Duty of Quality Annual Report - 2025/26 v1.0

Contents

1. Foreword

Public Health Wales is the national public health organisation for Wales. Our purpose is 'working together for a healthier Wales', where people live longer, healthier lives and have fair and equal access to the things that support health and wellbeing, now and for future generations. Our Long-Term Strategy (2023-35) sets out our vision for achieving a healthier future for the people of Wales by 2035.

Our teams play a vital role in preventing disease, protecting health, and providing system leadership, specialist services and expert public health advice. We are the primary source of public health intelligence, research, improvement and innovation that supports better outcomes for the people of Wales, guided by our core values of working together, trust and respect, and making a difference.

This Annual Quality Report highlights the significant achievements and outcomes delivered across our priorities, showcasing progress against the Health and Care Quality Standards while reflecting on future improvements needed to meet the challenges facing the NHS and social care.

Continuous learning and improvement remain fundamental to our approach. In the year ahead, we will continue our efforts to reduce health inequalities, improve the health and wellbeing of children and young people, strengthen population health intelligence, and increase participation in vaccination, screening and prevention programmes.

Delivering these ambitions requires strong partnership working. We continue to collaborate with communities, Welsh Government, public, private and third-sector organisations, and partners across health, housing, local government, education, policing and fire services to improve health and wellbeing across Wales.

We would like to thank colleagues across Public Health Wales for their dedication, expertise and commitment, and our many partners whose collaboration is essential to achieving better outcomes for the people of Wales.

Quality and experience remain central to everything we do, and this report demonstrates our continued commitment to improving outcomes for the populations we serve. We welcome your feedback and insights as we continue to strengthen our approach and ensure future reports provide increasing value to our stakeholders and communities.

Claire Birchall

Executive Director of Nursing, Quality and Integrated Governance

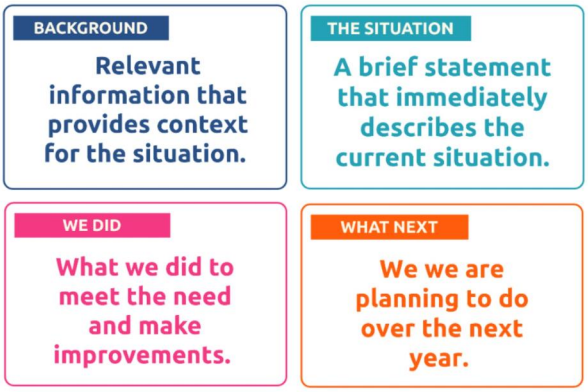
2. How to read this report

We have listened to feedback on our previous Annual Quality Reports and made changes to this year's report to reflect the suggestions. The changes we have made include making the report clearer and more concise and adopting a different, more user friendly format, whilst still allowing us to showcase a range of case studies.

This Annual Quality Report is laid out following the structure of the 12 Health and Care Quality Standards (the standards), under the Duty of Quality (DoQ).

See section 5 – 'The 12 Health and Care Quality Standards' for further information on the standards.

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



3. Introduction

This is our third Annual Quality Report and demonstrates how we are meeting our Duty of Quality obligations.

Our focus on quality and improvement has continued to support our ambition of becoming a learning organisation and delivering our Long-Term Strategy (LTS) priorities. Central to this is our Quality Management System (QMS), which places the needs of the population at the heart of service improvement and supports quality control, planning, improvement and assurance across the organisation.

Public Health Wales is committed to continually strengthening its QMS to support the delivery of safe, effective and high-quality services. During 2025-26, we made significant progress in embedding quality within organisational processes and decision-making, while promoting a culture where quality is a shared responsibility.

We also continued to strengthen research and evaluation across the organisation, helping us respond to complex challenges and maximise opportunities to improve population health and reduce health inequalities.

Continuous improvement has been delivered across our patient-facing services, including Screening, Health Protection, Microbiology and Help Me Quit Smoking Cessation, as well as through our health improvement programmes, research, workforce development and policy activities.

We recognise that on occasion we do not get everything right first time, and that the high standards we measure ourselves against are not always achieved. We admit that on those occasions we fall short of the quality that the population of Wales deserves. Challenges and

complexity remain across the health and care system, however, our priorities, operational objectives and determined focus on improvement continue to guide our work and support the consistent application of our QMS Framework, which is the organisations management system to enable the highest quality care. This helps us strengthen how we work as an organisation and continue to make progress towards our future goals.

4. Duty of Quality - Central to delivering our Strategy

The Duty of Quality means that Public Health Wales has a legal responsibility to try to continuously improve the standard of our services (Working together for a healthier Wales[1]).

Public Health Wales use the Duty of Quality to drive the key objectives in its strategy:

[1] https://phw.nhs.wales/knowledge-article/working-together-for-a-healthier-wales-five-policy-priorities/

Diabetic Eye Screening Wales (DESW)

Background

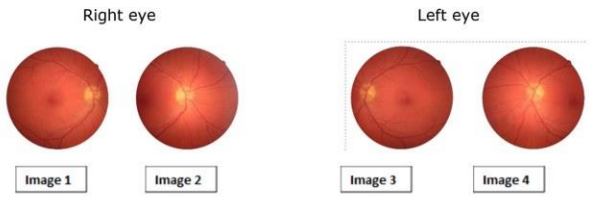
Diabetic Eye Screening Wales (DESW) is responsible for the NHS diabetic eye screening programme in Wales.

Within the screening programme, we refer to the people we screen as participants rather than patients, because apart from having diabetes most people within our programme have good

eye health. Our screening service looks for signs of treatable diabetic retinopathy in people with diabetes across Wales.

The aim of Diabetic Eye Screening Wales is to reduce the risk of avoidable sight loss by the early detection and treatment, if needed. Taking part in screening is an active decision.

DESW recorded 553 incidents between April 2024 – March 2026 linked to non-compliance with standard operating procedures (SOPs). An incident is an unexpected event that causes a problem or has the potential to cause a problem. 36% (199) incidents were primarily associated with retinal image capture variation during a screening encounter. This resulted in repeat appointments and an increase in avoidable referrals. Analysis identified variation in practice following the introduction of new retinal cameras.



*1 - **Image 1:** This shows the orientation of the images that are required to be submitted for each eye to be considered adequate for screening results. The optic disc is the yellow circle, showing blood vessels within the eye.*

We did

New retinal cameras were introduced on 25 September 2024, with training provided to Retinal Photographers before and during introduction and has continued periodically when training needs have been identified. DESW requires two images per eye (disc-centred and macular-centred images). However, automatic camera settings did not align with SOPs, so manual capture was used. This allowed images to be taken in the wrong order, duplicated, or incorrect types saved and submitted for analysis. As a result, some patient records were incomplete or inaccurate, leading to recalls or unnecessary referrals.

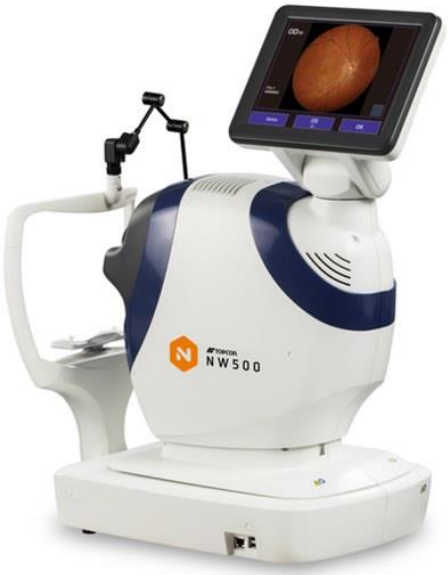
Following a full process review, the number of incidents being reported due to not following standard operating procedures dropped by 68%.

This was achieved by several actions, including:

- Worked closely with the camera manufacturer, who developed alternative specialised software for the cameras used by DESW. This updated automatic capture settings that were aligned with DESW requirements and was introduced in September 2025 meaning that the cameras could capture the exact images required by the programme on an automatic setting rather than a manual one

- image feedback sessions for Retinal Photographers, supported by the Grading and Clinical team
- additional support from senior screeners and clinical team members, and more enhanced communication between the teams
- revised and clarified standard operating procedures, to improve the image capture process
- increased feedback to Retinal Photographers after incidents to reinforce and refresh learning
- introduction of Performance Reviews for all screening staff to help structure improvements where required and provide positive support and encouragement
- bespoke and targeted training sessions facilitated by DESW's training team, including dedicated camera training sessions for screeners, and knowledge sharing sessions for the team during March 2026.

These actions provided a multi-team approach to adopting change and continual improvement within the DESW programme, and to make the screening encounter as efficient as possible.



*2 - **Image 2:** a photo of the new NW500 retinal image camera*

What next

DESW will expand performance monitoring in 2026-27 through regular screening reviews and structured feedback for Retinal Photographers. Collaboration with the camera manufacturer will continue to ensure the system meets operational needs, including maintenance and connectivity requirements.

Ongoing training and refresher sessions for screening and grading teams will reinforce best practice and support sustained improvement. In addition, a recent camera evaluation explored the use of non-mydriatic imaging to improve patient experience and efficiency. Results from this project will be reviewed and incorporated into the DESW programme.

Gloves Off

Background

Infection prevention is essential to protect healthcare staff, patients, and the public. Single-use non-sterile gloves can reduce contamination risk but should only be used when exposure to bodily fluids or hazardous substances is likely, and always alongside effective hand hygiene. Overuse—reinforced during the COVID-19 pandemic—has led to unnecessary waste, environmental impact, increase in skin sensitivity, and reduced compliance with hygiene standards. Tackling inappropriate glove use supports NHS goals for safe, sustainable, value-based healthcare.

We did

Data showed that Public Health Wales were using as many gloves as some large health boards in Wales. As such we needed to tackle this and understand what the change in glove use meant for staff and patients, their attitudes to reducing glove use and identify opportunities for future glove reduction.

The Improvement and Innovation (I&I) Hub worked collaboratively with screening services across Public Health Wales and Infection Prevention and Control teams to identify opportunities to safely reduce non-sterile glove use. Initial efforts focused on Diabetic Eye Screening Wales (DESW), where gloves were deemed unnecessary for administering Tropicamide eye drops. A targeted training and awareness package, supported by the Public Health Wales Behavioural Science Unit, was introduced in July 2025. This resulted in a 66% reduction in glove use within DESW. The approach was subsequently adapted for Abdominal Aortic Aneurysm (AAA) and Newborn Hearing Screening programmes, where early reductions in glove use have also been observed. To inform wider adoption, surveys of the public and healthcare professionals were undertaken in 2025. The findings were published in July 2026, providing actionable

recommendations to support wider implementation - Beyond the barrier: Public and healthcare professionals' attitudes towards non-sterile glove use in Welsh healthcare settings - Public Health Wales[2] .

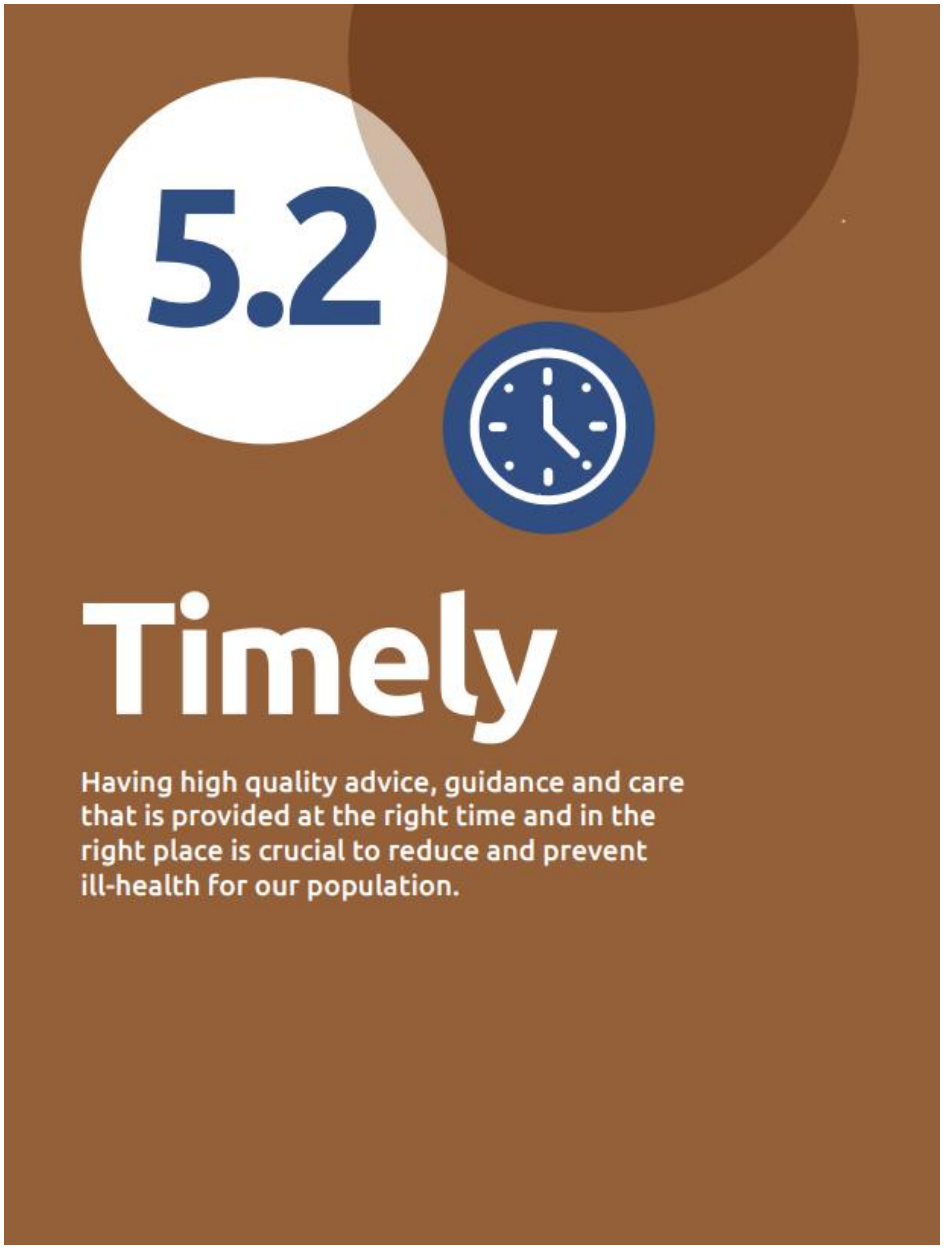
What next

Building on the learning from screening services, and informed by the findings and recommendations of the *Beyond the Barrier* (Gloves Off) report, the campaign will be extended to the remaining screening services within Public Health Wales**.** In parallel, work will be undertaken to explore opportunities for implementation within microbiology laboratory settings.

Additionally, collaboration with the Wales Nursing and Midwifery Sustainability Leads Network will support broader application of the campaign's principles. Drawing on insights from the Gloves Off report, this partnership will help identify areas—such as primary care—where reducing inappropriate glove use can enhance sustainability, support evidence-based practice, and maintain high standards of infection prevention and control.

[2] https://phw.nhs.wales/reports/beyond-the-barrier-public-and-healthcare-professionals-attitudes-towards-non-sterile-glove-use-in-welsh-healthcare-settings/


GLOVES OFF
You may notice that staff don't always wear gloves.
Safe care means only wearing gloves when necessary. When used inappropriately, gloves can be associated with poor hand hygiene and skin health, plastic waste, and cross-contamination.
Feel free to talk to us about this if you have any questions.
GIG CYMRU NHS WALES
Iechyd Cyhoeddus Cymru
Public Health Wales
Courtesy of Shaping Change at Cardiff and Vale UHB



Blood Culture

Background

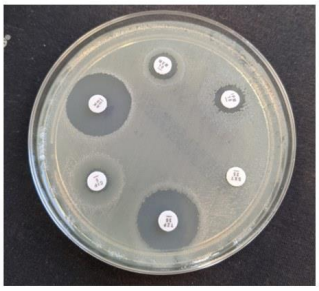
Blood culture investigation is effective for the management of sepsis by identifying pathogens to improve patient outcomes. The detection of the pathogen is strongly influenced by the volume of the blood taken. For every additional 1ml collected, organism detection increases by around 3%. A 2023 audit across three hospital sites in the Public Health Wales Infection Network found widespread under-filling, with 80% of bottles outside the 8–10ml target and an

average of 6.3ml. In 2024, new blood culture analysers at Princess of Wales and Morriston Hospitals improved time to incubation and rapid testing for positive cultures, but blood volume remained a major opportunity for improvement.

The situation

Despite laboratory pathway improvements, blood culture bottles were often not filled to the recommended 8–10ml target, reducing the likelihood of detecting organisms causing the infections, and affecting timely diagnosis and treatment decision-making. Monthly feedback to hospital wards alone had not generated meaningful improvement. Questionnaire findings in A&E also highlighted inconsistent practice that included:

- uncertainty about bottle order where more than one was required
- variable understanding of transport times of the bottles to the laboratory
- gaps between perceived and observed practice.



We did

A multidisciplinary quality improvement group was established, bringing together laboratory, microbiology, patient safety leads, and emergency medicine colleagues.

Using an improvement approach, the team:

- surveyed staff
- introduced blood culture packs
- created visual infographics and a short training video
- shared ward-level data

- gave recognition awards.

The project showed that education and consistent messaging can improve practice, but gains are difficult to sustain when departments are busy. Improvement was seen across a wider range of wards, with the number achieving the 8–10ml target rising from 6 to 19 wards between the two review periods. The work reinforced that collaboration between clinical teams, and the laboratory is essential to improve specimen quality and patient care.

What next

The next phase will target Cancer services, where mean fill volumes remain below target. Planned actions include:

- development of mandatory training offers
- induction materials for new and rotating doctors
- continued use of infographics and feedback on people's performance.

The team will also focus on the five core improvement messages:

- use of blood culture packs
- filling the right bottle first
- timely transport of the specimen to the laboratory within four hours
- techniques to reduce contamination of specimens
- reinforce correct 8–10ml volume fill.

The aim is to embed consistent practice across additional specialities and sustain improvements over time.

All-Wales Diabetes Prevention Programme (AWDPP)

Background

Type 2 diabetes (T2D) is a common condition where blood sugar levels become too high, increasing the risk of serious health complications. Around 200,000 people in Wales (or 1 in 12 adults) live with diabetes, most with T2D. The condition is associated with cardiovascular disease and complications affecting the kidneys, eyes, and nerves, and accounts for around 6% of healthcare expenditure.

People can be prediabetic, meaning the disease is at an early stage, often without symptoms. Identifying pre-diabetes early is an important opportunity to help support them (such as through diet, exercise and weight management), to reduce their risk and prevent progression to T2D.

The situation

Prior to 2022, Wales had no dedicated referral programme for people with prediabetes, leaving many people undiagnosed and unsupported. With T2D prevalence continuing to rise, projections suggest a further 48,000 people in Wales could be living with the condition by 2035 (around 1 in 11 adults). This means potentially many more people living with diabetes, potentially in poorer health – which could be prevented.

We did

The All Wales Diabetes Prevention Programme (AWDPP) launched in 2022 and is delivered through primary care by Public Health Wales, helping people with prediabetes understand their T2D risk and make changes to stay healthy.

Public Health Wales is committed to understanding the impact of initiatives on health outcomes and designed an evaluation so impact could be measured for people who did and did not receive support.

We found:

- AWDPP was successfully implemented across Wales and strengthened as local systems became established
- patients valued the support and gained a better understanding of their T2D risk
- importantly, those offered AWDPP were less likely to progress to T2D and had lower average blood sugar levels at 12 months compared to traditional care packages.

Working across primary care and public health, an evaluation helped us understand what works and how. Overall, AWDPP is helping people reduce their risk and improve their health.

What next

The results of the evaluation supports the case for sustained funding to enable equitable access to AWDPP across all health boards and primary care clusters in Wales.

In addition,

- we will strengthen data collection and reporting in primary care to better understand variation in uptake and outcomes, supporting action to reduce inequalities in people's health outcomes
- we will continue collecting existing data to monitor participant outcomes and, over time, the programme’s impact on T2D prevalence
- we are also developing a pathway for people with gestational diabetes (in pregnancy), working with women, dietetic teams, diabetes nurses, midwives and primary care to agree referral processes
- in addition, we will integrate blood pressure and cholesterol checks to address wider risk factors.

Children and Families Pilot – Healthy Weight: Healthy Wales

Background

The Children and Families Pilot (PIPYN), part of Healthy Weight: Healthy Wales, aims to prevent childhood overweight and obesity through a whole systems approach in early years. In 2024–25, 27.3% of children in Wales were living with overweight or obesity by school entry, with higher prevalence in disadvantaged groups and rural areas. Children are also more likely to experience obesity-related inequalities from an early age. The programme operates across Anglesey, Cardiff

and Merthyr Tydfil to address inequalities, strengthen local systems, and create environments that support healthy behaviours for children and families.

The situation

Children often reach weight management services late and at higher levels of need. Engagement with family-based interventions varies across areas, with challenges in uptake and completion. Families face wider system barriers including food access and cost, transport limitations, and limited opportunities for physical activity. Additional challenges include parental engagement, competing provision, and short-term funding constraints. These factors limit the effectiveness of individual interventions and make it difficult to achieve consistent impact. This highlighted the need to strengthen the wider system influencing healthy weight, rather than relying on services that are delivered within the standard pathway.

We did

The programme worked with local communities, councils, schools and health services to make it easier for families to live healthier lives. Rather than focusing only on helping individuals change

their behaviour, it aimed to improve the things around us that influence our health, such as access to healthy food, opportunities to be active, and local support services.

Local partners worked together to identify challenges and develop solutions that met the needs of their communities. The programme showed that there is no single approach that works everywhere, and that local flexibility is important. Strong partnerships, community involvement and good data are key to understanding what works and achieving lasting change.

Families who took part said they made positive changes including eating more healthily, being more active and feeling more confident about looking after their health. The learning from the programme shows that helping people make healthy choices is important, but it is also important to make the places where we live, learn, work and play healthier and more supportive.

What next

The programme will continue to work with local communities and organisations to make it easier for people to achieve and maintain a healthy weight. This will include improving access to healthy food, creating more opportunities to be active, and strengthening local support services.

A refreshed PIPYN model will help us to deliver a consistent approach across Wales while allowing communities to respond to local needs. Better data collection will help show what is working well and where improvements are needed.

The next phase of the programme will focus on understanding its longer-term impact and using this learning to support wider roll-out across Wales. Work will also focus on bringing organisations and communities together to create healthier places and support healthier lives. The aim is to create lasting changes that help children, young people and families live healthier lives and reduce the risk of obesity in the future.

People's Experience and Feedback

Background

Following a successful pilot earlier in 2025, in December 2025 Public Health Wales introduced text (SMS) feedback requests across Diabetic Eye Screening Wales (DESW). People receive a text within 72 hours of their appointment, making it easier to share feedback while their experience is still fresh. Since rollout, thousands of responses have been received, providing a timelier and more representative picture of people's experiences than traditional paper-based methods.

The situation

The previous existing paper-based approach to gathering feedback after DESW appointments was not generating enough responses to give a reliable picture of people's experiences. Feedback was often limited, delayed and less representative, which reduced opportunities to identify improvement themes and respond quickly. The aim was to improve how feedback was requested by introducing a more accessible and timely method that could increase response rates and strengthen the use of patient experience in service improvement.

We did

Following piloting SMS feedback in DESW, the learning was used to support a wider rollout from December 2025. People were sent a short text message within 72 hours of their appointment, offering a quick and convenient way to share feedback. The pilot showed a clear improvement in response rates compared with paper-based methods, and the full rollout has since generated thousands of responses. This has helped services hear more consistently from people, identify what is working well and spot areas for improvement sooner. We learnt that making feedback easy, timely and routine increases participation and provides richer insight.

What next

In 2026-27, the focus will be to embed SMS feedback as part of routine practice and extend the approach across other screening programmes, including Wales Abdominal Aortic Aneurysm programme and Breast Test Wales. Work will continue to strengthen reporting through regular summaries, dashboards and opportunities for teams to review and act on feedback. There is also an opportunity to improve inclusivity by promoting alternative feedback routes where needed. This next phase will support a more joined-up approach to capturing and learning from people's experiences.

You said...

Recent DESW feedback from service users who have attended an eye screening appointment has highlighted a lack of signage in some venues, meaning it is not always clear where to go on arrival or whether people are waiting in the correct place. This has negatively affected their experience.

We did...

We have reminded teams that they have a wide variety of signs available in their screening packs, which should be displayed in community venues, particularly around reception areas, to help guide service users on arrival.

We are also trialling additional signage in two community venues stating: *"Please take a seat – your name will be called."* The signage will also include the following information: *"If you have been waiting for more than 30 minutes, please contact us on 0300 003 0500."*

Wales Health Impact Assessment Support Unit (WHIASU)

Background

In November 2025, the new statutory Health Impact Assessment (HIA) Regulations for Wales were approved by the Senedd. From April 2027, all public bodies, including Public Health Wales, will be required to undertake HIAs on strategic decisions. Public Health Wales also has a legal duty to support public bodies to carry them out and to publish a new statutory HIA Guide. This guide was developed with partners and informed by legal advice on guidance, training and supporting resources.

The situation

The Wales HIA Support Unit needed to prepare for the implementation of the Regulations in 2027 and support a diverse range of public bodies, from those experienced in HIA to those for whom HIA is entirely new. This required a clear understanding of training needs and ensuring all materials were legally compliant.

Existing guidance, systems and resources required comprehensive review and updating to ensure they were fit for purpose under the new statutory framework and supported consistent, equitable application.

We did

A whole system review was undertaken, including a comprehensive Training Needs Analysis, which informed a phased HIA training strategy and delivery plan supporting skills progression from basic awareness to advanced practice. Training and E-Learning resources were revised using stakeholder feedback and user testing, ensuring they are accessible and person-centred.

The statutory HIA Guidance was published in February 2026 following extensive engagement and legal review. A plan for the formal use of HIA has been developed and published in a journal that has been fact-checked by peers.

This work demonstrates strong system leadership, partnership working and a commitment to continuous improvement working with partners, system and global leaders in HIA. Key learning included the importance of aligning legal compliance with practical usability and delivering at pace to meet the statutory timeline.

What next

Public Health Wales will continue to work with Welsh Government and support Welsh Public Bodies through delivery of a comprehensive needs led training programme and ongoing guidance to enable consistent, effective and equitable implementation of HIA across Wales. Monitoring of enquiries, feedback and the impact of the legislation will inform continuous improvement.

Systems and resources, including tools and guidance, will be reviewed annually to ensure they remain relevant and evidence based. Public Health Wales will also provide specialist advice and leadership to embed HIA as routine practice across the system, supporting a culture of informed, equitable decision making and strengthening the long-term impact of the legislation on population health and inequalities.

Screening Equity Strategy

Background

The Screening Division has a vision for all people who are eligible for screening to have equal access and opportunity to take up their screening offer. However, uptake of screening is not equal across all communities in Wales. People in the most deprived communities are less likely to take up their screening offer than people in the least deprived areas. Insights from engaging with communities has told us that people face barriers to taking part in screening due to difficulties accessing screening, their understanding of what is involved in a screening test, and their social and cultural beliefs around screening.

The situation

A Screening Equity Strategy was published in 2022 that identified key action areas to reduce screening inequities. This strategy needed to be refreshed as it had reached the end of its cycle. Screening inequity data indicates that there are still persistent inequities in uptake in screening across geographical areas with a social gradient that is not improving. The new strategy needs to address challenges and barriers faced by people taking up their screening offer. To understand the issues required engagement and involvement from wider stakeholders and partners to determine key actions areas and priorities.

We did

Working with the Improvement and Innovation Hub (I&I Hub), the Screening Engagement Team (SET) and consultant lead undertook a stakeholder analysis to determine who needed to be involved. The team then coordinated and facilitated a face-to-face workshop held at Capital Quarter 2 in Cardiff. A pre-meeting Microsoft survey was developed to identify strengths, gaps, actions and priorities from participants. This was used as the basis for discussion in small breakout workshops across the key action areas. Workshops were co-facilitated by SET and the I&I Hub. The face-to-face workshop was followed by a series of online conversations for those who were unable to attend in person.

We listened to what people told us during the engagement workshop and identified the main issues and priorities. We combined this with research and examples from other parts of the UK to create a draft strategy. This was then reviewed and improved by a group of people from public services, charities and voluntary organisations to make sure it was practical and reflected different perspectives.

What next

The new Screening Equity Strategy provides the direction to determine priority actions that can be delivered to reduce screening inequities. This takes a collaborative approach, working in partnership with health boards including primary care and the community and voluntary sector. By involving partners in the development of the Strategy and using a co-production approach in the drafting and reviewing, there is collective buy-in to taking forward our actions as part of a screening system.

The workshop provided an opportunity to further connect with community and voluntary partners and, following their feedback, a Screening Equity Network will be established to strengthen relationships and ensure consistent dialogue going forward.

Learning from delivering the workshop was shared through the I&I Hub conference in April 2026 and highlighted the benefit of pre-workshop surveys to provide an opportunity for partners to input and shape the conversations prior to the session.

Health Protection - Vaccine Preventable Disease Programme (VPDP)

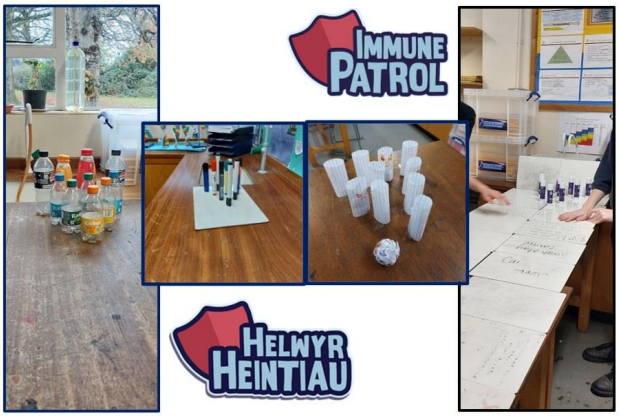
Background

VPDP have been engaging with young people across Wales on their views about vaccine education and information. Young people consistently tell us they want to learn about vaccines in school and trust their teachers to share this. In response to this, VPDP piloted the WHO programme Immune Patrol (Helwyr Heintiau), a game-based education programme, with

schools in Wales. The pilot will evaluate if Immune Patrol improves immunisation knowledge in young people, and the barriers and facilitators for teachers delivering Immune Patrol in the Welsh curriculum.

The situation

Immune Patrol has been piloted in other European countries, and VPDP is evaluating how it aligns and can be delivered within Wales. We worked with the curriculum lead from the Welsh Network of Health Promoting Schools, who mapped Immune Patrol to the Welsh curriculum areas of learning. VPDP launched a test phase during the 2024-25 academic year and full bilingual pilot in 2025-26; currently over 400 young people have participated. Initial indications show improved knowledge for young people, with some modules showing larger improvements. However, teachers may require more enablers to allow them capacity to deliver the programme.



We did

Immune Patrol was promoted through a range of stakeholders, aimed at year 5/6 primary school and year 7/8 high school. Schools registered to participate and were asked to complete

pre and post knowledge change ‘quizzes’ with their class and complete a teacher evaluation. The WHO’s knowledge change tool developed for their evaluation was used as a pre and post measure, with the teacher survey focusing on implementation facilitators and barriers. The pilot is continuing until the end of this academic year (2026/27), however initial evaluation data indicates improvements in immunisation knowledge after completing the programme. Some modules, such as ‘herd immunity’ and ‘vaccine development’ show greater improvements in knowledge. Initial insights from teachers indicate that they and the class enjoyed using the platform, and that the approach is engaging. However, for teachers who were unable to complete after registering, barriers such as capacity or staff changes prevented them from delivering.

What next

VPDP will fully evaluate at the end of the academic year (2026/27) and share findings and recommendations with stakeholders. Early insights and findings suggest Immune Patrol is successful at improving immunisation knowledge in young people within the target age range in Wales. However, further work is required to understand the facilitators and barriers to delivery for teachers. Work has begun with the Welsh Network of Health Promoting Schools to develop vaccination teacher knowledge banks, alongside recommended classroom activities (including Immune Patrol (Helwyr Heintiau)) – this aims to strengthen our approach to sharing educational resources with teachers. Next steps will focus on enhancing enablers for schools, for example, gathering further teacher insights on enablers and effective programme promotion; exploring recommendations to prioritise specific modules when capacity is reduced; exploring opportunities to communicate low vaccine knowledge or uptake in specific school-age groups; highlighting school-level vaccine uptake and Immune Patrol within Vaccine Equity Strategic Plans in local health boards.

Behavioural Science Unit

Background

Public Health Wales developed the Better Health through Behavioural Science Enabling Plan (November 2025) to increase the use of behavioural science across the organisation and with partners. The plan is based on evidence showing that behavioural science can improve how services, programmes and policies are designed and delivered, leading to better health outcomes. It sets out priorities across seven action areas to build skills, strengthen collaboration and increase impact. The plan was developed through engagement with staff and stakeholders, alongside a review of current capability and future needs. This provides a foundation for improving the use of behavioural science to support better health in Wales.

The situation

Before the Enabling Plan was introduced, behavioural science was used in different ways across Public Health Wales, with varying quality and consistency. Most work was carried out through individual projects, often shaped by changing priorities and limited resources. This meant not all opportunities to use behavioural science more widely and effectively, were taken up. As understanding grew of the important role behaviour plays in health outcomes, there was a need for a more consistent approach. The challenge was to embed behavioural science across the organisation so it could improve effectiveness, reduce health inequalities, and support better outcomes for people and communities in Wales.

We did

Public Health Wales co-produced a Behavioural Science Enabling Plan to strengthen and standardise the use of behavioural science across Public Health Wales, and the wider system. The development process included mapping existing activity, identifying skills and capability gaps, engaging staff and partners, and reviewing international best practice. Explicitly grounded in the Duty of Quality and aligned with the Well-being of Future Generations (Wales) Act, the Plan provides a clear route map for action.

It focuses on building capability, providing practical support, integrating behavioural science into systems and processes, developing resources, strengthening research, and increasing advocacy and engagement, all supported by continuous improvement. Key learning highlighted the importance of early stakeholder involvement, balancing ambition with delivery capacity, and creating mechanisms to sustain impact. We also found that successful implementation requires cultural change as well as technical expertise. Developing shared language, practical tools and accessible support was essential for increasing understanding, uptake and impact across teams.

What next

In 2026-27, our focus will be on putting the Plan into practice and increasing its impact across Public Health Wales and partner organisations. We will deliver a structured programme to build behavioural science knowledge and skills, alongside practical tools, guidance and support to help teams apply behavioural science in their work. We will strengthen governance arrangements to identify and prioritise opportunities where behavioural science can make the greatest difference. Behavioural science will be embedded into planning, service delivery, communications and improvement activities to support a more consistent approach. We will also enhance evaluation to better measure impact, drive continuous improvement and support scaling of effective approaches. Stronger partnerships with government, NHS and academic organisations will help maximise reach and alignment. A key priority will be reducing health inequalities by ensuring activities are designed around the needs of different people and communities, with learning shared across the wider system.

Better health through behavioural science:

An enabling plan for Wales

GIG CYMRU NHS WALES

Iechyd Cyhoeddus Cymru | Public Health Wales

Uned Gwyddor Ymddygiad
Behavioural Science Unit

Communications for the Web Estate Transformation Programme - Strategy, Finance & Performance

Background

With around 6 million site visits a year, more people than ever are coming to the Public Health Wales web sites to find trusted public health information. Given the increased importance of providing digital services that are focused on the user experience, Public Health Wales has undertaken an organisational-wide improvement of its web estate, encompassing over 15

public-facing websites to put users at the heart of everything we do. This has improved the digital experience and quality of content for users and provides better support to the wide variety of services and functions that we deliver.

The situation

A discovery phase undertaken in 2023 found that Public Health Wales web estate was inconsistent, had variable quality controls and insufficient adherence to Welsh Language Standards and accessibility requirements. Over 15 sites were being managed across seven different technical platforms, with no common processes, design principles or governance. To address this, the Web Transformation Team sought to understand user needs and goals, putting users at the heart of every part of the change. The aim was to streamline the overall number of sites, bring them all onto one technical platform and create common processes and quality controls to improve both the user experience and to meet our legal and regulatory requirements.

We did

The programme is much more than a digital transformation. It is a significant business change and impacts every team across the organisation. We have delivered:

- complete redevelopment of our main Public Health Wales web site on a new platform, along with all content from multiple sites being moved to one location
- new branded sites for Help Me Quit, Healthy Weight Healthy You, Healthy Working Wales, Wedinos
- content Design Standards and new ways of working: Providing clear guidance for all future content development and better governance, quality assurance and compliance for Welsh Language Standards and accessibility requirements
- design System Development: Ensuring consistency in components such as headings, buttons, and body text
- a Community of Practice: to support and upskill content creators across teams
- new, user-centred information architecture. This gives our users the best experience of finding and accessing the information they need, and also improves quality, governance and compliance.

What next

Having now progressed through the learning, testing and refining phases, the Web Transformation Programme will move to closure in Quarter 2 of 2026-27, and the Web estate will be managed as a Digital Product moving forward. This will be the first digital service that will be managed in this way for Public Health Wales, bringing to life a key aspect of our Data and Digital Strategy.

New Colleague Networking - People & Organisational Development (POD)

Background

Public Health Wales holds New Colleague Networking events three times a year. These events are part of our Corporate Induction programme and help new staff learn more about the organisation, meet colleagues, and understand our culture. As part of wider work to improve the induction experience, feedback highlighted inconsistency and limited visibility across the

organisation. This provided an opportunity to strengthen engagement, improve consistency, and help colleagues build a stronger sense of belonging from the outset.

The situation

These events help new colleagues settle into Public Health Wales by giving them a clearer understanding of how we support people in Wales to live longer, healthier lives. They also help colleagues connect with our Long-Term Strategy, see how their own role contributes to our work, understand our values in practice, and build relationships with people across the organisation.

Why does this matter? A well-designed induction is important as it boosts engagement, job satisfaction, and retention, while supporting wellbeing by helping people feel welcomed, informed, and connected early on. Refreshing the event ensures the induction experience continues to reflect our culture and priorities, helping colleagues start with clarity, confidence and a sense of belonging.

We did

We worked with the Improvement & Innovation (I&I) Hub to map the current and future state using driver diagrams, applying improvement cycles and behavioural insights to guide redesign. Changes included adding marketplace stalls and 15-minute team showcases, with all areas actively involved. We involved stakeholders through clear, structured communications and workshops. This helped build support for the work and encouraged people to share creative ideas.

The main challenges were encouraging engagement, supporting behaviour change, and managing capacity pressures. We addressed these by involving our Executive Team, using behavioural science, communicating clearly, and working collaboratively. The redesigned event launched in April 2026 and received strong engagement and positive feedback.

A key learning was that behaviour and engagement are just as important as process, and that clear communication and collaboration drive success.

What next

We will continue working with the I&I Hub to embed and build on improvements throughout 2026-27. This includes reviewing feedback, refining the approach for the July event, and developing a clear measurement plan to track impact and support continuous improvement.

Our focus will continue to be on creating a consistent, high-quality induction experience that helps every new colleague feel connected, confident, and ready to contribute, with active involvement from across the organisation.

Alongside this, we will further develop shared corporate induction pages and resources in our intranet using insights from new colleagues. We will also begin strengthening local induction approaches to support greater consistency across teams and directorates, ensuring all colleagues have a positive and aligned start to their journey in Public Health Wales.

Tackling Diabetes Together (TDT)

Background

Diabetes prevalence in Wales continues to rise, with over 230,000 adults affected and significant numbers undiagnosed. Based on research, evidence and engagement, the Tackling Diabetes Together (TDT) Programme was designed to close the gap between what people need and what they currently receive. TDT has prioritised prevention through national communications. The *Lower Your Risk* campaign used multi-channel engagement to promote Diabetes UK's *Know Your Risk* tool, enabling early identification and behaviour change. Early

data shows strong engagement, with 96.92% of users interacting with the risk tool and 17% progressing to structured prevention support.

The situation

A key gap identified was low public awareness of diabetes risk and limited engagement with prevention pathways, particularly among underserved communities. Stigma and lack of accessible information were barriers to early identification and intervention. Traditional service-led models relied on individuals presenting to healthcare settings, missing large at-risk populations. Diabetes UK Cymru highlighted the need for sustained, public-facing communications to improve understanding, reduce stigma and support behaviour change at scale.

We did

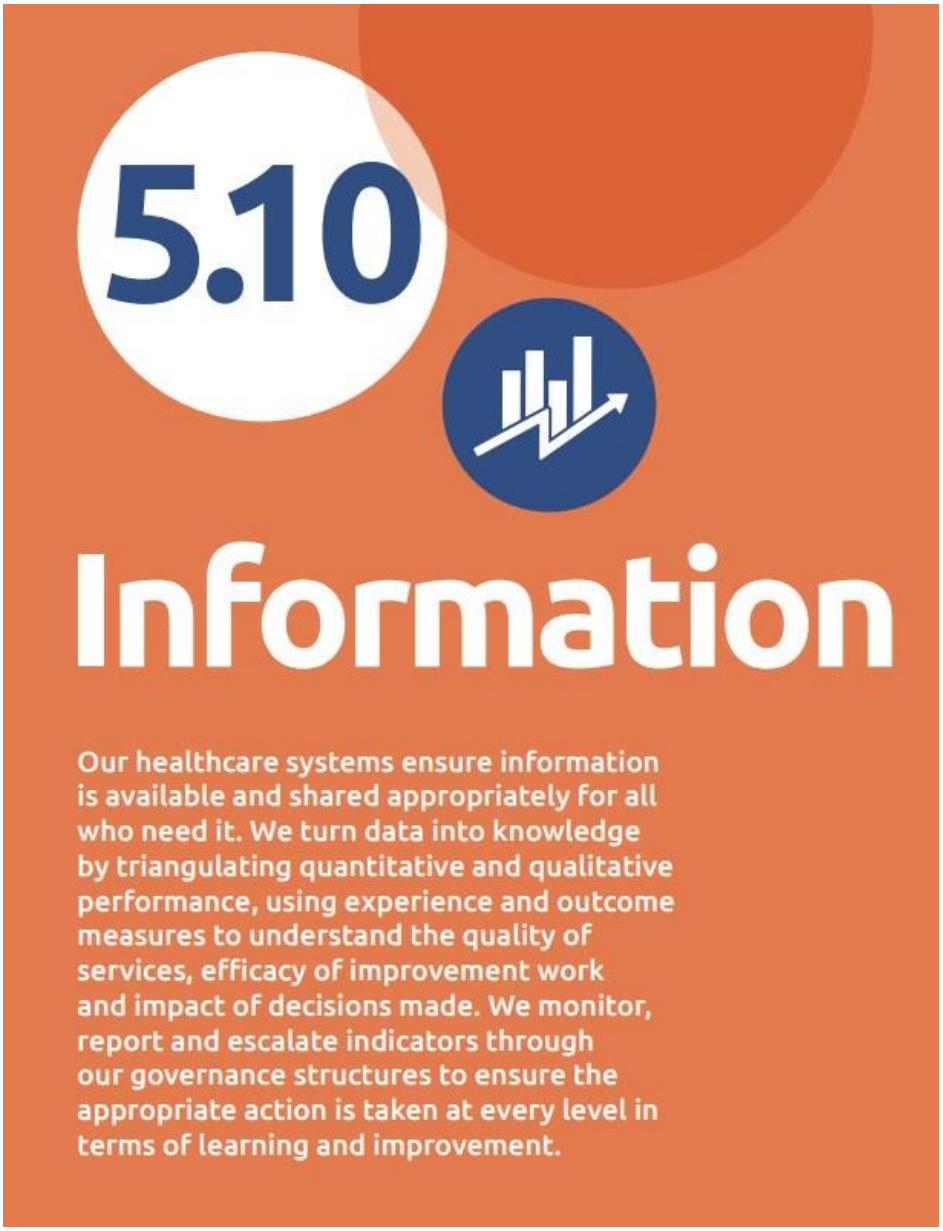
TDT delivered a national, multi-channel campaign combining broadcast media, community engagement and digital pathways to drive awareness and action. This campaign reached up to 70% of the Welsh population via TV and over 100,000 listeners per radio programme, alongside targeted outdoor advertising in high-risk areas

A central digital internet landing page directed users to the Diabetes UK's *Know Your Risk* tool and onward support. Early data shows high-quality engagement (96.92% tool interaction; 100% completion of prevention programme access), indicating strong intent among users. External endorsement from Diabetes UK Cymru recognised the programme's communications as a key strength, highlighting its role in raising awareness, reducing stigma and supporting behaviour change. Learning shows that while overall traffic was modest, those reached were highly motivated, demonstrating that repeated, sustained campaigns are required to achieve population-level impact.

What next

Building on early success, TDT will scale prevention activity through sustained national campaigns, integrating digital pathways, community engagement and targeted outreach to underserved groups. A key focus will be strengthening the “front door” to prevention by expanding access to *Know Your Risk* and linking it directly to structured interventions such as the All-Wales Diabetes Prevention Programme.

Future plans include developing innovative approaches to move from awareness to action, reducing barriers and improving early identification. Continued collaboration with partners, including Diabetes UK Cymru, will ensure messaging remains patient-centred and evidence-based. The programme will also strengthen the evaluation process, capturing full campaign reach across media and social platforms to better demonstrate impact and support long-term investment in prevention at scale.



Real Time Suspected Suicide Surveillance (RTSSS) system

Background

The Real Time Suspected Suicide Surveillance (RTSSS) system has been collecting data on suspected suicides since April 2022. Three annual surveillance reports have been published so far, and monthly monitoring takes place with a group of key suicide prevention stakeholders. Given that there is now over 3 years' worth of data available to analyse, it is possible to assess the reliability of the dataset and make quality improvements in the future.

The situation

In RTSSS we do not know:

- how may suspected suicides were actually suicides as confirmed by a Coroner
- how many suicides were identified (i.e. how many were missed by RTSSS).

Knowing this will help us determine how useful and reliable the system is which we can feed back to our users.

Understanding of characteristics of cases that were suicides / not suicides will help to refine inclusion criteria e.g. specific types of drug deaths, location specific.

Understanding the characteristics of missing cases can help us determine how we can capture these cases in future e.g. location specific, mode of death.

We did

We linked RTSSS data with Office of National Statistics data in order to find out the outcome of deaths by suspected suicide and to identify suicide deaths that we had not recorded in RTSSS. When we finish analysing the information, we will be able to learn more about how useful the current system is and how it can be improved. This is important as we are aiming to make RTSSS as useful as possible for suicide prevention professionals in Wales, who use the data for their work. This will be ultimately of benefit to the public, as reliable data will help with suicide prevention efforts with an aim to reduce tragic deaths by suicide.

What next

When this work has been completed, we will be to use the findings to work out how we can improve data collection. For example, we will have a better idea about the gaps in the RTSSS system and so can start addressing them. We will repeat this exercise at regular intervals in the future to support continuous improvement and help develop the most effective and reliable surveillance system possible

Oral Health Population Health Indices for Wales

Background

Wales is a Marmot nation. This means Wales adopts a legislative requirement to reduce avoidable differences in health between various population groups and communities. However, dental health is still much worse for some groups and areas than others. People living in more deprived areas are more likely to have dental disease, poorer access to dental care, and worse oral health outcomes. To reduce these unfair differences, Wales needs to use good data and

evidence to plan prevention and dental services. Resources should be focused where need is greatest, so that limited resources for prevention and care can better support the people and communities most affected.

The situation

Wales already has useful information about oral health and dental services. However, this information is not yet being used as fully as it could be. At the moment, data is not routinely brought together to show whether people can access dental care fairly, whether care is working well, or whether outcomes are improving. Linking dental data with wider health and social care information could help us better understand people's needs in a more holistic way and improve dental service planning, including resource allocation. Legal and information governance issues still need to be resolved so that data can be linked and used safely and appropriately.

We did

In 2024, the Dental Public Health team held workshops with partners to develop a set of population oral health measures for Wales. People involved included Directors of Public Health and Primary Care, health board representatives, Health Education and Improvement Wales, academics, and Welsh Government. These measures were then linked to the Duty of Quality areas, such as safety, timeliness, effectiveness, efficiency, equity and person-centred care.

The team also worked with Public Health Wales information governance colleagues and the NHS Business Services Authority. This led to a Data Sharing Agreement, which allows anonymised NHS dental activity data to be analysed and shared with health boards and Welsh Government to inform their planning and policy.

The team is now working with Welsh Government, Digital Health and Care Wales, the NHS Business Services Authority to understand what is needed to link dental data with wider health and care data safely and legally.

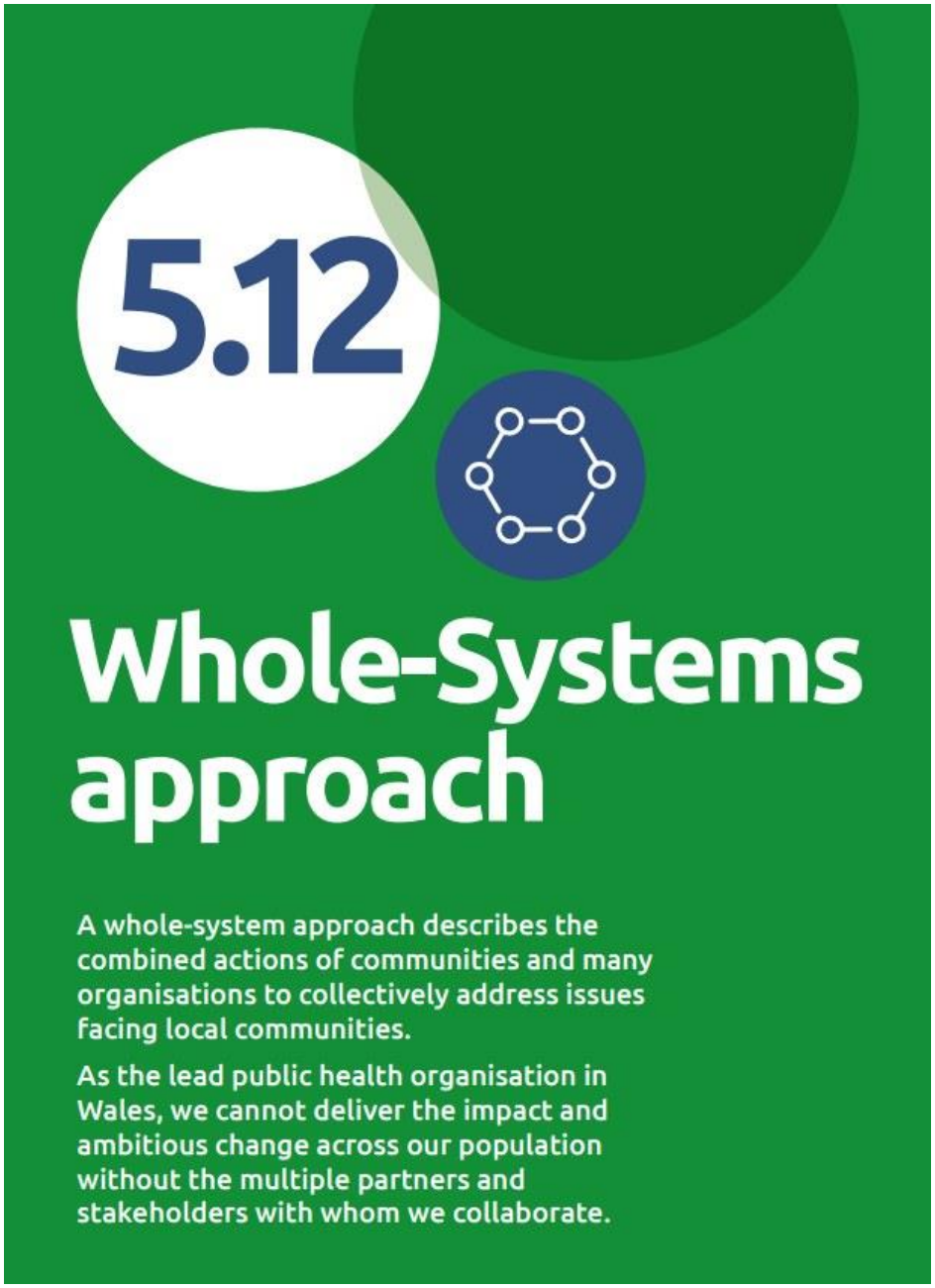
Data linkage and analyses will be needed to identify opportunities to provide preventive co-ordinated primary and community care including dental care and monitor improvements and evaluate successes of any changes made.

What next

The Dental Public Health team has requested the Welsh Government to consider issuing a Ministerial Direction to clarify which organisation is the data controller and data processor when dental data is used for different purposes. Once the legal and information governance

processes are clear, this work could help Wales build a learning dental system in Wales. It will be easier to understand how different groups use or not use NHS dental services and how this links with wider health and care needs, for example among young children, older people with multiple chronic diseases, and people living in deprived areas.

Progress may be slower because partner organisations are dealing with operational pressures, including implementation of the new dental contract in Wales. However, application of population health approach in dentistry is much needed to improve the quality and value of dental care in Wales.



Wider Determinants of Health

Background

Public Services Boards (PSBs) bring organisations together to improve the wellbeing of their communities, including health, inequality, and the local environment, under the Well-being of Future Generations (Wales) Act.

The Shaping Places for Well-being in Wales (SPWW) programme, hosted by Public Health Wales, builds skills so that PSBs can work differently by applying systems thinking (problem-solving approach). This helps services join up their efforts, focus on what they can change and consider the root causes of complex challenges to improve outcomes for communities.

Llunio Lleoedd
ar gyfer Llesiant yng Nghymru
Shaping Places
for Well-being in Wales

The situation

The programme found that some of the conditions needed for PSBs to be effective were not consistently in place across Wales. For example, work between organisations was not always well connected, opportunities for accountability and scrutiny could be strengthened, and learning about what worked well, and what did not, was not always shared between PSBs. Many of these challenges were common across Wales.

As a result, opportunities to improve health and wellbeing were sometimes missed, meaning communities did not always see the full benefit of organisations working together on the issues that matter most to their daily lives.

We did

Public Health Wales brought partners together to find practical ways to increase PSB impact. Using a systems thinking tool (the Viable System Model), we explored national and local barriers and identify shared priorities. The work of the programme, engaging 11 of of 13 PSB across Wales, would be limited without addressing these barriers.

We created the national Strengthening PSB Progress Group with Welsh Government and the Future Generations Commissioner's Office, focusing on: monitoring and evaluation, communication and visibility and learning spaces.

This has improved coordination between national partners and created shared priorities for more effective PSB action. PSBs are starting to test new ways to measure change, helping them better demonstrate their impact on communities. The work has also strengthened leadership and provided clearer direction, enabling more consistent and joined-up approaches across Wales.

Ultimately, communities will experience better connected services and targeted improvements based on where the PSB can have the biggest impact on wellbeing.

What next

This work has already influenced national thinking, contributing to recommendations to strengthen PSB scrutiny in the Well-being of Future Generations Act post-legislative inquiry.

The next steps will focus on building on early progress and supporting PSBs to deliver clearer impact for communities, including:

- a national workshop to help PSBs better measure and demonstrate how their work improves people's lives
- strengthening learning spaces so partners can share what works and accelerate progress
- developing and sharing clear approaches to effective scrutiny.

Together, this will help PSBs work more consistently, improve accountability, and deliver more visible, joined-up improvements for communities across Wales.

Emergency Preparedness Resilience and Response (EPRR)

Background

Public Health Wales developed Pandemic Response Arrangements (V1.0) to ensure compliance with the Civil Contingencies Act 2004 and strengthen its capability as a Category 1 responder (organisations at the core of the response to most emergencies e.g. the emergency services, local authorities, NHS bodies).

The framework provides a comprehensive structure for pandemic preparedness, response, and recovery, aligning with the Public Health Wales Emergency Response Plan and national multi-agency arrangements.

It incorporates extensive learning from COVID-19, internal lookback reviews, the Public Health Wales COVID-19 Learning Series, and Exercise Pegasus (UK pandemic response simulation). The framework translates this evidence into refined command-and-control, operational cell functions, activation thresholds, workforce models, and data-driven decision-making systems to enhance organisational resilience and effectiveness.

The situation

Post-pandemic, Public Health Wales recognised the need to strengthen how it organised and delivered its pandemic response. Learning was derived from COVID-19 identified gaps in command-and-control clarity, decision-making processes, communication pathways, workforce sustainability, surveillance and data systems. Existing arrangements required greater coherence, scalability, and alignment across functions.

The arrangements were then redesigned following extensive learning from internal debriefs, the Public Health Wales COVID-19 Learning Series, and Exercise Pegasus (UK pandemic response simulation), creating a more robust all-hazards framework aligned with national and multi-agency response structures.

We did

Version 01 of the Pandemic Response Arrangements was developed through structured redesign and testing.

This enabled Public Health Wales to refine and validate its approach, resulting in a strengthened command-and-control model (Strategic & Tactical Response Groups, and Operational Cells), improved coordination and clearer decision-making pathways. Enhancements were also made to workforce models, including surge capacity and sustainability, and to digital, data, and surveillance activities.

Key learning emphasised the importance of a single organisational voice, robust decision-logging, clear tasking routes, and intelligence systems. These changes have improved situational awareness, consistency of communication, and Public Health Wale's ability to deliver timely, evidence-based, and coordinated action during a pandemic response.

What next

A key milestone has been the successful delivery of Exercise ANADL, an internal resilience event demonstrating Public Health Wales Major Incident and Pandemic Response Arrangements, providing assurance of operational capability and identifying further areas for refinement.

The focus for 2026-27 is the full implementation and embedding of Version 01 across Public Health Wales. This includes delivering structured workforce development, surge training (rapidly increase operations) and exercising programmes to ensure staff readiness, alongside strengthening assurance mechanisms.

Priority will be given to aligning and delivering digital systems, including case management, tasking, situational reporting, and decision-logging tools. Continuous improvement will be maintained through regular review, incorporating emerging evidence, policy developments, and learning from future exercises and real-world incidents, ensuring sustained organisational resilience.

6. Concluding Remarks

We hope you enjoyed our 2025-26 Duty of Quality Annual Report and the overview of our Quality journey. The report has been developed by incorporating feedback from various stakeholders, including members of the public, from previous reports. This approach supports our ambition to continue to improve as a listening and learning organisation.

The breadth and depth of the case studies highlight our achievements and ambitions but also reflect the exceptional work and dedication of our staff alongside our partners, during an extremely busy and challenging time in Wales. We have continued to evolve and mature as an organisation to be as impactful as we can, with a resolute focus on quality and improvement to achieve our long-term priorities.

We recognise the challenges we face in the future and that we do not always get things right and achieve the standards that we should. However, as a learning and improvement focused organisation, we will endeavour to continue to improve the quality of our services. We will continue to use the 12 Quality Standards and our Quality Management System to centre both our daily work and our strategy and vision for a healthier Wales, delivering excellence in all we do.

We recognise that achieving these improvements will require us to think and work differently. We will work across organisational and professional boundaries, committed not only to collaboration but also to listening to our staff, stakeholders and the public. By embracing feedback, learning from experience and seeking opportunities for improvement, we will drive meaningful and lasting change.

The commitment, professionalism and collective efforts of our staff will be fundamental to our success. By harnessing their leadership and drive, we will build on the progress achieved to date,

respond confidently to emerging challenges, and take advantage of the opportunities that will help us improve outcomes in the years ahead.

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

Thank you!