. It includes the following three elements.

- Realising how widespread trauma is.
- Recognising how trauma affects everyone involved with the programme, organisation or system, including the workforce.
- Responding by putting this knowledge into practice.

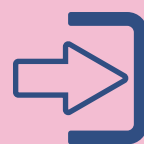


Help me quit

Working with local and national partners, we have continued to promote NHS stop-smoking services through the 'Help Me Quit' programme.



We have based our work on feedback from groups where smoking is at its highest, and used a combination of TV advertising, social media and website promotion to get our message across.



In the last quarter of 2018, the number of smokers getting in touch with Help Me Quit and signing up for support to stop increased by 20% compared with 2017.



Plans are in place to build on this success and reach more smokers.



Smoke-free

No Smoking Day 2018 saw the launch of the Abertawe Bro Morgannwg University Health Board (ABMUHB) smoke-free campaign in comprehensive schools across the health board area.

Healthy Schools, a programme based within the ABMUHB local public-health team, had earlier held a competition for all comprehensive schools to design artwork for the campaign. There were over 300 very high-quality entries and the judges had difficulty choosing just one winner from the 30 that were shortlisted. As a result, they choose parts of three different entries to be combined into a single design. All three winners attended Dwr Y Felin Comprehensive School in Neath Port Talbot, where the campaign was launched. At the launch, pupils gave a presentation on the dangers of smoking and put on a production, 'The Ghost of Smoking Past', inspired by Dickens.

This campaign follows the launch of 'smoke-free school gates' in primary schools in 2017. The aim of smoke-free gates is to reduce children and young people's exposure to second-hand smoke, and also to make smoking seem unusual, in an attempt to stop children taking up the habit. Each comprehensive school, pupil referral unit and special school has been given signs with the school's name and uniform on to put up in their grounds. The signs say that the school and its grounds are smoke-free. Smoking on school grounds is set to become illegal in Wales in summer 2019.

Staying Safe

This means working to prevent ill health and inequalities. It includes protecting children and adults, making sure they are safe in different environments, and reducing the risk of infections (such as hospital-acquired infections). Here are a few examples of the work we have done to improve safety and promote well-being.



Self-management health and well-being

The Education Programmes for Patients (EPP) offer self-management health and well-being workshops for people living with, or affected by, a long-term health condition. The workshops are led by tutors who have experience of making lifestyle changes as a result of a long-term health condition.

Over the past year, the programme has trained 63 people who can now deliver EPP sessions to communities across Wales.

The EPP team have worked with a number of different organisations. They have:



Published a paper with the Bevan Commission to highlight the importance of patients being responsible for their own health and well-being;



produced a cancer leaflet with Tenovus Cancer Support, Macmillan Cancer Support and Breast Cancer Care to help organisations refer patients to other programmes; and



worked with Department for Work and Pensions (DWP) and the South West Wales Community Partnership to offer DWP clients self-management sessions to support them with their long-term health conditions.

The team are currently testing out a management programme with the Integrated Autism Service for **young adults aged 16 to 24**. Feedback and an evaluation of the trial was reported to the Neurodevelopmental National Steering Group at the end of March 2019.

For more information, go to:

<https://bit.ly/2DYLMnC>



Did you know?

Meningitis is an infection of the meninges, the membranes that cover the brain and spinal cord. It can be caused by a variety of different organisms, including bacteria, viruses and fungi.

In the UK, the most common cause of bacterial meningitis is infection with the meningococcal bacteria. There are five main groups – A, B, C, W and Y, of which B, W and Y are the most common in the UK.

Over 600 students recruited for MenB study

The health-protection division has recruited 658 high-school students for a national study on the meningitis B (MenB) vaccine. Students aged 16 to 18 from Coleg y Cymoedd, Cardiff High School and Stanwell School took part in phase one of the study, which started in April 2018. Over the coming two years the study aims to recruit 2,000 students.



Teenagers Against Meningitis (TEAM) is a study led by Oxford University. It involves **24,000 students** across the UK. The study aims to investigate whether vaccinating teenagers against **meningitis B** reduces the number of teenagers who carry the **meningococcus bacteria**. This should in turn protect the wider community against the disease.

Meningitis is caused by an infection around the surface of the brain. It is rare but can be life-threatening, and mostly affects babies, young children, adolescents and young adults.

“We are very grateful for the participation of the schools and students in this study, which will help guide vaccination strategies to reduce the risk of this severe infection in teenagers. Carriage studies such as this are important in understanding the spread of disease and the use of vaccinations.”

- Dr Chris Williams,
Consultant Epidemiologist and
Lead Research Investigator
at Public Health Wales

For more information, go to:
<https://bit.ly/2JdVVXY>

We are committed to becoming a responsible, world-leading and inspiring public-health institute. Here are a few examples of what we have done to develop and support Wales to be better prepared to respond to global threats, and to improve global health.



World Health Organization (WHO) Collaborating Centre on Investment for Health and Well-being

A World Health Organization Collaborating Centre (WHOCC) on Investment for Health and Well-being was designated as part of Public Health Wales and launched in June 2018. This is the first and only Collaborating Centre in this field (investment for health and well-being) in the world, and joins a network of over 800 Collaborating Centres in more than 80 countries. The launch event was opened by our chair, Jan Williams, and our chief executive officer, Tracey Cooper. It was attended by the Cabinet Secretary for Health and Social Services, Vaughan Gething AM, who congratulated us on an achievement he said was “a source of pride for Wales”. Chris Brown, Head of WHO Office for Investment for Health and Development in Venice, addressed the audience and praised our long-standing partnership with WHO, as well as our shared vision and priorities for health.

The Collaborating Centre is developing, gathering and sharing knowledge, information and practical tools on how to best invest in health and well-being, reduce inequities (unfair differences in health outcomes between groups of people), and build stronger communities and systems within and beyond Welsh borders. Our work with the centre shows our global and national responsibility and commitment to achieving better health, well-being and prosperity for everybody in Wales, Europe and throughout the world, encouraging a sustainable and fair economy and society and a healthier and happier people and planet.

For more information, go to:
<https://bit.ly/309hput>



Joint Action on Health Equity Europe (JAHEE) programme 2018-2021

Wales has committed to taking part in the Joint Action on Health Equity Europe (JAHEE) Programme over the next three years, as part of our ongoing commitment to the international health inequalities. Wales is the only UK country taking part. The Welsh Government will lead on Wales' input to JAHEE and co-ordinate information centrally to meet the requirements of financial monitoring and reporting to the joint action co-ordinator. We will help them achieve this as they contribute to two work packages on governance and health and migration.

A total of 25 countries are taking part in JAHEE, which represents an important opportunity for countries to work together to deal with inequalities in health and the underlying 'determinants' that influence health. The aim of the project is to improve the health and well-being of EU citizens and achieve fairer health outcomes for all groups in society. Including health and well-being in all policies is one of the areas that JAHEE will encourage further action on. The project will also focus on lifestyle-related health inequalities. Another priority for JAHEE is migrants, as poor health and lack of access to health services can prevent migrants from integrating and can create further inequality.

For more information, go to:

<https://jahee.iss.it/>

Did you know?

'Health inequality' refers to differences in health outcomes between groups, for example, a higher rate of lung cancer in more deprived areas compared with less deprived areas. The term 'health inequities' relates to perceived unfair differences in health outcomes between groups that could be avoided.



The wider 'determinants' of health are social, economic and environmental factors that influence health, well-being and inequalities.



Key determinants of health and well-being are our family, our friends and communities, the quality and security of our housing, our level of education and skills, availability of good work, money and resources, and also our surroundings.

For more information, go to:

<https://bit.ly/2Q0bnb0>

<https://bit.ly/2Hkly6i>



Wales for Africa Health

The annual Wales for Africa Health 'Global citizenship and health' conference took place in Cardiff in October 2018. It was held at the Temple of Peace and Health and was jointly sponsored by the Wales for Africa Health Links Network, Hub Cymru Africa and the Public Health Wales International Health Coordination Centre.

Those who attended the conference heard from Welsh and international speakers on how a commitment to international health could contribute to a more globally responsible Wales. Dr Frank Atherton, Chief Medical Officer for Wales, opened the conference by sharing some of his own experiences of working internationally and the opportunities presented by the Well-being of Future Generations Act 2015.

Throughout the day, people discussed relevant topics, including what it means to be a global citizen in the health sector and how to give nurses and midwives the skills and opportunities to take their place at the heart of tackling 21st century health challenges. Dr Gill Richardson, our Assistant Director of Policy, Research and International Development, gave a keynote speech outlining how the IHCC (International Health Coordination Centre) and the Charter for International Health Partnerships in Wales were helping to establish international health work across the NHS – providing clear benefits for both staff and the service.

The IHCC also organised a very popular session where people had the opportunity to discuss and contribute to the development of the first global citizenship training aimed specifically at health professionals.



For more information, go to:

<https://bit.ly/2E1Qx63>

We carry out work based on evidence so that we can measure the effects of what we do, including the effect on the public's health and well-being. Here are a few examples of the work we have done to improve the health of our population.

Diabetic eye Screening Wales

The Diabetic Retinopathy Screening Service for Wales was set up by the Welsh Government in 2002, and became fully operational in 2003. In April 2016 the service was renamed Diabetic Eye Screening Wales (DESW) and joined the other screening programmes run by us.

The aim of the service is to save the sight of people living with diabetes in Wales through detecting sight-threatening diabetic retinopathy early, before any symptoms show. DESW is the only lifelong UK screening programme. All people aged 12 and over with a diagnosis of diabetes who are registered with a GP in Wales are eligible for regular retinal screening.

DESW has published its first annual statistical report, which you can read by going to

<https://bit.ly/2J8swP5>



Did you know?

- More than 170,000 people in Wales are offered annual screening through the DESW programme.
- Regular eye screening reduces the risk of sight loss caused by diabetic retinopathy.
- Diabetic retinopathy is a common complication of diabetes that affects the retina (the 'seeing' part of the eye).
- Retinopathy is caused when small blood vessels in the retina grow or leak. Over time, this can affect vision temporarily or permanently.
- Until it gets to a late stage, people with retinopathy do not experience any symptoms or loss of vision and do not know they are affected.
- Regular screening is the best way to identify retinopathy and supports early treatment to help save sight.

For more information, go to:

<https://bit.ly/2iGAbFc>



Preparing for Brexit

To prepare for leaving the European Union, NHS organisations were asked to consider the possible effect of a no-deal Brexit. We had to put appropriate continuity arrangements in place and consider the effect on supply chains and critical machinery and equipment. We set up a formal programme to oversee our preparations and response.

Representatives were updated on the following specialist issues:



Business continuity – making sure we can continue to deliver our services as far as possible if there is an incident such as a terrorist attack, political upheaval, running out of supplies and so on;



Wider public-health impacts – understanding the effect there might be on wider public health if we were to leave the EU;



Health security – looking at areas such as vaccination and emergency planning, surveillance, supplies, training and the wider health system; and



People and resources – understanding the implications for our staff, particularly those resulting from a no-deal scenario, and providing support for those affected.

With our partners and other agencies across the UK, we have carried out significant work across all four of these areas.

Our work on the wider public-health implications of leaving the EU has focused on understanding the effect on the health of our population. It has included carrying out a health impact assessment (HIA) to identify the short-, medium- and long-term risks and opportunities of Brexit. The report, *The Public Health Implications of Brexit in Wales: A Health Impact Assessment Approach*, was published in January 2019, and we will continue to act on and monitor the findings. We may have to make changes to our organisational plan during the year, depending on the outcome of the Brexit negotiations.



We have also been improving our business-continuity arrangements. Since January 2019, **257 people** have taken part in **27 training events and exercises**. We delivered this training to make sure a wide range of staff could carry out key roles as part of a rota that would respond to any incident relating to a no-deal Brexit.

We have also designed and delivered a multi-agency health securities exercise, Exercise Allanfa that aimed to explore Wales' response to a major public-health security issue after Brexit. Thirteen organisations attended the exercise, including representatives from health boards and the Welsh Government. We have worked with partners and other agencies across Wales and the UK to reduce the risks to health security. We have asked for assurances from Public Health England on vaccine supplies, training and other areas. We have also provided support to the wider system in Wales, particularly Local Resilience Forums, the NHS, and the Welsh Government.

During this period of uncertainty, we have also worked to identify staff who have EU nationality so we can give them appropriate support, including drop-in sessions where they can get information.





How Brexit may affect the health and well-being of people across Wales

A new national report examines how Brexit might affect the health and well-being of people across Wales.

As part of preparing for Brexit, we commissioned the Wales Health Impact Assessment Support Unit (WHIASU) to carry out a health impact assessment (HIA) of Brexit in Wales to help us support other public bodies planning for Brexit. The assessment, which was published on 21 January 2019, looked at the possible wider implications of Brexit on people's health and well-being in the short to long term, especially any groups of people who may be particularly affected.

The assessment was carried out over a six-month period in 2018/2019. It included a comprehensive review of academic, health and government literature, a workshop for stakeholders, interviews with stakeholders and those who lead on policy.



A multi-agency strategic advisory group helped advise on and manage the assessment, which looked at:



the full extent of the effects of Brexit;



the wide range of factors that influence health and that would be significantly affected (including health and social-care staffing and supplies, food safety and supplies, and so on);



the range of groups that would be affected (for example, young people and families of non-UK EU citizens);



the importance of trade and trade agreements as a factor that affects health; and



how uncertainty affects mental well-being.

For more information, go to:

<https://bit.ly/2JuPX4j>



Healthy Weight: Healthy Wales

The Public Health (Wales) Act 2017 placed a duty on the Welsh Government to develop a plan focused on preventing (and reducing levels of) obesity. We have been part of the Welsh Government multi-agency National Obesity Strategy Development Board and worked closely with the Government to help them to develop the 'Healthy Weight: Healthy Wales' strategy, which was launched for consultation in January 2019.

The Public Health Wales Observatory has also been working to collect data (information) and evidence for the Healthy Weight: Healthy Wales strategy. In January 2019 we published some supporting information which including a detailed overview of the data available on obesity in Wales, and three evidence reviews looking at possible interventions. We have also commissioned work to look at how we can learn from international best practice, and more specific work to explore emerging issues, for example the role of ultra-processed foods (ready meals, sweets, fizzy drinks and so on).

Despite tackling a very complex issue, the supporting information aims to provide a thorough but accessible view of obesity in Wales. The data highlights the need for urgent action, with almost a quarter of adults (about 600,000 people) considering themselves obese. The data also showed that having a high body mass index (BMI) was the main factor that contributed to the number of years people live with a disability (known as YLD). And the evidence shows that interventions to reduce these health risks are crucial to encourage action.



For example, the supporting information includes information on **obesity-related health behaviour**, as well as how much families spend on food and drink. Since 2008, there has been a reduction in the number of adults eating more than five portions of fruit or vegetables a day, and people are buying fewer fruit and vegetables.

The reviews revealed some related findings from research studies that are trying to influence what people eat. If there are price reductions on fruit, vegetables and healthy foods, more people buy them. However, few research studies have been carried out in 'the real world' to find ways of encouraging people not to buy as much unhealthy food.

For more information, go to:

<https://bit.ly/2YrFATp>

Quality and competence of our medical laboratories

In November 2017, the diagnostic, specialist and reference units of our microbiology network gained UKAS accreditation for ISO 15189:2012 'Medical Laboratories – particular requirements for quality and competence'. In surveillance visits in June and July 2018, the laboratories were assessed to see if they still met the accreditation. Some of the laboratories also applied for an extension to their accreditation due to recent service developments which were also assessed during the visits (or shortly after).

The assessment report from UKAS said the laboratories' strengths included:



competent, friendly and knowledgeable staff;



a developing Quality Management Team;



good communication systems across the network and between the network and local health boards; and



investment in service development with new technologies and platforms.

We have maintained accreditation to ISO 15189:2012 and are expecting our next surveillance visit in June 2019.



Introduction of rapid tests to benefit patients and public for winter 2018-2019

Following a request by the Welsh Government in February 2018, our microbiology network carried out an evaluation and procurement exercise that resulted in a service award for rapid respiratory testing in all of our laboratories by 10 December 2019.

The Biofire system tests for over 20 targets, including influenza type A and B, and provides a valid and authorised result within four hours (often a lot quicker) of receiving samples for testing. These quick and reliable results help doctors decide which patients need to go into hospital as part of their care but who might need grouping into specific areas to prevent the spread of infection or cross-infection.

Between December 2018 and February 2019, the service carried out nearly 2,000 tests across Wales. We will evaluate the service once the flu season is over, to help us decide how we use it in the future and whether we should expand it.



Genomics - laboratory characterisation of flu viruses

Previous methods of influenza genetic characterisation used in Wales did not meet the requirements laid out by the European Centre for Disease Prevention and Control (ECDC) and the World Health Organization influenza surveillance network. With financial support from the Welsh Government, our influenza surveillance team, working with the Pathogens Genomics Unit (PenGU), developed next-generation sequencing (NGS) of flu viruses in Wales. NGS influenza surveillance uses cutting-edge technology to get more detailed information on the genetics of the flu viruses circulating. During 2017/2018, sequencing using this technique was carried out on 140 flu viruses from across Wales.

Virus characterisation feeds into development of the flu vaccine for the following year, and allows us to assess the match between the vaccine and circulating viruses, and so predict how efficient a vaccine is. The Welsh data from the 2017/2018 season showed that the vast majority of influenza A (H3N2) viruses were matched to the recommended A/Singapore/INFIMH-16-0019/2016 component of the 2018/2019 vaccines.



Did you know?

There are three types of flu virus – A, B and C. Types A and B are responsible for causing large outbreaks of illness each winter. Within the A and B groups, there are further ‘subtypes’. These are categorised by allocating a number to each of the unique proteins (hemagglutinin and neuraminidase (H&N)) on the surface of each virus. For example, influenza A (H1N1) and influenza A (H3N2) have been the main circulating subtypes causing illness over the last few years.

Each year, extensive surveillance by the World Health Organization identifies the circulating strains of influenza A and B viruses for each flu season in the northern hemisphere.

It is important to identify, as accurately as possible, the specific subtypes of virus that circulate for each flu season. This is to make sure the flu vaccine closely matches those subtypes, offering the best protection possible. A further challenge when dealing with creating an effective flu vaccine is that the influenza A virus can alter the H&N outer proteins very slightly during a flu season (usually October to March). This is called ‘antigenic drift’. These small changes can result in the vaccine becoming less effective during the flu season.

For more information, go to:

<https://bit.ly/2Tf6yv0>

This means working to prevent ill health and inequalities. It includes protecting children and adults, making sure they are safe in different environments, and reducing the risk of infections (such as hospital-acquired infections). Here are a few examples of the work we have done to improve safety and promote well-being.)

Dementia care

Our 1000 Lives mental-health and learning-disability team, people living with dementia and their carers, and providers of dementia-care services are producing a shared vision and a set of standards and principles for a dementia-care service for the whole of Wales.

The shared vision, standards and principles will help deliver the outcomes set out in the National Dementia Action Plan 2018. Current themes (set out below) are emerging that will support a model of care for cognitive health (the health of the brain and its functions).

We plan to use different methods of establishing shared values and beliefs to discover people's experiences of services. These will be connected to the themes of the NICE Pathway for Dementia 2018 – keeping well, initial assessment and ongoing care and support.





Health experiences of asylum seekers and refugees in Wales

We joined with Swansea University and third-sector organisations, including Displaced People in Action and the British Red Cross, to deliver 'Health Experiences of Asylum Seekers and Refugees in Wales (HEAR)'. This is the first study in Wales to collect the views of people 'seeking sanctuary' (refugees and asylum seekers), as well as those of health practitioners with experience of their needs.

We gathered information for the study with specially trained researchers from the refugee and asylum seeker community. The study is published in line with the Welsh Government's 'Nation of Sanctuary' refugee and asylum seeker plan. It looks at gaps in existing research about the experiences of people seeking sanctuary in relation to health and well-being services. This is with a view to realising Wales' ambition to become a nation of sanctuary and supporting fair health opportunities for all in line with the Well-being of Future Generations Act.



The study produced **10 recommendations** covering a range of ways health and related sectors can help refugees and asylum seekers to become more integrated into society and support their health and well-being.

For more information, go to:

<https://bit.ly/2UyWv4e>



Our youth summits 2018

A total of 160 young people aged between 11 and 23 from across Wales attended two public-health youth summits in Llanrwst and Cardiff in November and December 2018.

The events were developed and held in partnership with Children in Wales, with support from us and the young people's planning group. The young people used an interactive session to consider how our work has affected their own and their peers' lives. There were also workshops covering resilience, how to make the most of skills, qualifications and so on, college and university applications, and supporting the priorities of Cymru Well Wales.

Did you know?

Cymru Well Wales is a group of motivated organisations that are committed to working together today to secure better health for the people of Wales tomorrow.

For more information, go to:

<https://bit.ly/2OmyJVT>



Feedback from the youth summits



97% of those who attended felt that the youth summits met or exceeded their expectations.



People especially enjoyed the workshops and the engaging members of staff.



86% of people gave the events a score of between 7 and 10 (where 0 is very bad and 10 is excellent).



Areas that could be improved include hosting more youth events and getting more people involved. People also said they would like more information ahead of events, more details about our work, and more in-depth discussions.

"I had a great time attending the North Wales Youth Summit. It was good to see my fellow Board members Chrissie, Dyfed and Sian there to hear from young people about what they think is important to their health."

**- Jan Williams,
Chair of Public Health Wales**



To support the youth summits, we also held a number of residential. These gave young people an opportunity to spend a few days learning about our work, meet our Heads of Service and Executive Team, and lead on work such as the Young Persons' Annual Quality Statement. Young people from Neath and Port Talbot Youth Council wrote the following blog about their experiences.

"After lunch, a walking tour of Cardiff city centre taking photographs for health issues and our graphic design workshop – we really enjoyed this.

We learnt a lot in the communications workshop with Dan the man Owens. We spent the afternoon putting this to good use reading news articles then developing our own stories, trying our best to make them interesting and captivating. We also questioned Tracey Cooper, CEO of Public Health Wales – thanks Tracey for getting in our selfies – legend!

So we've been doing a lot since this residential, like setting up our own health sub group on the youth council. We also told the Leader and councillors in NPTCBC all about the AQS. They made sure the document went out to all the schools. We've been asked to train as mental-health mentors in schools so we can help our peers get help or signposted to services if they need it.

We also helped plan, then attended, the youth health summit #U Got Summit to Say so young people can shape health services. Two of our youth council members sit on local health boards. We also presented our work at the Public Health AGM. Please read the Young Persons' Annual Quality Statement, we learnt a lot."



Health Equalities Framework – HEF

People with learning disabilities have a range of health differences compared with the general population. These include the fact that they die earlier and suffer a much lower quality of life than people without disabilities.

Overwhelming evidence clearly shows that worse outcomes such as these are often avoidable, and result, in many instances, from unfair treatment and a failure to make reasonable adjustments as required under the Equality Act 2010.

HEF helps health practitioners to identify and support people to improve their health and make sense of the inequalities they face. It allows them to collect data (mainly for statistics and public reports) from many sources and supports improvements to services.

Following a successful trial of the project in Aneurin Bevan University Health Board in 2014, HEF was rolled out across Wales by the 1000 Lives team in January 2018. In June 2018, the Welsh Government launched Learning Disability– Improving Lives. HEF is part of the recommendations for outcomes within this programme.

The overall aim for the 1000 Lives team is that every community learning-disability team in Wales will use HEF for assessments and reviews. They will achieve this through working with all stakeholders and service users to find solutions to issues and by supporting improvement projects to establish HEF within clinical practice.

People can access our services, programmes and functions when appropriate and get the information they need to make an informed choice. Here are a few examples of what we have done to improve access and information.

TB bus for prisoners and homeless people in Cardiff

In December 2017, the health-protection team received funding from the Welsh Government to trial tuberculosis (TB) screening of homeless people in Cardiff and prisoners in Cardiff prison.

People who are homeless, prisoners, people who inject drugs and those who are alcohol-dependent are at a higher risk of tuberculosis. Early screening and diagnosis makes sure we can offer them the right treatment to help achieve a full cure.

We tested 600 men in Cardiff prison between January and March 2018, and commissioned the 'Find & Treat' mobile diagnostic bus to follow up on positive results. The screening was supported by the TB team from Cardiff and Vale Health Board and was an excellent example of organisations working together.

Between 17 and 18 April 2018, the Find & Treat bus screened a further 216 people in the prison and Cardiff city centre. We found several cases that needed further investigation.

We will analyse the findings of the trial and this will help shape how we deliver TB services in Wales.

For more information, go to:

<https://bit.ly/2LyR2uQ>

Making Every Contact Count (MECC) pilot programme

Supported by the Carmarthenshire Public Services Board, the Hywel Dda University Health Board (HDUHB) local public-health team worked to introduce MECC across a public-sector partnership made up of Dyfed Powys Police, Mid Wales Fire and Rescue Service, Welsh Ambulance Service Trust, Carmarthenshire County Council, Hywel Dda University Health Board and us.

The group set out to use the principles of MECC in a way that is the first of its kind across Wales – public-sector staff delivering each other's messages.

The aim was to encourage staff to look beyond their role at other issues that could benefit the public. For example, a police officer returning stolen goods to a pensioner might notice that their smoke alarm wasn't working and so take time to call the fire services to ask them to call round.



In turn, the fire officer might notice issues with damp in the house and advise the pensioner to contact the appropriate service, or perhaps refer a smoker to Help Me Quit. The aim is for staff to do just that little bit more than might have been expected.



The pilot programme has been partly successful, but has only scratched the surface of the potential that exists across Carmarthenshire for us and our partners to better serve the public.

At the **Carmarthenshire Public Services Board meeting in January 2019**, all organisations involved in the programme agreed to its full launch, which will take place throughout 2019.



For more information, go to:
<https://bit.ly/2YpL8O9>



Working together to improve immunisation uptake in school children

The Child Health System (CHS) holds immunisation information about children in the Aneurin Bevan University Health Board (ABUHB). The measles outbreak in Gwent in 2017 highlighted a number of inaccuracies within the CHS. To make sure the information held is more accurate, the Aneurin Bevan local public-health team, with help from a team of experts, updated immunisation records. Those working on this project included the five local authority directors of education, education departments, Healthy School co-ordinators, ABUHB school nursing, child-health department, immunisation co-ordinators, data processors and GP practices.

The team made a number of changes to children's records on the CHS. For example, updating addresses and schools attended, amending MMR (measles, mumps and rubella) status, adding children who had moved into Gwent and removing the records of children who are no longer in the area. This work has resulted in more children being immunised within the health board area, and has made sure all children in Gwent are targeted.

The work has also led to improvements in school-based immunisation programmes. School nurses are now offering MMR catch-up sessions at the same time as they give the HPV (human papillomavirus) vaccination. All consent forms and letters have been translated into 14 languages to meet the needs of the local population, and the Child Health Team receive monthly reports of movements in and out of the health board area from the Welsh Demographic Service.

Our Staff

Our staff are vital to the organisation and the work we do. We need to provide them with a safe environment to work in and support them to continue to develop.



NHS Wales staff survey – 'Building our tomorrow together'

The NHS Wales staff survey gives staff the opportunity to provide open and honest feedback about how they feel things are in their area of work. We responded to previous feedback by providing new ways to take part in the 2018 survey, including through social media and personal devices. All managers were asked to make time available for staff to complete the survey, and we actively promoted it and encouraged staff to take part throughout the eight weeks the survey ran, including recording a message from our Chief Executive. Our response rate of 56% was joint highest within NHS Wales, and significantly above the overall rate of 29%.

Our results, published in October 2018, show many positive improvements since 2016, with us scoring above the overall NHS Wales average in many areas. Our overall engagement index (which measures employees' involvement with their day-to-day work) has increased to 3.86 (from 3.73 in 2016 and 3.70 in 2013), and 96% of our people are happy to go the extra mile at work when needed. There have been increases in all scores about line managers and 83% of our staff confirm we have a clear set of values that they understand.

The results have also highlighted some opportunities for improvement, and we have identified four priorities to focus on:



employees' well-being (stress, harassment, bullying and abuse, and working while unwell);



teamworking;



change within our organisation; and



job satisfaction.

However, our survey results are only the start, and we have asked staff to become actively involved in planning what we do next. We organised 18 staff focus-group sessions across Wales, to hear how staff think we should be concentrating our efforts to make a real difference. Through an online discussion, staff were also able to make confidential suggestions about what they think we can improve. Around 270 staff have attended a focus group or joined the online discussion, and we are currently working through the feedback from these to develop a staff survey organisational action plan. This was due to be launched in April 2019 and regularly update staff on its progress. We have given directorates' access to their own results, as well as providing help to identify local areas that can be improved and help to plan, communicate and monitor follow-up actions. Future surveys will help us measure opinions about the areas we have introduced changes in and provide a way of judging whether our follow-up action has been successful.



Our employees' well-being

The work we are doing to make Wales a healthier, happier and fairer place to live also links to the work we're doing to support our own employees. The Corporate Health Standard is the quality mark for promoting workplace health in Wales, and we've been continuing to use it to establish and use the practices we have introduced to promote health and well-being.

We have an active Employee Well-being Group, made up of representatives from across the organisation who all support our actions. We were delighted to be awarded the Corporate Health Standard silver level in July 2018 and are now building on our achievements so we can progress to further levels of the award scheme. (The Corporate Health Standard ('the Standard') is part of the Healthy Working Wales programme and is the national mark of quality for health and well-being in the workplace.)

We launched the Time to Move/Amser I Symud physical activity initiative pilot in June, with the aim to improve the health and well-being of our employees. Anyone signing up to Time to Move gets one hour (or an amount of time proportionate to how many hours they work) a week of paid time to use for any physical activity during the working day. More than 800 people have signed up to take part. The initiative is being tried out from June 2018 to June 2019, and its aim is to help us understand whether physical activity makes a difference to people's physical and mental health and well-being.

Stonewall Diversity Champions

We signed up as Stonewall Diversity Champions in June 2017, and entered the annual Stonewall Workplace Equality Index benchmarking exercise for the first time. We were placed 338th out of 434 organisations taking part, which was a disappointing result but gave us a clear starting point and action plan for improvement.

Over 2018 we focused on putting in place a programme of improvement, which involved:



Setting up an LGBT+ staff network;



reviewing and updating our policies;



attending Pride events in Swansea and Cardiff;



educating staff through improved training, holding speaking events and publishing intranet articles to mark events;



developing and publishing guidance on transitioning in the workplace; and



setting up an Allies Network and producing fact sheets.

Once again we put forward an entry in the Workplace Equality Index, and were placed 173rd out of 445 organisations taking part, which is a definite measure of success. We still have more to do, and we have developed a further action plan based on the feedback from Stonewall on our latest submission.

For more information, go to:

<https://bit.ly/2WBaQP8>



Diversity and inclusion week

We held our very first Diversity and Inclusion Week between 7 and 11 January 2019. The week was designed to raise awareness and celebrate our diverse workforce and the communities we serve.

Our speakers included the following:



Jacqui Gavin, leading transgender role model and activist: Being me in an authentic world.



Women in senior roles: questions and answers on the issues faced by senior women in our organisation. On the panel were Jan Williams (chair), Tracey Cooper (CEO), Judi Rhys (non-executive director), Kate Eden (non-executive director) and Sian Bolton (acting executive director).



Bryony Tofton: I can't hear you – that's all! Being deaf in a hearing world.



Dr Justin Varney, Public Health England: Making LGBT inclusion a reality.

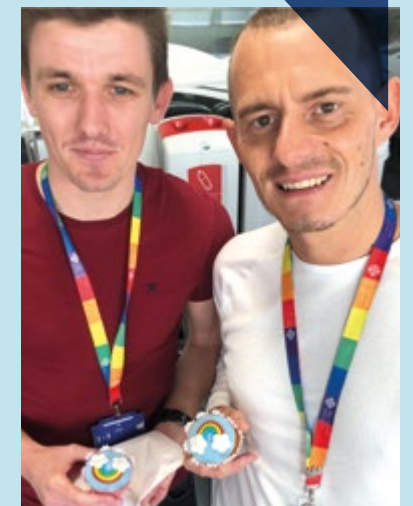


Displaced People in Action: Organisation of sanctuary for asylum seekers and refugees.

We also held stalls and information stands to raise awareness of our staff diversity networks, held cake sales across Wales, which raised over £230 for the small Welsh charity LGBT Cymru Helpline, and gave out rainbow lanyards and laces to staff in all of our locations across Wales.

The week achieved its aim of getting people talking and raising awareness. Many members of staff have commented on how much they learned and enjoyed the events, and how they are seeing our values in action.

As a next step, we are planning regular 'Understanding our Communities' events throughout the year. These will offer all staff an opportunity to learn about the challenges experienced by our diverse Welsh communities. Apart from health, the topics will cover culture, communities working together, employment, and well-being – all areas which we must tackle if we are to support a more equal and prosperous Wales.



Did you know?

The first 'Understanding our communities' event was held in May 2019 and will cover 'Mental health discrimination' and 'What is Islam and Islamophobia'.

For more information, go to:

<https://bit.ly/2Ve6uMl>



Team building

Over the last two years, the Cwm Taf University Health Board (CTUHB) local public-health team has expanded. This, along with an upcoming boundary change to include Bridgend, means there will be even more members of staff across the two sites. In response to this, the team planned a number of staff development days, aimed at developing staff's knowledge and expertise, but also at supporting staff to be at their best and improve their well-being.

Sessions were held on applied positive psychology, mindfulness and stress control. While planning for our last session, the team were challenged and asked 'What can we do as a whole team that can make a difference?' The result of this was a session delivered by a Dementia Champion on becoming a dementia-friendly team. The session was very well received and will have significant and positive effects on how we interact with people with dementia in both our professional and personal lives.

Did you know?

The Cwm Taf local public-health team are all now Dementia Friends. Organised through the Alzheimer's Society, a local volunteer attended the team-development day to deliver an interactive information session. The session focused on five main messages to make sure we consider those living with dementia both in our work and at home.

For more information, go to:

<https://bit.ly/1iWbekA>

Learning From Feedback

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

However, occasionally we make mistakes, and when this happens it is essential that we fully investigate to make sure we learn from our mistakes to prevent them happening again. The examples below illustrate a range of concerns and compliments we received during 2018-2019.



Concern example 1

We received a complaint from a member of the public about one of our screening programmes not being able to offer flexible appointments.

The member of the public was concerned that we weren't able to offer an appointment around their work. They asked for a late appointment, but were told this would not be possible as the clinic doesn't offer appointments after 3pm.



What we did

We offered an alternative appointment, along with an apology, and explained that the appointments the service offers can cause real challenges for people who work. This is because the clinics are run from a range of hospitals, health centres and GP practices, and screeners need to travel to and from these clinics during their shift. The service is reviewing how it plans its clinics over the next year, and involving the public more closely to make sure that appointments provide a wider range of options to improve attendance at screening.

Concern example 2

What we did

We received a complaint from a member of the public that their normal screening venue is only a short walk from their home but they were given an appointment which meant they had to take two buses and a walk to reach the venue.

Our screening programmes try to arrange for patients to be seen at the clinics that are most convenient for them.

Sometimes, due to high demand in some areas, our screening programmes offer appointments in alternative clinics to make sure people don't have to wait too long. In this case, we have made a note on the person's record to make sure that they are invited to their nearest clinic in the future. We also reminded them that they can contact the booking centre to ask for a more convenient location or time.

Concern example 3

What we did

We were told that one of our text-messaging services was only delivering messages to people in English, which is unacceptable.

We need to strengthen Welsh language provision within our services.

The programme affected by this reviewed all patient information, including their text-messaging contract and whether they were keeping to the Welsh Language Act, to make sure any future text messages were in both Welsh and English.

Compliments

"On Friday I attended an AAA Screening in North Wales for the first time. As I had not heard of this type of screening before I got the letter, I wanted to say that the practitioner who carried out the scan was very informative, helpful and reassuring. A scan well worth carrying out."

- Screening participant

"Wanted to email regarding two members of staff today in clinic who were lovely with the ladies and always checking any forms in the tray. There was a lady with a language barrier who needed language line and I was not able to check all her details. The two staff members were great and checked all the information for me. Excellent team, it makes it much easier."

- NHS staff

"Just a quick thank you for letting me come and experience the newborn hearing screening. Angie was amazing, so friendly and informative! I learnt a lot about babies' hearing and I now know how it is tested and when. So thank you very much."

- Student nurse

"Excellent service, much better than English screening!"

- Screening participant

Looking Forward 2019-2020

During 2017-2018 and into 2018-2019 we carried out significant work with our people and partners to develop our new long-term strategy. You can read more about what we did in 'Our long-term strategy' in the 'Healthy Wales' section.

Our immediate and long-term focus will be on achieving the strategy's priorities, which are set out below. We are also looking at how we report on delivering our priorities and we want you to hold us to account on this.

Influencing people's health

We will join with others to understand and improve the factors that affect everyone's health. These factors include family, friends and communities, housing, education and skills, availability of good work, money and resources, and our surroundings.

Improving mental well-being and building resilience

We will help everybody realise their full potential and be better able to cope with the challenges that life can bring. Supporting people to improve their mental well-being helps them to realise their full potential, cope with the challenges that life throws at them, work productively and contribute to their family life and communities.

Promoting healthy behaviour

We will understand the reasons for unhealthy behaviour and make it easier for people to make healthy choices. By continuing to rapidly reduce rates of smoking, increase physical activity, promote healthy weight, and prevent harmful behaviour from things such as substance abuse, we will reduce the burden of disease and help reduce health inequalities arising from long-term conditions such as obesity, cancer, heart conditions, stroke, respiratory disease and dementia.

Securing a healthy future for the next generation by focusing on the early years

We will work with parents and services to make sure all children in Wales get the best start in life. A child's early years (defined as the years from pregnancy to the age of seven) are a key time to make sure of good outcomes later in life, including better learning, access to good work, and a fulfilling life.

Protecting the public from infection and environmental threats to health

We will use our expertise to protect the public from infection and threats from the environment, working with others to reduce these risks to health. This will involve early detection, good planning, and using our resources effectively.

Supporting a sustainable health and care system focused on acting early to prevent ill health

We will work alongside our partners to support the development of sustainable and accessible health and care systems focused on prevention and early intervention. This will include focusing on national screening, reducing differences and inequalities in care, reducing the risk of harm associated with how healthcare is delivered and supporting care moving closer to the home.

Building and using knowledge and skills to improve health and well-being across Wales

We will develop the skills, policy and knowledge to help us and our partners improve health and well-being. Through our work, we will add to, review and communicate local, national and international knowledge to improve, protect and sustain the health of current and future generations. We will support our policy and practice through expert, impartial, trusted knowledge and skills, leading a comprehensive approach across all sectors.



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales