

 <p>GIG CYMRU NHS WALES</p> <p>Iechyd Cyhoeddus Cymru Public Health Wales</p>	<p>Name of Meeting Quality, Safety and Improvement Committee</p> <p>Date of Meeting 12 October 2023</p> <p>Agenda item: 5.1</p>
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Organisational Health and Care Standards Report 2022-23

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Approval/Scrutiny route:	Quality Improvement Safety Committee
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Purpose

The purpose of this paper is to provide the Quality Safety and Improvement Committee with an overview of the improvements that have been implemented across the organisation throughout 2022-23 based on the completed Health and Care Standards self-assessments during 2021-22.

This paper also provides further information on the replacement of the Health and Care Standards 2015 with the Quality Standards 2023, as part of the implementation of the Duty of Quality regulations which came into effect on 1st April 2023.

Recommendation:

APPROVE <input type="checkbox"/>	CONSIDER <input type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE <input checked="" type="checkbox"/>
The Committee is asked to:				

- Take **assurance** that a revised Health and Care Standards process has been completed for 2022-23 and thus concludes the reporting requirements against improvements identified in 2021-22

Link to Public Health Wales [Strategic Plan](#)

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.

This report contributes to the following:

Strategic Priority/Well-being Objective	7 - Building and mobilising knowledge and skills to improve health and well-being across Wales
Strategic Priority/Well-being Objective	2 - Improving mental-well-being and building resilience
Strategic Priority/Well-being Objective	5 - Protecting the public from infection and environmental threats to health

Summary impact analysis

Equality and Health Impact Assessment	An Equality and Health Impact Assessment is not required as there is no impact on policy or decisions relevant to the Race, Disability and Gender Duties.
Risk and Assurance	The onus is on Public Health Wales and its services, functions and programmes is to demonstrate that the Standards are being used and met on a continuous basis. This will continue to be a key element of the organisation's governance arrangements.
Health and Care Standards	This report supports and/or takes into account the Health and Care Standards for NHS Wales Quality Themes All themes Choose an item. Choose an item.
Financial implications	Whilst undertaking the self-assessment against the Standards have no financial implications, some of the improvement actions identified by Directorates/ Divisions may have associated costs.
People implications	The completion of the self-assessment is reliant on staff embracing the Health and Care Standards with a focus on assurance and improvement.

1. Purpose / situation

The purpose of this paper is to provide the Committee with an overview of the improvements made across Public Health Wales (PHW) in 2022-23 based on areas identified by PHW directorates following the 2021-22 Health and Care Standards self-assessment process. This is the final consolidated Health and Care Standards report, as the standards have now been replaced by the Health and Care Quality Standards 2023 and always-on reporting requirements from 1 April 2023.

This paper also contains high level information on the replacement of the Health and Care Standards (2015) with the new Health and Care Quality Standards 2023, as part of the implementation of the Duty of Quality within Health and Social Care (Quality and Engagement) (Wales) Act 2020.

2. Background

2.1 Health and Care Standards

The Health and Care Standards (2015) were established to provide a consistent framework for improving the quality and safety of healthcare in Wales. Their application was mandatory for all providers of health services, in all settings, in NHS Wales. The Health and Care Standards described “the high-level outcome required to contribute to quality and safety underpinned by governance, leadership and accountability” to support the NHS in Wales in improving the quality and safety of services and supported the principle of continuous improvement.

Until 2021-22, PHW had an established self-assessment and peer review process, against each Standard. The purpose being to establish compliance, determine progress and to identify any improvement actions that were required to meet the standard or improve on the current self-assessed position.

The process was revised in 2022-23 to reflect the period of transition from the Health and Care Standards to a new reporting framework in 2023-24 (see sections 2.3 and 3).

2.2 Duty of Quality and the Health and Care Quality Standards 2023

In developing the duty of quality guidance and reviewing the April 2015 Health and Care Standards, the Welsh Ministers have withdrawn the Health and Care Standards and replaced them with the Health and

Care Quality Standards (2023), as set out in section 6 of the duty of quality guidance. The introduction of the duty of quality provided an opportunity to directly align the standards not only with the duty but with wider quality management practice in health. The Health and Care Quality Standards are framed around the six domains of quality and the five quality enablers (see figure 1). The domains are widely used in health care and are being implemented in the wider Welsh health system. The revised Health and Care Quality Standards are designed to simplify the requirements and be flexible with the wide remit of the duty of quality.

These 12 Health and Care Quality Standards will help describe what good quality looks like in individual services ensuring our Quality Management System works well and will use indicators and measures to demonstrate this.

These Health and Care Quality Standards combined with the work already underway as part of Quality as an Organisational Strategy will strengthen Public Health Wales' Quality Management System and culture of continuous learning and improvement.



Figure 1: diagram to illustrate the six domains of quality supported by the five quality enablers

2.3 Improvement Aims 2022-23

During 2022-23 the approach to reporting on the Health and Care Standards was revised, to reflect this period of transition. To provide closure on the Health and Care Standards, improvement work implemented in 2022-23 has been captured.

3. Description/Assessment

3.1 Process for 2022-23

Improvement aims identified in the 2021-22 Health and Care Standards self-assessment were collated and shared with representatives from across all directorates in the organisation. Some improvement aims identified last year were considered no longer relevant or superseded by other pieces of work. Therefore, directorates were given the opportunity to add new improvement aims to report against if these were deemed more appropriate.

Directorates were required to report on a minimum of one improvement aim and provide narrative to outline key activities and measures of success associated with the aim.

3.2 Improvements made in 2022-23

Appendix A contains the full details of all the Directorate improvements made and submitted during this period.

The improvements implemented in 2022-23 cover a wide range of the Health and Care Standards and can be linked to the PHW Long Term Strategy. Many improvements relate to governance and risk management across the organisation. Improvements such as the development of the Business Design Authority and Improvement Cymru's establishment of the Safe Care Collaborative reflect a commitment to the long-term strategy aim to creating a sustainable health and care system. Several initiatives aimed at employee wellbeing reflect the strategic aim of improving mental wellbeing and resilience across the organisation.

A range of improvement initiatives including improving access, communication and overall engagement with public health services aimed to address health inequalities and the wider determinants of health. Furthermore, there were improvements aimed at making public health services more innovative and efficient. An example of this being the Public Health Merit Award scheme which reflects the strategic aim of creating healthier future for the next generation. Another area of focus was listening and learning from the people we work with and for, with the introduction of the Civica platform

enabling multiple forms of feedback to drive quality improvement across the organisation.

4. Health and Care Quality Standards reporting 2023-24

With the introduction of the Duty of Quality, all NHS organisations will be required to publish an annual quality report on the steps it has taken to comply with the duty to exercise its functions with a view to securing improvement in the quality of health services. The report must include an assessment of the extent of any improvement in outcomes achieved by virtue of those steps.

The annual quality report should include a look back at what has been achieved, including where things could have been better, together with a forward look about the organisation's quality priorities and ambitions for the upcoming year, alongside how progress will be monitored. There should be continuity between annual reports across subsequent years.

Utilising the seven pillars of clinical governance, PHW will be able to support the requisite information to facilitate reporting and undertake their assessment for the annual quality report.

Each Directorate will share areas of good practice and learning across the organisation both, when things go well and when things could be improved. We must ensure that information is available and shared appropriately for all who need it. We turn data to knowledge by triangulating quantitative and qualitative performance, experience, and outcome measures to understand the quality of services, efficacy of improvement work and impact of decisions made.

Supporting materials and resources are expected from Welsh Government to assist NHS organisations with their quality assessment and reporting.

5. Well-being of Future Generations (Wales) Act 2015

To meet the "Sustainable Development Principle" in the above Act, consideration was given to aligning the five ways of working to Public Health Wales NHS Trust:



The Health and Care Standards are reviewed and assessed annually and provide a mechanism for the organisation to improve year on year



All the Standards are self-assessed and reviewed to identify areas that require action to identify level of compliance and drive improvement



All the Standards that relate to Public Health Wales are integral to delivering services functions and programmes, as set out in the Strategic Priorities



Many of the organisations services, functions and programmes require collaboration across the organisation and with external stakeholders



As part of the self-assessment the Standards are peer reviewed which involves staff representation from all Directorates in addition to an Internal Audit

6. Summary

This paper highlights the work undertaken during 2022-23 to initiate and implement improvements across the organisation. These improvements were identified as part of the Health and Care Standards self-assessment and reporting completed in 2021-22. They align and reflect many of the aims of the Long-Term Strategy for PHW.

Reporting against the Health and Care Standards has now concluded, and the transition to reporting against the Health and Care Quality Standards will begin in 2023-24.

7. Recommendation

The Committee is asked to:

- Take **assurance** that a revised Health and Care Standards process has been completed for 2022-23 and concludes the reporting requirements against improvements identified in 2021-22.

Appendix A: Full list of improvement aims implemented in 2022-23

Governance, Leadership & Accountability

Data, Knowledge & Research

Established the Business Design Authority (BDA) with delegated responsibility from Business Executive Team (BET). Commenced in August 2022 and ongoing on a monthly basis. The BDA's directive is to provide centralised oversight, advice and prioritisation in the development, design, testing and implementation of any new or changes to existing digital or data solutions in Public Health Wales. To date 2 products have not been procured as the BDA has required more information regarding interoperability of software and pricing. This has resulted in financial savings to the organisation and better use of existing resource.

Improvement Cymru

Developed framework to support a regional delivery model with supporting governance structure and reporting to reflect regional approach. Regional model embedded across Improvement Cymru directorate and reflected in matrix working and reporting on directorate activity. Developed Safe Care Collaborative partnership agreements. Annual report on this to Chief Executive Management Team (CEMT). 6 Health Board and Trusts have signed the partnership agreements to take forward as part of the Safe Care Collaborative. Internal governance processes have been established for Learning and Development requests. Training and learning opportunities are reviewed by Leadership Team through an expression of interest mechanism and signed off in line with My Contribution processes.

Board Business Unit

Developed intranet pages to signpost organisation to appropriate governance advice and pages for policies and procedures, raising awareness of this through Leadership Team and Business and Planning Leads Group. Policy, Procedure and Other Written Control Documents Procedure updated in July 2022. Initiated annual reporting of concerns raised to People and Organisational Development Committee.

1.1. Health Promotion, Protection and Improvement

People and Organisational Development

An action plan was developed following the Employee Wellbeing survey in 2021, which has been approved and is “owned” by the Leadership Team. We identified 3 themes from the survey feedback, which were: the working environment; communication, and; line Managers. The Work How It Works Best (WHIWB) pilot has addressed the concerns around the working day, with wider communications about incorporating breaks and exercise into the working day. We have new and improved web pages, as well as a Yammer Wellbeing channel which has improved communication. Work around the Behaviours Framework and Management Development framework which is due to be launched in 2023 has addressed many of the issues people fed back around managers. Work will continue around L&D and embedding the new programmes.

Screening

To improve screening uptake, Bowel Screening Wales (BSW) has been working with partners both internally and externally to develop and implement GP endorsed letters which evidence suggests improves screening uptake. First GP endorsed letters will go out in the early part of 2023.

The Breast Test Wales (BTW) Programme Board approved a 12 month pilot to expand open appointment invitation letters to all women who had not previously attended a screening appointment. The primary aim of the pilot was to maximise clinic attendance and reduce non-attendance through improved utilisation of available clinic appointments. The evaluation from this work did not suggest a positive impact on equity of uptake for this cohort and operationally was very resource intensive. Therefore, a decision was taken to stop the pilot in all sites from July 2022. The pilot enabled the programme to test the effectiveness of open invitations in breast screening clinics and make an informed decision as to whether to continue offering open invitations to the eligible population.

In July 2022 the Wales Abdominal Aortic Aneurysm Screening Programme (WAAASP) finalised an evaluation report in relation to study that was undertaken from September 2020 to August 2021. The aim of the study was to test if there was any impact on screening uptake for men attending their screening appointment who receive a pre clinic triage telephone call. The study analysed 53,435 invitations to an AAA scan that were sent out to the eligible population between 1st September 2018 to the 31st August 2019 and 1st September 2020 to 31st August 2021. The outcome of this work was proven to be statistically significant. A number of recommendations were put forward with further consideration on how the programme can further enhance the role of pre-clinic triage calls to invited men on a formal pilot basis.

From January 2022 The Screening Engagement Team have delivered Screening Awareness Training virtually on a quarterly basis. The Screening Awareness training is aimed at Community Health Workers and Community Champions who support people from the most deprived communities across Wales and those who share protected characteristics. During 2022, over 300 people attended the online training which consists of three sessions and are offered bilingually. The team are also encouraging new staff working with Public Health Wales to access this training. Three sessions are available including: an introduction to screening; non-cancer screening; and cancer screening

Quality, Nursing & Allied Health Professionals

Co-produced a Public Health Merit Badge to equip young people with public health skills and knowledge to better enable them to make informed decisions to potentially protect and improve their own health and share this knowledge with others. It has been co-produced with partners in St John Ambulance, Scouts Cymru and the Army Cadets. An academic partner has been identified to undertake an evaluation of the scheme.

A group of representatives from across the directorate plan monthly directorate meetings, with a continuous focus on staff wellbeing. Survey in Aug 22 found 92% of respondents wanted to see more or the same amount of focus on wellbeing during directorate meetings. All of directorate invited to a session on 31/03/22 ran by the directorate Wellbeing reps. Co-produced a series of actions aimed at improving staff wellbeing. Directorate given opportunity to rank the priority of implementation of these actions in Apr. 3 actions were implemented in May. Survey in Aug 22 showed the following % of respondents found these wellbeing actions were working for them: Meeting free day once a month: 81%; Monthly wellbeing hour: 73%; Core hours for meetings: 72%

2.1 Managing Risk and Promoting Health and Safety

Quality, Nursing and Allied Health Professionals

Risk Development Plan developed and presented to BET and approved in March 22. Aim to bring greater focus and attention at a divisional level for risk and risk registers. QNAHPs Directorate re-purposing enabled one designated risk resource. Risk Assurance Network set up with representatives from across the organisation. Risk Architecture mapped across the organisation and risk a standard agenda item on all Directorate and Divisional meetings.

Health & Wellbeing

Directorate promotion of the iHasco health and safety e-learning course for home working and completion of the associated DSE assessment. The results were reported to the Senior Leadership Team. All staff who had not completed these were contacted by the Business Manager and were reminded of the importance of the course.

Where concerns were identified about the equipment that a staff member was using, their workstream lead was informed and given advice. In July 2022 all line managers met their staff individually to discuss their preferences from home or office working. They were also asked to discuss any issues relating to Health & Safety, Technology problems and wellbeing whilst working from home and record the discussions on a standardised template. As a result of these discussions action was taken in response to workstation issues that were identified.

Our divisional Recruitment SOP onboarding checklist has been updated to include line managers pro-actively encouraging new starters to complete the iHasco training module. Where staff have raised concerns about their workstation action has been promptly taken to provide advice and/or equipment

Operations & Finance

Risk management process has been reviewed. Deep dives into Divisional risk registers now form part of the monthly Senior Management Team agendas and the risk dashboard as part of the DaDD used to facilitate discussions on highest risk areas. Improved management of risk, shared understanding of risks across the Directorate, increased opportunity to escalate and deescalate risks as required.

WHO Collaborating Centre

During 2021 a local Risk Management Procedure was launched. Following the launch in 2022 the Risk Management Procedure was audited and reviewed with the view to identifying improvement opportunities linking to our continuous improvement programme. An improvement plan was created and managed and the improvements were implemented. Improvements included updating documentation, improved visibility of KPI's via a dashboard and improved engagement with the teams risk handlers.

The Performance and Governance Manager will measure and monitor the Risk Management KPI's monthly. Formal structure implemented for reporting and management of directorate level risks. Directorate Level risks dealt with promptly and reported in a visible format. Audit has been used as an exemplar for the organisation. The Business Manager will re-audit the Risk Management Procedure in 2023.

Screening

WAAASP, Diabetic Eye Screening (DESW) and Newborn Hearing Screening Wales (NBHSW) have been working with the screening division risk, health and safety and clinical governance manager to develop a comprehensive risk assessment process and form for community premises the Programmes use. A checklist form was developed and agreed, and a training package developed. Venue assessments have continued throughout 2022-23; over 110 venues have been assessed to date.

DESW have implemented an internal meeting structure to provide governance and support decision-making and two-way communication to assist in managing risk. Restructure of the management team and recruitment to additional roles completed Q1. Dedicated Local Management Team meeting for risks, incidents and lessons learnt implemented. There has been a reduction in the number of open/outstanding incidents to be investigated with a more timely review of themes. This has led to an evidenced workplan for the team addressing known issues, gaps and risks.

Health Protection

Health Protection Risk Management SOP and Incident Management SOP have been drafted and reviewed by PHW risk management team (former), the Putting Things Right Team (latter) and Quality, Safety, and Improvement (QSI) Group (both). These SOPs outline the process and best practices for reporting and managing risks and incidents on Datix across the division, the key performance indicators, and quality metrics. They also provide guidance on risk management and incident management in accordance with PHW risk management policy, PHW Incidents Management Policy, ISO 31000, and statutory requirements.

2.3 Falls Prevention

Screening

The All Wales Falls prevention e-learning module is being reviewed with the intention to develop a section for clinic based staff (such as screeners) to make the module more appropriate.

3.2 Communicating Effectively

Data, Knowledge & Research

Developed User Research; hired a Service User Designer and a senior user researcher, as well as included user research on our key projects in this year. User personas were developed for the DESW discovery which led to the successful design of an alpha.

Screening

BSW has been working in partnership with Learning Disability Wales (LDW) to undertake a consultation with people with a learning disability in relation to bowel screening. This work focussed on identifying barriers and knowledge to screening. An output of this work is that two bilingual Easy Read resources were produced 'About your bowel test' and 'What happens next'. These resources were developed with the support of LDW and were tested with people with a learning disability. These resources are available on our divisional websites. A supporting communications plan was developed to support the dissemination of the new resources to a variety of organisations including learning disability organisations. A second output of the work was the development of an action plan which was agreed by Bowel Screening Wales in June 2022. A project group has been established to take forward this work.

The Screening Engagement Team has been working with the PHW Digital Team to improve the Screening Division public facing websites. The outcome of the work will benefit the end point users of the websites. The work commenced in October 2021 and has continued throughout 2022 with seven out of eight programmes having undergone a refresh to their website pages. The final programme refresh is set to be completed by March 2023. The new layout will allow people to find the information they need and to navigate the site more easily. Users will also be able feedback what they think of the refreshed site so this can be considered and acted upon.

The teams involved are looking for ways to make the site more inclusive and accessible with PHW introducing the Read Speaker functionality which will help people who experience communication or language barriers. The service is also exploring ways to improve information on our accessible information pages and are working with partners to explore how this can be achieved.

In May 2022, the team undertook focus groups which was supported by partner organisation who support underserved communities. A final report with actions was agreed in September 2022. This work has been extremely valuable as the team were able to act on short term actions and further refine the websites. It has also informed the work of the team going forward as longer term actions have been factored into the operational planning for 2023.

Between November 2021 and November 2022, Cervical Screening Wales (CSW) developed a new cervical easy read resource which is called 'About your cervical (smear) test'. This resource has been developed and tested with people from a range of backgrounds including people with a learning disability. This resource is available on our divisional websites. A supporting communications plan was developed to support the dissemination of the new resources to a variety of organisations including learning disability organisations.

3.3 Quality Improvement, Research, and Innovation

Screening

Diabetic Eye Screening Wales commissioned the services of Armakuni and Stance to undertake a piece of discovery work. The purpose of the work was to review the current service model with a view to identifying opportunities for the programme to improve their operational service model through a process of transformation. This work commenced in April 2022 and is ongoing. As a result of the discovery work the programme have agreed to take forward key actions which will look at ongoing and continued transformation. A Transformation Project Board has been established and within the Future Service Model work stream a number of pilots focussing on different areas of service are being undertaken. The transformation work will enable the programme to pilot different work streams to test effectiveness of change. This work will support improvements to the service model for Diabetic Eye Screening Wales.

Microbiology

Successful business case for new MALDI-ToFs (technology used for the identification of bacteria and yeasts). End of life equipment was contributing to excess professional time, consumption of consumables and possible delays in specimen results, and therefore required replacement. Implementation of new equipment within proposed laboratories. Successful Verification, and other associated documentation. Training and competency documents written and in use and successful accreditation status

Health Protection

A suite of metrics has been produced to capture the activity within the Health Protection Division; from this baseline able to assess the workload and all future resource requirements. AWARe Improvement Group (AIG) was reformed following the height of the pandemic. The aim of the group is predominantly investigating suggestions for improvements of the AWARe service, providing the appropriate feedback to the wider team and notifying the divisional management team of these advancements. Tarian Change Advisory Board (TCAB) has also been reformed and meets quarterly to discuss issues and improvements around Tarian. TCAB receives suggestions for improvements which are discussed, addressed and consulted upon by the attendees and appropriate feedback is provided. Used a proactive approach to enhance innovation across Health Protection, and suggestions encouraged from the division for uses of digital in the wider health protection division which can then be prioritised. This is a standing item for all senior team discussions. New training addressing Lean Management skills development/ TOYOTA Lean Management Programme; colleagues across Health Protection had successfully signed up to this 2 day programme with the confirmation of two cohorts (Jan and Apr 2023).

3.5 Recording Keeping

NHS Collaborating Centre

Strengthen governance for the whole collaborative, via investment in lead posts to support networks with governance, compliance, risk and record keeping. Establishment of Collaborative wide business unit. Reduced information governance incidents and improved statutory and mandatory training compliance.

Health Protection

Proposal to adopt a governance framework and document management system – iPassport – by the Health Protection Guidance and SOP group. The iPassport Quality Management System (QMS) ensures compliance with ISO Standard 9001:2015 and the appropriate curation of health protection documents.

People and Organisational Development

Employee Relations (ER) cases are managed and recorded with dedicated People and OD support to each case. Developed a clear process which maps out the various stages of an ER case and associated timelines including recording and reporting of information. Developed a suite of template letters to support each stage of the process, ensuring appropriate records are maintained. People and OD have also worked with Information Governance to review and update our records retention schedule (completed in late 2022).

4.1 Dignified Care

People and Organisational Development

The Wellbeing Pages have been reviewed and updated on the Intranet to continue to promote all forms of support available to staff. A PHW Wellbeing channel on Yammer has also been established. A Wellbeing Offer infographic was developed in December 2022; this is available to all staff but has been particularly aimed at staff who are engaged in the Public Enquiry. Continue to offer Wellbeing workshops, Team Wellbeing check ins and the EAP service. The 12 month pilot of 'Work How it Works Best' continues and an evaluation plan is underway to assess how the trial is being implemented and the impact it has had.

6.2 Peoples Rights

People and Organisational Development

Improvement of policy and supporting information around Maternity, Paternity and other types of parental leave. New Family Leave pack developed alongside new Family Leave Policy and Procedure. This has been a collaborative piece of work with the Communications team, Family Leave (sharepoint.com) soft launch mid-2022. Full content published late 2022.

Screening

The Cervical Screening Information Management System (CSIMS) is a pathway management system developed by PHW Informatics Team for Cervical Screening Wales (CSW). It is used by CSW to manage the call/recall, issuing of results letters and failsafe of people eligible for cervical screening in Wales. The development of this Information Management System has taken a number of years and went live on the 20th September 2022.

One of the many outcomes of this work is that the new system is able to hold the records of people with a cervix registered with their GP as male (unlike the previous NHAIS system). Once a person (or their GP on their behalf) have made themselves known to CSW, the new system will be able to issue them a result letter following a test and re-invite them automatically for their next screening invitation. This will offer a much more equitable way of ensuring people with a cervix are invited for screening.

The Screening Engagement Team have developed a screening inequities strategy and have undertaken work to support underserved groups including ethnic minorities, carers, and transgender and non-binary communities.

Since June 2022, the team have been undertaking engagement with partners who support ethnic minority communities and paid and unpaid carers across Wales, to gather insights into their knowledge and attitudes to screening and to identify any barriers to accessing screening. The team will be conducting focus groups with established networks between January – March 2023 to gather further insights. Feedback from this work will inform future work streams that will be carried out during 2023-2024. A suite of Easy Read information for people who are transgender and non-binary is being developed. This work commenced in January 2022 with a focus group with external LGBTQ+ partners to discuss the layout and content of the new leaflets with ongoing engagement during 2022. Engagement on the final drafts was undertaken with LGBTQ+ , with final versions expected to be available March /April 2023.

6.3 Listening and Learning from Feedback

People and Organisational Development

People and OD Advisor Service conducted semi-structured interview sessions with key Business Leads to understand what matters most to our managers and inform service improvements. Increased satisfaction rates and positive customer feedback, e.g. measured via interview, ActionPoint caller surveys.

6.3 Listening and Learning from Feedback

Quality, Nursing and Allied Health Professionals

National Safeguarding Service have developed an evaluation Strategy articulated and this has been accepted (Q3). In Q4, Surveys and stakeholder interviews to take place and Qualitative and quantitative data analysis to commence. Measures of success will be

- High return rate from survey
- Full participation in interviews
- Constructive feedback received from surveys and interviews
- Evaluation Plan produced with recommendation action
- Action plan agreed for 2023/24

Introduction of the Civica platform began in April 2022. Civica is a central system for capturing and analysing the feedback and experiences of the people we work with and for. A series of training sessions have been held across the year, and over 300 members of staff have attended. Feedback has been captured from an evaluation survey from over 50 attendees. Guidance on best practice for all types of surveys is in development in Q4 using evidence based literature, and has been drafted in collaboration with Data, Knowledge and Research, WHO CC, Screening Engagement, QNAHPs, VPDP, and P&OD.

Begun work with screening to process map programmes to identify ideal time points within each screening pathway to ask for feedback, and this will continue into 2023-24. Engagement with representatives across the screening programmes to develop a set of standardised feedback questions based on the six domains of quality to enable future quality reporting and improvement; these were approved at Screening SMT, and the DPIA process underway to approve the questions for use.