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Impact Monitoring Framework Update Report, May 2025

A report on the progress and findings of the systematic approach to monitoring the impact of Public Health Wales's knowledge and research work 2024/2025

Summary

Now in its second year, this report covers the findings from the last year's systematic approach to monitoring the impact of Public Health Wales's (PHW) knowledge and data outputs. Knowledge and data outputs cover any research, evaluation, evidence, or analytical-based outputs produced across the organisation. The aim of the approach is twofold, firstly to capture user feedback on how the outputs are used and the impact they are having, and secondly to capture further information on how the use and impact could be improved.

The approach involves five different elements, ranging from an annual user survey to individual user interviews. Limited refinement has been suggested since roll out with good triangulation across the data collection methods and over multiple years, and actionable insights provided.

The following themes, echoing last year's feedback, emerged from the collective findings of all the elements:

- **Visibility:** PHW continues to have a good reputation and, in general, satisfaction with PHW's data/knowledge outputs was high. Reflecting last year's findings, users continue to suggest more be done to improve the visibility of PHW work through increased sharing, improvements to the website, and increased accessibility of products. Many actions to address this are in progress but have not yet come to fruition; we expect users to begin to see an improvement in our work's visibility over the next 12 months.
- **Impact:** External users reported some impacts, especially amongst key users, although these focused more on discussions and information sharing rather than policy informing, action, and plans. There is some evidence that this is increasing over time. Users in both surveys and interviews emphasised the importance of products being responsive, understandable, shorter, and shareable, to get the best impact. There are some good examples of PHW work that has this sort of impact, e.g. Real Time Suicide Surveillance work, and we anticipate roll out of the Publication / Content Design Standards will further guide impactful product development.
- **Engagement:** Stakeholders interviewed about their involvement in commissioning or developing work with PHW have generally found the process useful, with many user interviewees stressing how valued PHW engagement with their teams is. Contrastingly, annual survey respondents indicated that there is room for improvement in our engagement. PHW has improved its processes and awareness of user needs, e.g. the establishment of the User Centred Design team, and some improvements to the engagement process with the wider public health system are planned, but further monitoring and improvement is likely to be needed.

Actions planned for the next 12 months to support increased impact of our work include:

- Continue to support the development of the new website in line with the Impact Monitoring Report



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- Promotion, embedding and supporting of the PHW Publication Standards and Content Design Standards work.
- Continued cross organisational assessment and improvement of User Engagement
- Work with internal and external partners to clarify the need for data improvements and action where possible.
- Establishment of project database or coordination resource to allow better collaboration across the organisation and improve the flow of content on the website.
- Extension of this systematic approach to monitoring impact through cross organisational promotion.
- Monitoring of what further work is needed once planned initiatives have been established.

Background

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

The 4-tier approach to impact monitoring includes:

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

Following initial endorsement by BET and KRIC, and successful testing during 2023/4, these approaches have been rolled out further during 2024/2025.

The 4th element in the original approach, the pop-up survey, remains on hold while PHW's web development work is ongoing.

An additional point of use survey has since been incorporated to the approach which links directly from product pages and includes questions on the product, their use of it, and anticipated impact. This survey is being trialled to see the response and value of the feedback.

The findings for each element are summarised individually in this report; the full annual survey [results](#) were published earlier in the year but a summary of key findings are included here for completeness.

Reflections on the monitoring approach have been included alongside wider insights into the impact of PHW's knowledge outputs in general. In addition to the proposed approach, mentions of Public Health Wales's work in Senedd debates (provided through a service commissioned by NHS Confederation) and peer-review published journal articles are summarised.

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

1. Structured post-project interviews with product requesters

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

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

Six interviews have been conducted on five pieces of work via Teams this year. All individuals approached for interview were happy to take the time to share their feedback and all interviews went well with the questions considered fit for purpose in each case.

Interviewees this year have been with individuals from Betsi Cadwaladr University Health Board, Cardiff University (The School Health Research Network), Cardiff & Vale Local Public Health Team and the NHS Executive (Rare Diseases Implementation Network and Suicide and Self-Harm Prevention leads in both North and South East Wales). They have been interviewed on working with PHW on the following pieces of work:

- Secondary School Children's Health and Well-being Dashboard
- Annual Report: Deaths by Suspected Suicide 2023-2024
- Congenital Anomaly Register and Information Service (CARIS)
- Child Measurement Programme (CMP) Dashboard and Reports
- Rare Diseases 1998-2003

Project specific feedback is provided directly to the teams involved and the more transferable findings are collated below. Feedback is categorised into things to continue and things to improve according to the three sections – the team, the final product, and its impact.

Key Findings

Findings on PHW teams

People's experience of working with PHW staff was overwhelmingly positive with staff described as "very professional", "helpful" and interviewees having the "utmost confidence" in their abilities.

Points to continue

Interviewees appreciated the transparency, approachability and honesty of PHW staff with comments on staff having “*professional curiosity*” and being “*open to opportunities and suggestions*”:

“Very professional. Very honest. Always point out flaws and limitations in the data provided. Raises trust in them. Don’t try and sell anything as perfect. Really helpful to know they recognise where they need to respond. Very responsible.”

“They have a good understanding of my needs and role. I also feel that where they don’t understand how I might use it they’re open to explanation and take requests”.

“Where they can’t help, they’ll signpost. They’re second to none”.

“Nothing is discussed without true understanding of limitations”.

Stakeholders talked of ongoing, collaborative partnerships and strong relationships between PHW and its key users being hugely valuable:

“We have an ongoing partnership which has grown over the past couple of years. This has led to high quality work which keeps getting better.”

“They have gone way over and above. When you meet teams like them it makes you realise that you are all fighting for the same aim. To have that drive on data and impact in other people reassures you that you can make things happen.”

“We’re closer to what’s going on on the ground and the story behind the data and their team have the data, so it’s really helpful to have that partnership – numbers help us make sense of the ground and we can help them make sense of data”

“We are really lucky to have their support. I have the ultimate confidence in everyone in the team – they’re amazing, brilliant. We have no funding so everyone we work with must be passionate and driven about the work. The work is not on IMTPs or priority lists, we’re shoehorned into child health. So when people have a can-do attitude and are clinical champions, it means the world. As soon as we met it was evident they were dedicated to how we could use data for surveillance to highlight challenges and make us more aware”.

“The team listen to and understand our needs really well. They maintain open communication. Because it’s ongoing we learn how to work together most effectively.”

“As a team of users we’re all new to this. Having the data is a new thing which is evolving. The team are really good at working with us. We often don’t know what’s needed until its needed then the team work to make sure it’s in a format that’s useful to present at other forums.”

Comments were made on the knowledge, experience, and insight PHW staff bring:

“The team see through a different lens of how to make the data meaningful. Very much a 50/50 open and transparent conversation.”

“This area of work is a small world so it’s so important to find the right people to talk to”

“We quite often ask questions of the data, and the team will do more digging to find out more. What’s useful and what they can tell us is a different level to what can be shared with wider partners.”

Interviewees described communication with PHW as “meaningful”, and “very responsive”.

“Meaningful conversations impact on how we can have impact”

“There is no formal data sharing with PHW and DHCW which would be difficult to manage alone but thanks to our relationship with the team, they can come and highlight challenges and overcome them. This happens more seamlessly because the right people are in the right room.”

“I never hesitate to email them to ask thoughts or input, and they always answer responsively and feedback. Really easy, working relationship.”

“Monthly presentations in meetings are very useful as gives picture on more near time than annual reports”

Points to improve on

Interviewees mentioned wishing they could have had more input on the set up of some of PHW’s ongoing work:

“I would have liked to have had more input on how it works. Wasn’t involved in those initial questions. Now it’s been set up we have got a good level communication though.”

Another mentioned it would be good to have other points of contact to minimise the burden on the consultant lead:



"I am very conscious I always direct a query to the consultant and then they direct the query to the relevant person. I'm not sure who does what within the team, so they direct them. Thinking about their workload, it might be useful for to have clearer knowledge of the roles."

Some mentioned that some face-to-face interaction would have benefit:

"In previous years there was more face-to-face promotion of the work which was a highlight. This meant there was more of a build-up about what was coming out helped spread the word about the importance of the work and was good for getting trainees involved. Face to face events in the past have enabled long-term relationships so you feel like you know them better. It makes you less inhibited."

Findings on products

Key comments on the products produced included them being *"constantly evolving"*, *"really useful"* and *"hugely valuable"*.

Points to continue

People praised the clarity and brevity of certain work:

"I don't care how shiny it is, I just want the information so we can do our jobs and make a difference"

"They are concise and readable reports. They're not burdened by unnecessary detail."

"The exec summary is very useful. Having key points in one place is really useful. It can be difficult without adding caveats but this was really well done"

"It's good that key messages and stakeholder consultation has been done. Making sure it's easy to use and accessible is really important."

Comments were made on the usability and shareability of certain product types:

"I previously worked in this area without having this resource and now have it and it's majorly changed and improved the way I work"

"It is easy for me to understand and to explain to others"

"The format is all very clear and easy to follow and understand. I'm not from a strong data background but it is very user friendly and easy "

"The maps and charts are really useful"

"I use the work in presentations to Board"

“It is helpful to know the report is the things we can share publicly to demonstrate evidence as opposed to other confidential data we receive”

“The glossary is helpful”

The continuous improvement of some PHW work was highlighted:

“The work has really evolved over time”

“They’re always looking to improve”

“When first set up it only had certain indicators. We knew overtime that it needed to be extended. We’re looking at more data and expansion at moment so it will be incredibly useful”

“The dashboard is always developing”

Dashboards were praised:

“The dashboard is really good.”

“This format is much more dynamic than the former reports. We can see changes in data across time and it’s more engaging. It’s more cost effective not having to pay for reports and easier to update and maintain.”

“Dashboard ranking of Health Boards and Local Authorities is really useful to have”

“We’re currently in a phased process of development which alleviates the pressure for national reports and local reports as the dashboard is the main source of data.”

The usefulness of PHW products highlighting gaps in data as well as what data was available was stressed:

“Granular detail by primary care cluster is important and the deprivation, WIMD and healthy weight data is really useful to give a striking statistic about the unfairness of it all – counsellors and politicians really listen up to that.”

“They highlighted where gaps in evidence gathering exist, e.g. ethnicity and employment. It highlights that the data is not accurate due to gaps and the need to look to enhance that. “

Interviewees mentioned the usefulness of PHW staff sharing data outside of regular product launches where this is available:

“The maps are very useful. The PHW consultant meets with regional leads and looks closely at maps to look at [the event] by location and home address. This helps identify if there are any geographical clusters or particular locations that need to be looked at. Some of the less public work is more important.”

Points to improve on

Comment was made on the limited usefulness of some data either due to its collection, availability, timing or frequency:

“Annually is fine for public facing outputs but quarterly updates would be good for regional forums or steering groups – it wouldn’t need to be a full report but a bulletin or update. Would appreciate data and contributing factors more regularly so themes or trends emerge”

“The content is useful in that it is as much as they can provide. Ideally, we would like an all singing, all dancing path of someone’s care. The vision is that with proper resources, the mechanism could be expanded to that stage. Because coding is so poor from diagnosis to pathway of care, it’s impossible to get the data we would want. This highlights challenges we already know. We need to go back to basics to see how to do it better. Ideally, we’d want a red flag where a rare disease could show up like an allergy.”

“We had a pause during the pandemic for data collection which affects outputs now. When we get more data, it would be good to get more granular level, MSOA comparisons.”

“We need to keep advocating for year 4 to be added to the Child Measurement Programme to help see what difference has been made over time to the same cohort”

“We need greater data linkage across all different mechanisms. There is opportunity for linking in data with biobanks, Unis, primary care – it’s failing to move forward because so many complexities”

“An area which is missing would be serious suicides attempts. We could really learn from these and would like to see RTSSS expand to include ‘significant attempt’ – there is a very fine line in life and death and if we can learn from those who didn’t die may have answers to prevent others and ensure attempts do not lead to deaths”

It was stressed how important the use of caveats is where there is room for any misinterpretation of data:

“It would be useful to have more caveats to avoid misinterpretation. E.g. ‘Known to police’ is a lifetime measure which could mean someone hasn’t had contact with police for 20 years after something minor or someone is known as a witness or victim rather than through crime. The work needs to caveat that

this might not have a bearing compared to ‘contact with mental health services’ which is only measured in the last 12 months”

The challenge of aligning the wider processes associated with the launch of work when collaborating with others was highlighted:

“Linking stakeholders together for comms is the one thing that could be improved. With people expecting and waiting on it and media interest, we’re learning how best to make sure all is aligned strategically despite different organisations with different networks and priorities. It’s bigger than the dashboard – we work together on that but the moment it’s released it becomes a bigger thing.”

Findings on the impact:

Even in the early stages after publication, these pieces of work already had impact. Specific impacts identified include:

‘Welsh Government’s new 10 year strategy to focus on the issues leading to suicide and self-harm mentions the RTSSS as the key source of evidence to shape policy and support services’

“We are embedding a data driven approach to improving young people’s health and wellbeing. This regularly updated SHRN dashboard is invaluable to that. Data can be used for targeting approaches to health improvement, policy monitoring, and even if the dashboard is not used, it is great for dissemination and awareness of the data and partnership”

“CARIS has enabled clinical perspective and made it meaningful including driving work on Duchenne’s muscular dystrophy.”

“CARIS is used to make decisions on what screening gets used corporately”

“Without RTSSS there is so much that we wouldn’t know. Previously had anecdotal information and were scrambling around with nothing solid to go by. Findings around more deprived areas and the significant difference in the rate has helped make the case for more investment in those areas and for getting specific partners on board who hadn’t seen the need to be involved before. We now have the evidence to say these groups need to be involved. From a finance perspective, we can say should be committing to funding this because of this.”

“The CMP work feeds into the local framework and action plan. It helps them see how well or not they are doing and advocates for people to do more – looking at map or WIMD deprivation quintiles shows if they’re tackling inequalities and demonstrates need to do more”

“Because of collaboration across 4 nations, CARIS was able to link in with a bigger grant application and secure funding to look into rare diseases and PROMS and PREMS”



“CARIS reviews are used for counselling patients. Having figures is useful when explaining the context to a patient. I might say ‘we see 3 cases a year’ so the solid data really useful. Would then offer them the report to read themselves. It reassures them the information is there and it is there for their benefit.”

Findings on interview process

The interviews have been a valuable source of detailed feedback for teams and understanding on the use and impact of our work and things we can do to improve this.

There is natural bias for teams to request interviews with individuals who have engaged in the process, and who the teams feel will provide useful insights. These individuals may be more likely to be those they work well with as opposed to anyone who might have disengaged and might therefore provide negative feedback. While valuable information is gleaned from these interviews it does mean the information we’re collecting is primarily from those with generally positive experiences of working with us. As can be seen however, these positive experiences do serve to highlight the importance of a number of elements we are aware of through other feedback that influence impact, e.g. concise and clear writing, accessibility and useability.

Additionally, to date, smaller teams in PHW have been more forthcoming in taking the opportunity to hear from their stakeholders through these means. This may be because as smaller teams they have less resource to conduct impact assessments themselves. However, they also likely to be more specialist in nature and have a closer working relationship with their stakeholders; this may impact on both the willingness of their stakeholders to engage in our impact evaluation process (as have had no declines from those nominated) and also the positive nature of much of their feedback, particularly around engagement.

Moving forward, participation in the impact monitoring process will be more systematic across the organisation, which may remove some of this positive response bias. Bringing other sources of impact feedback from across the organisation remains a challenge but we hope this will increase with further promotion of this systematic approach.

2. Targeted surveys of anticipated product users

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

Key Findings

Three surveys have been completed to date this year with several others scheduled to be launched soon. 35 respondents have completed surveys on three different pieces of work this year:

- Real Time Suspected Suicide Surveillance (RTSSS) Annual Report: Deaths by suspected suicide 2023-24
- International Horizon Scanning Reports
- Rare Diseases at Health Board Level

These surveys show PHW's work being well received by key users overall with respondents stating that:

- The figures, tables and infographics are helpful (89% agree, 11% are uncertain)
- Evidence is well presented (90% agree, 10% uncertain) and easily accessible (86% agree, 10% uncertain)
- The work is understandable (90% agree, 7% uncertain), relevant (68% agree it is relevant, 32% agree it is somewhat relevant), and informative to their work (76% said it had or would inform their work)
- Some have shared the work with other colleagues and organisations (43% said they had or were planning to share the work with others)

Within 3-6 months of these pieces of work being released, the following impact had already been recorded by the 30 respondents:

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

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

“New agreements with local bereavement services, changes to our internal processes and greater investment in the suicide prevention portfolio’

‘It helped identify Local authority & Health Board areas where we need to work closer with partners and build better links / referral processes ‘

‘We have partnered with new organisations such as food banks, to deliver support to communities as evidenced in the data. The RTSSS data has also supported several applications for funding whereby we are now able to demonstrate more clearly which groups are at risk of suicide.’

‘We have bolstered our volunteer training (e.g. around domestic abuse), given the outputs around risk factors. We have developed our external training offer to discuss briefly the outputs of the RTSSS and also signposted to the SSHP Hub where it is held. We have also reflectively used the learning in our postvention work and it has informed our work around prevention.’

‘These horizon scanning documents have played a crucial role in the development of activities, with the aim of ensuring clarity and transparency, as well as informed decision-making. Additionally, they have been a key element in monitoring accountability and responsibility, problem identification and resolution, encouraging communication and mutual support.’

‘It is useful to bring organisations previously working individually together. The output of the report guides this work as to where funding and focus is required.’

‘I had seen several reports before the Asylum Seeker and Refugees one and had thought they were of excellent quality and useful to the public services and Future Generation work in Wales. They also had potential to be shared wider as individuals in Wales were involved in international networks.’

‘Public Health Wales is providing a significant service in developing this area, assisting policy makers and critical thinkers in health services, local government, Welsh government and beyond to formulate positions based on evidence.’

Findings on survey process

Several respondents were happy to share contact details to provide further feedback. We are planning to approach these users for interviews for further insights.

Changes to process

- There has been some interest from other directorates but all but one of both the current and planned surveys are from within the Research, Data & Digital Directorate. This needs to be expanded. Word is spreading and further promotion of this and the other options of the approach to monitoring impact is

planned. This includes a new page as part of the User Centred Design SharePoint pages. It is also forming part of the checklist for the Publication Standards work to encourage people to plan for impact assessment as part of their work planning.

3. Point of use product feedback and anticipated impact survey

In addition to the original elements of the systematic approach to monitoring impact, a need was identified to seize the opportunity from users as they used our products. A survey has been developed, and is currently in testing, to allow users to click a link from the product page they are on to provide feedback. This survey includes 10 questions on product feedback, intended use of the product, and the anticipated impact it will have.

Key Findings

This survey has recently gone live on 3 different products pages with varying levels of uptake – the Primary Care Indicator Summary Dashboard, the Child Measurement Programme Dashboard and the Deaths by Suspected Suicide 2023-2024 report.

- 6 users have opted to provide feedback so far. Respondents were from Health Boards, Local Public Health Teams and Primary Care. These users all responded to the survey for the new Primary Care Indicator Dashboard. No users have opted in to the surveys for the Child Measurement Programme or RTSS work. We believe this is primarily to do with the positioning of the survey.
- All respondents agreed the dashboard was easy to use.
- Over 65% agreed it was timely, well presented, easy to understand, and user focused.
- 50% said 'yes' and 50% said 'partially' when asked if the dashboard contained the information they needed.

With regard to anticipated impact:

- 3 answered that they expected it to inform their team's work and 3 that it would support funding applications;
- 2 expected it to support campaigns for change; 2 that they'd use it to monitor the effectiveness of an intervention or change; and 2 said that they'd share it with others;
- 1 expected it to inform educational campaigns; 1 that it would help them understand the current public health situation in Wales; 1 that they'd use it to plan health, Local Government or Third Sector service; and 1 that they would use it to monitor changes in public health indicators or situations.

Examples of comments on the intended use and anticipated impact of the work received through these surveys include:

'I plan to use this information to direct the cluster in Quality improvement'

'I use this and other PHW products for quality improvement to inform projects in the health board'

'I would like to know the number of patients (people) in a cluster with a particular ailment, i.e. the number of patients being targeted. To then review that number during and after intervention, to identify if we are treating more patients through more efficient processes or the number has gone down as a result of the intervention (treatment)'

Another gave a suggestion for a change that could lead to greater impact – *'It would be useful to know how the health board cluster compares to a similar cluster with the same / similar demographic in Wales / UK. To benchmark the cluster against the best performing to drive improvement'*

Findings on survey process

While it is too early to make full conclusions, initial findings would suggest that this type of survey works best when available at the time the product is launched, and, critically, when linked to from a prominent place on the product.

No responses were made when the link was put in the text on the landing page for the product rather than in the product itself. Neither did anyone respond when a link was added to a product page a few months after launch despite users still using the product.

Alongside the anticipated impact, this survey type is particularly useful to capture user feedback on bespoke elements of new products. It is distinct from the post-publication survey so we would still recommend this be sent to users of products that feature this standalone survey.

We took the opportunity in this survey to ask if they used any other PHW work and the impact it has. This seems to be a useful addition which could be incorporated into the other product specific surveys.

Changes to process

- Guidance on the survey and their placement needs to be finalised and then rolled out across the organisation
- Despite this being a short survey there is still some drop off between from the 1st and last question so we need to ensure questions are prioritised and simplified /removed if necessary.

4. Annual survey

The reflections above echo [findings](#) from the annual survey which was published in November 2024.

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

287 respondents, up from 152 last year, initiated the survey: 37% (105) completing the full twenty-six question survey. These included respondents from Health Boards and other care settings, Local Public Health Teams, Local Policy & Planning, National Policy and Planning, Third Sector, Academia, and others.

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

Key findings

- 92% of respondents said they would use PHW data/knowledge again (93% for 2023/24).
- 67% of respondents rated their experience with PHW as 7/10 or above (66% for 2023/24).
- 76% of respondents reported a positive impact of PHWs work on decision making (67% for 2023/24); Over 88% of respondents reported that PHW data/knowledge had some, or significant, impact on informing discussions (85% for 2023/24).
- 60% of respondents had already used PHW data/knowledge to inform plans, projects, service redesigns or public health action; with a further 25% planning to do so.
- At least two thirds of respondents found our data/knowledge to be useful, unbiased, trustworthy, transparent, accurate, reliable, independent, easy to understand and easily recognisable as Public Health Wales.
- Half or fewer found our data/knowledge to be user focused, timely, meeting accessibility needs, fully bilingual, actionable, contextualised, or easy to find.
- Reputationally, colleagues were seen as helpful, knowledgeable, supportive, and approachable overall. PHWs work was seen as thorough, of excellent quality, well presented, its data reliable, and trusted to be evidence based.
- 56% of respondents stated that they find executive summaries or key messages useful for their role.

- Over half of users were very or somewhat satisfied with all the product types, with 76% of users satisfied with analytical reports, 71% with research reports, 57% with dashboards, and 70% with infographics.
- PHW data and knowledge resources are viewed as essential by many stakeholders.
- PHW messaging isn't always clear, actionable and understandable to the end user meaning work, despite being of good quality, often doesn't achieve its potential impact. More of a focus on end users is needed, both in output design and distribution, to ensure PHW outputs are translated into impactful action.
- Engagement and collaboration left mixed reviews as far as PHW's impact is concerned.
 - 18.7% of 2023 respondents had worked directly with PHW to develop a product compared to 21.7% of 2024 respondents.
 - The percentage of these respondents who were very or somewhat satisfied with the development process changed from 75% in 2023 to 48.4% in 2024.
 - The percentage of these respondents who were very or somewhat satisfied with the end product also decreased from 90% in 2023 to 62.9% of 2024 respondents.
 - Some comments were received on the impactful collaboration stakeholders have experienced working with us while other comments stressed that PHW's involvement of stakeholders can be seen as a check box exercise rather than genuine collaboration with the burden being on the stakeholder.

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

'The Climate Change work has contributed to discussions as part of the Wales Net Zero 2035 expert group'.

'Data from the vaccination surveillance work has been used to inform interventions/vaccination programme planning'.

'Annual Profile for substance misuse, BBV Wales Annual Report, Harm Reduction Database Wales have led to improved services, e.g. Naloxone packs in hostels/supported accommodation/outreach services'

'Rare Diseases in Wales work and support from PHW team is essential to understanding to enhance service improvement and prevention of harm to this population who have a sporadic health and social care support network. This has fed into policy and research'.

'The Sexual Health Wales Annual Report has had a significant impact on the way that the C-Card Scheme is run and training provided'.

'The PHOF / SHRN data dashboards have been used to inform the DPH Annual Report'.

'A&E violence and knife crime data helped provide broader understanding of the issues and helped create a more informed problem profile.'

'Child Measurement Programme work has prompted a lot of discussion and supported raising the profile of obesity with ministers'.

'Primary Care Clusters work has supported Bridgend west Spirometry project'.

'WCISU health board comparisons have identified areas of good practice and areas where improvement is needed so we can plan our own strategy to support these.'

'Research into health inequalities in vulnerable groups informs our Needs Assessment as part of the planning/commissioning cycle'.

'PHW reports often inform my thinking and are used to make a case for larger pieces of work'.

'PHW data on Cervical Screening rates was used for a grant application'.

'The evidence from PHW that I have used has been used in a grant application which will hopefully bring research funding into Wales (results awaited)'.

'PHW evidence has led to partner funding for MByRes school based anti-bullying work'.

Findings on survey process

Like last year, the distribution of the survey through a snowballing approach, with different teams passing the survey on to their stakeholders and encouraging participation. This means there was limited control over which stakeholders received the survey and it was not possible to calculate the participation rate amongst the total who received the invitation. The distribution method also limits the number of relevant potential users that we can access.

Changes to process

- The Communications Teams new stakeholder engagement process meant there was a core list of stakeholders who the survey was circulated to centrally in addition to the team specific snowballing approach.
- Additional opportunities to comment on team specific work and the option to collect email addresses from those happy to provide further feedback on those areas has been added to the survey. Some of these will lead to further interview opportunities for feedback.
- Feedback on last year's survey was implemented with some questions refined or removed as a result.



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Wales

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

User research specialists had suggested instant pop-up surveys be used on the website to gain valuable and timely information from users. Consultation was had between the Knowledge Mobilisation team, Digital Communications Team, and Principal Service Designer in Informatics, and questions agreed for inclusion. However, due to the ongoing work of the Web Transformation project and other web surveys, the pop-up has not yet been launched.

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

6. Other Impact

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

Discussion of Public Health Wales work in Y Senedd

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

PHW work has been expressly cited in the Senedd 15 times in the past year (April 2024-March 2025), in contrast to 11 times last year, with PHW experts also involved in discussions and evidence sessions on further occasions.

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

Professor Jim McManus, National Director of Health and Wellbeing and Dr Julie Bishop, Director of Health Improvement, attended the Health and Social Care Committee evidence session to discuss evidence and measures around tackling obesity in Wales.

[Prevention of ill health – obesity: evidence session with Public Health Wales](#), 24 October 2024

The work of Public Health Wales' Vaccine Literacy Strategy was mentioned as part of the discussion on the National Immunisation Framework for Wales. It was stated that Public Health Wales' Vaccine Literacy Strategy will help to improve public understanding and awareness of vaccines and support informed decision making.

[Statement by the Cabinet Secretary for Health and Social Care: National Immunisation Framework for Wales](#)
21 May 2024

Sarah Murphy MS, Minister for Mental Health and Wellbeing, shared about the NHS Wales Women's Health Plan which will transform the way the NHS will treat women across all health conditions from asthma and heart disease to thyroid conditions and carpal tunnel.

The plan has been designed through partnership working via the Women's Health Network and has involved 100 named contributors from all the health boards, Public Health Wales, the NHS Executive, academia and Welsh Government.

[Statement by the Minister for Mental Health and Wellbeing: Publication of the NHS Wales Women's Health Plan](#)
10 December 2024

Academic publication of Public Health Wales work

One hundred and one scientific publications, with one or more author listing an affiliation with PHW, were published between April 2024 and March 2025 (down slightly from 134 for 2023/24). 79 of these were primary research papers (112 for 2023/24), with a further 13 reviews (11 for 2023/24). The remaining 9 articles were a mixture of editorials, notes, book chapters and conference papers.

Of the 822 academic articles published since 2020, Covid related publications accounted for 4 of the top 5 most cited articles, with fungal disease accounting for the remaining article.

<u>Safety and efficacy of the ChAdOx1 nCoV-19 vaccine (AZD1222) against SARS-CoV-2: an interim analysis of four randomised controlled trials in Brazil, South Africa, and the UK (2021)</u>	3,666 citations
<u>Revision and update of the consensus definitions of invasive fungal disease from the European organization for research and treatment of cancer and the mycoses study group education and research consortium (2020)</u>	1,915 citations
<u>Effectiveness of the Pfizer-BioNTech and Oxford-AstraZeneca vaccines on covid-19 related symptoms, hospital admissions, and mortality in older adults in England: Test negative case-control study (2021)</u>	875 citations
<u>Single-dose administration and the influence of the timing of the booster dose on immunogenicity and efficacy of ChAdOx1 nCoV-19 (AZD1222) vaccine: a pooled analysis of four randomised trials (2021)</u>	873 citations
<u>Assessing transmissibility of SARS-CoV-2 lineage B.1.1.7 in England (2021)</u>	790 citations

However, looking more broadly at academic articles published at any point in time with an affiliation to Public Health Wales, and instead focusing in on their use in the most recent period, 1,281 articles were cited on 17,992 occasions during 2024/25. The three most heavily cited papers were each cited over 1,000 times during 2024 and 2025 and were all published in 2017.



<u>Health effects of overweight and obesity in 195 countries over 25 years (2017)</u>	1,120 Citations
<u>The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis (2017)</u>	1,057 Citations
<u>Global, regional, and national incidence, prevalence, and years lived with disability for 328 diseases and injuries for 195 countries, 1990-2016: A systematic analysis for the Global Burden of Disease Study 2016 (2017)</u>	1,011 Citations
<u>Revision and update of the consensus definitions of invasive fungal disease from the European organization for research and treatment of cancer and the mycoses study group education and research consortium (2020)</u>	644 Citations
<u>Global, regional, and national age-sex specific mortality for 264 causes of death, 1980–2016: a systematic analysis for the Global Burden of Disease Study 2016 (2017)</u>	496 Citations

7. Key learning points

- PHW messaging isn't always clear, actionable and understandable to the end user meaning work, despite being of good quality, often doesn't achieve its potential impact. More of a focus on end users is needed, both in output design and distribution, to ensure PHW outputs are translated into impactful action.
- Engagement and collaboration left mixed reviews as far as PHW's impact is concerned and highlighted significant need for improvement. The annual survey found those working with us had significantly lower levels of satisfaction than last year on both our engagement processes and the products produced. There is a need to ensure that collaboration with stakeholders is genuine and not a check box exercise and that users are involved from the outset of work, throughout the process, and provided with updates following completion.
- There is clear evidence of some good, strong collaborative partnerships and relationships between PHW and some of its stakeholders. The impact of work coming out of these collaborations is evident and growing thanks to the ongoing communication, shared goals, and open, transparent working relationships within them. Interviews have highlighted good examples of these exist in RTSSS, CARIS, SHRN which may provide good, shared learning.
- Interviewees described communication with PHW as "meaningful", and "very responsive". Users appreciate being able to access extra data or insight from PHW colleagues along with publications alone. These opportunities add greater insight and allow for swifter impact. However the importance of finding the appropriate contact point for this is also highlighted.
- The need for a more systematic approach to identifying interviewees has become apparent and will be addressed in the coming year.
- Face-to-face interaction is missed in some areas with opportunities for the impact that comes from the promotion of face to face events noted. Some commented that face to face events both allow opportunity to bring along people, e.g. trainees, to get engaged with topics, and allow stronger relationships with the people they work with, improving engagement and communication in the longer term.
- Only 43% of respondents said they had shared or were planning to share the work with other colleagues and organisations. The need to make all work clear, accessible and sharable remains paramount to the reach and impact of PHW work.
- Other key areas for improvement include the need for timely, accessible, contextualised outputs which are or easy to find.
- Stakeholders valued the clarity on what products are not able to say, or where conclusions cannot be reached, with these strengthening the call for further research and funding.



- The impact of our work could be amplified if more granular data could be made available, e.g. users required analysis to be broken down by more localised area or more specific demographics.

8. Using the insights

In addition to the organisational approach set out here, and looking at the ways the outputs and findings from the systematic monitoring approach can be taken forward within teams, Nathan Lester, Head of Research, Data and Digital (RDD) Directorate's Analysis Team at Public Health Wales, provided us with a summary of their team's response to the findings.

Case Study: Summary of activity undertaken by the Research, Data, and Digital Analysis Team in respect of the findings of the Impact Survey

Having received the results of the Impact Survey, we were keen to explore the findings with a view to identifying the most salient points and taking forward actions to try to improve our impact, building on the positive aspects and addressing the more critical feedback. We identified several key areas:

Responsiveness

Most of our workload is proactive and, accordingly, is planned out months in advance of delivery. Many of our outputs are refreshed annually, for example official cancer statistics. However, we also offer an ad hoc requests service. Due to pressure of work, during 2024 we had taken the decision to curtail the service, and it is assumed that this may have been an underlying factor in some of the Impact Survey feedback. In response to the survey, we set aside time to think about how we could reorganise the delivery of our ad hoc requests function such that it would be easier to sustain, even during exceptionally busy periods. This was implemented in spring 2025 and has been working well with some very positive feedback.

Timeliness

The lag between data being collected and reported on was a prominent theme in the Impact Survey. We have begun to make changes in the data used for some outputs to reduce lags. For example, for our upcoming official statistics publication on cancer mortality a 'live extract' is replacing the 'annual extract' as the data source. This means reporting lags can be reduced by up to 9 months. For outputs where it is not possible for us to reduce lags, we have undertaken to explain more clearly the reasons for this.

Since 2022 we have been publishing the [Wales Public Health Rapid Overview Dashboard](#) containing a range of indicators which are refreshed on a quarterly, monthly and, in some instances, weekly cycle. We will continue to adopt near real-time data where this is feasible and of benefit.

Dashboard loading times

Some respondents expressed frustration with dashboard loading times. We continue to allocate time to address 'technical debt', exploring code and design modifications to reduce load times to below 30 seconds. A major area of development for the team over the next two years will see the migration of our analysis environment to the National Data Analysis Platform, a Google Cloud Platform environment which is part of the National Data Resource. It is anticipated that will lead to a step-change in the performance of our dashboards and other outputs.

Reacting to feedback

For our major products, throughout the development process we engage with user groups comprising stakeholders from different professions and organisations to try to ensure that the content and features of our outputs are useful and relevant.

The results from the Impact Survey indicated that some respondents felt that there was not always a good reaction to critical feedback on outputs. We therefore committed to do more to improve the way in which we work with users. We engaged with user-centred designers in our Directorate across several projects for guidance on how to improve engagement within our user groups so we could better understand their needs. We also worked with our user-centred designers on the development of a brief pop-up survey within our new Primary Care Clusters, indicator summary tool.

In addition, we have worked with the Knowledge Mobilisation Team in identifying a stakeholder with whom they could conduct an in-depth interview regarding their experience of partnering with us on the development of a Secondary School Children's Health and Well-being Dashboard.

We have also worked with the Knowledge Mobilisation Team to pilot the use of a new survey to gather feedback on recently published outputs starting with our Child Measurement Programme dashboard. Furthermore, we will shortly be working with them on the development of a targeted survey focusing on one of our prevalence of disease web articles.

When PHW migrates to its new website we are expecting to be able to make further improvements to our outputs through the added functionality that the new content management system will bring, particularly in respect of interactive web articles.

9. Key remedial actions and progress

Based on the finding of last years impact report, and the key remedial and improvement actions recommended, four key areas have been progressed to further enhance our organisational impact:

1. Publication Standards

- a. Methods transparency – the Publication Standards working group has agreed several key methodological standards, including the Statistics Code of Practice, Evaluation Framework and Systematic Review template. Further work is ongoing to establish consistent methods for survey use. Communities of practice have also been set up to raise standards in the areas of Evaluation and research, Evidence Review, and Data Science and Analysis.
- b. Report appearance and content - the Publication Standards and Content Design Standards have been brought together to address the need for organisational standards around formatting, writing style, actionable messaging, tone and voice, and branding. A content development checklist and Executive Summary template have been developed, and the Content Design Clinic has been established to support staff to use these standards effectively.
- c. Discussions are underway on how best to further support the implementation of these elements and monitor their use across the organisation.

2. Web Development

- a. Accessibility – Under the Web Development Board accessibility has been given a high profile. A position has now been established with oversight of our web compliance with both the Welsh Language Standards and the Accessibility Standards (WCAG 2.2. AA).
- b. Organisational identity – as part of the web development, clarity around Public Health Wales as the overarching identity has also been a focus with a brand rationalisation exercise and a new web structure that focuses on topics and not teams.
- c. Technological issues (e.g. search function) – the functioning of the new web platform has also been paramount with significant user testing and user centred design. Of particular note is the planned improvement to the search function.



- d. Contact information – as the new website will be topic rather than team based, the need for clear ownership of each piece of information is critical to allow the site to be kept current. Web content designers will aid with this process and clear contact information for every contributor will be available.
- e. Feedback mechanisms – the new website will offer a clear and consistent route to provide feedback, covering both the services we offer and the products we produce. The brief, passive, product specific user surveys discussed above will encourage users to comment on the products they are accessing.
- f. Contextualisation of knowledge – the new website will be topic based. This will make it much easier for users to see the broader public health context for each piece of work which will form the content of the main topic page. It will also allow users to more easily link relevant publications.

3. User Engagement

- a. External engagement baseline assessment – this is currently underway, led by the Engagement team. This work aims to map what engagement, both with stakeholders and the public, is currently underway, how it is being conducted, and what the outcomes are.
- b. A User Centred Delivery SharePoint page – this is currently under development to support staff with their engagement with stakeholders and improve the design, usability and subsequent impact of our products and services. The page contains guidance, best practice and user personas and will act as a repository of PHW activities to share insights and support a consistent approach in the future.
- c. Support Community – A People's (Service User) Experience Learning group has been established to provide support and share best practice as well as working towards consistent approaches for Public Health Wales.
- d. Strategic discussion forum – currently this work aims to be RDD directorate wide, with regular opportunities to work with our key stakeholders across the system, especially, but not limited to the Health Board Public Health Teams. Preliminary discussions are taking place during the current round of IMTP, led by the Executive Director for RDDD.
- e. Ongoing communications - Several regular team/division specific meetings with key points of contact within Welsh Government have been established.

4. Data improvements



- a. Accessibility – clear data accessibility guidelines have been developed by the OCAT team and shared with the organisation through the combined Content Design and Publication Standards pages.
- b. Improvements to level of detail – OCAT are working towards all dashboards & publications publishing more data where possible e.g. in the SHRN & Primary Care dashboards.
- c. User Input – OCAT and the User Research team are working together to ensure user research is embedded in their product development process.
- d. Technical collaboration – OCAT is planning to establish a technical working group with stakeholders across the system to improve data and increase efficiency and impact.

In addition to these actions, there are several further planned areas of exploration or action which we intend to continue or take forward over the next 12 months:

- Establishment of project database or coordination resource to allow better collaboration across the organisation and improve the flow of content on the website.
- Extension of this systematic approach to monitoring impact through cross organisational promotion
- Monitoring of what further work is needed once planned initiatives have been established