

 GIG CYMRU NHS WALES lechyd Cyhoeddus Cymru Public Health Wales	<p>Name of Meeting Quality, Safety and Improvement Committee</p> <p>Date of Meeting 10 November 2021</p> <p>Agenda item: 4.6</p>
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Health and Care Standards Self-Assessment 2021-2022

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Approval/Scrutiny route:	Rhiannon Beaumont-Wood, Executive Director, Quality, Nursing and Allied Health Professionals Business Executive Team (18 October 2021)
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Purpose:
<p>The purpose of this paper is to provide the Committee with the proposed approach for the Health and Care Standards self-assessment 2021-22. The paper details the approach and reporting timelines for the completion of the self-assessment. The proposals were agreed by the Business Executive Team on the 18 October 2021.</p>

Recommendation:				
APPROVE <input type="checkbox"/>	CONSIDER <input type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE <input checked="" type="checkbox"/>
<p>The Committee are asked to:</p> <ul style="list-style-type: none"> Consider and take assurance on the approach to review the Health and Care Standards Plan for 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	6 - Supporting the development of a sustainable health and care system focused on prevention and early intervention

Summary impact analysis	
Equality and Health Impact Assessment	Equality and Health Impact Assessment. A full equality and health impact assessment does not appear to be required there are no apparent impacts on policy or decisions relevant to Equality duties
Risk and Assurance	Welsh Government expects that all NHS organisations in Wales complete the Health and Care Standards as part of the overarching governance arrangements. Dependant on the improvement actions identified as part of their self-assessments, there may be a need to capture associated risks on the most appropriate risk register
Health and Care Standards	This document supports the organisation to undertake a self-assessment against the Health and Care Standards
Financial implications	Dependant on improvement actions identified as part of their self-assessment, there may be associated financial implications
People implications	There is no anticipated impact on the workforce of Public Health Wales. However, the implementation of the Health Care Standards identified improvements could potentially have an impact on the workload of staff.

1. Introduction

1.1 The Health and Care Standards (2015) are a key part of the current Welsh Government quality assurance system within NHS Wales and therefore Public Health Wales needs to demonstrate how it considers and applies these standards on a continuous basis and in the annual reporting cycle. The Standards provide a common framework to support NHS Wales, in achieving high quality standards of quality and effectiveness across all NHS settings

The Health and Care Standards map to the organisation's Strategic Priorities and should be viewed as an integral component of the vision of Public Health Wales to be a high performing organisation where quality and improvement is central. The Standards provide an opportunity to identify areas of good practice and highlight areas for improvement, using a self-assessment Scoring Matrix (Appendix A).

The Welsh Government, in collaboration with representatives from NHS organisations across Wales, is currently reviewing the Health and Care Standards as part of a programme of work to underpin The Health and Social Care (Quality and Engagement) (Wales) Act 2020.

1.2 Whilst recognising the impact of COVID 19 on core and routine business, the Health and Care Standards are intended to be integrated to the everyday governance arrangements across the organisational business, to drive improvements in quality, rather than viewed as a standalone separate activity.

1.3 Directorates will be provided with a template to aid completion of self-assessment reporting on the standards.

2. Background

Public Health Wales has an established process, through which self-assessments are undertaken. Each Standard should be self-assessed to establish current compliance, determine progress and to identify any improvement actions that are required to meet the standard or improve on the current situation. Learning from service users and staff about what went well and what could be improved, is integral to the process.

3. Description

Directorates are required to develop and lead arrangements to cascade and embed the Health and Care Standards and to improve compliance against each of the standards (relevant to their area of work). To achieve this, Directorates are required to support their identified coordinator to ensure that the Health and Care Standards self-assessment is completed in line with the identified timeline (Appendix B).

Directorates should use the Standards to self assess at all levels and across all activities to:

- Individually assess how well they currently meet the Standards
- Identify what they do well and what best practice should be shared wider
- Identify what they do less well and need to put right themselves
- Make changes, which contribute to overall quality and improvement within their service areas.

4. Process for Directorates and Divisions

4.1 Directorate Self-assessment

The Directorate coordinator has the responsibility for coordinating a Directorate response based on the evidence provided agreed by the Directorate Executive and to identify any areas for improvement. The response should include the following:

- Overall self-assessment scores assigned for each Health and Care Standard for 2021-22
- Highlight key achievements and areas of good practice
- Improvement priorities for 2022/23

4.2 Learning Opportunities

Capturing and sharing the learning from identified improvements is an important part of the Health and Care Standards process. It is important that Public Health Wales makes constructive use of this information in order to bring about real improvements in our services, programmes and functions; for example an improvement action could be to undertake a Quality and Clinical Audit in an area of work which needs to be improved or strengthened, or better understood.

5. Peer Review

5.1 Peer Review Day

In order to provide greater scrutiny of the self-assessments, a peer review day will be held on the 27 January 2022. The reviewers will comprise of staff from each Directorate who are either the nominated coordinators for that Directorate, or are familiar with the Health and Care Standards and have been previously involved in the self-assessment process.

5.2 The Peer Review Process

The peer review day will be comprised of representatives from each Directorate who will work in small teams to scrutinise selected Directorate's self-assessment and associated supporting evidence. Feedback will be provided to each Directorate on the findings of the peer review (Appendix C).

As each Directorate will have representation at the peer review day, there will be the opportunity to assure, correct and amend any questions posed by the peer review team on the day.

If the Directorate representative at the peer review day is unable to provide sufficient clarity on the day, then the changes suggested from the feedback from the peer review day are to be documented (Appendix D).

A seven working day window will be available to enable Directorates to address the feedback and make formal changes to the final report. The Directorate coordinator will manage this and the relevant Executive Director must agree any final submission (Appendix D).

6. Internal Audit

NHS Wales Shared Services Partnership regularly carry out an internal audit on how Health and Care Standards are applied in the organisation. As in previous years internal audit have expressed a desire to attend and observe the peer review day and will then review a selection of the Standards and provide an opinion on the assessment approach adopted. This information will be used to inform the Annual Governance Statement.

7. Roles and Responsibilities

7.1 Executive Directors

- Will confirm how the standards have been applied in their Directorate. Ensure that appropriate and effective improvements are in place to address areas which need to improve.
- Ensure appropriate and timely escalation of non compliance with the Health and Care Standards
- Sign off peer review and final Directorate self-assessment report which will form part of the organisational Report to the Business Executive Team and Board via the Quality Safety and Improvement Committee
- Ensure that identified improvements are monitored regularly throughout the year as part of Directorate business processes and where risks are identified to escalate any issues to the Directorate Risk Register as appropriate.

7.2 Directorate Leads / Coordinators

- Ensure that the relevant sections of the self-assessment are completed
- Ensure improvement actions are identified and incorporated into the relevant operational plans
- Ensure that progress against improvements are regularly updated throughout the year and that this is reflected within the self-assessment
- Participate in the peer review process
- Act as a conduit from the peer review group back to the relevant Director/nominated lead with any omissions or suggested changes; and

7.3 Corporate Quality Lead

- Continue to develop procedures and systems to assist with the self-assessment and improvement planning process
- Produce an annual organisational self-assessment report for the Business Executive Team and provided for assurance to the Quality Safety and Improvement Committee (QSIC).

8. Subject matter expert Leads

Subject matter experts i.e. the corporate safeguarding lead will provide guidance to Directorates and Divisions as requested, but will not be responsible for completing the relevant standard, as this responsibility rests with the Directorate.

9. Improvement Reporting

Improvements identified in the 2021/22 should be Specific, Measurable, Attainable, Relevant and Timely and should be monitored within the Directorate/Division, these

may also form part of the overarching performance review arrangements as has been previously in place.

10. Recommendations

The Committee are asked to:

- **Consider** and **take assurance** on the approach to review the Health and Care Standards Plan for 2021-22.

Appendix A: Self-assessment Scoring Matrix

1	2	3	4	5
We do not yet have a clear, agreed understanding of where we are (or how we are doing) and what / where we need to improve	We are aware of the improvements that need to be made and have prioritised them, but are not yet able to demonstrate meaningful action.	We are developing plans and processes and can demonstrate progress with some of our key areas for improvement	We have well developed plans and processes can demonstrate sustainable improvement throughout the organisation / business	We can demonstrate sustained good practice and innovation that is shared throughout the organisations / business, and which others can learn from

Appendix B: Completion Timelines for Health and Care Standards 2021/22

Directorates to review and update the Health and Care Standards Template on Teams By	Peer Review Day to be held at CQ2	Directorates collate any changes following feedback from the peer review and update the Health and care Standards Template on Teams. Feedback form to be completed to document whether the suggested amendments are accepted or not. Completed report to go to relevant Directorate Executive for sign off by	Quality Lead is to collate all of the Directorate reports into the organisational report for the Business Executive Team meeting by	Paper prepared and presented to the Business Executive Team	Paper prepared and presented to the Quality, Safety and Improvement Committee
14 January 2022	27 January 2022	24 February 2022	1 March 2022	For the meeting 15 March 2022	For the meeting TBC May 2022

Appendix C: Peer Review Feedback

Health and Care Standards Peer Review Process: Checklist				
Directorate:				
Date of Peer Review:				
Standards Reviewed:				
Process				
1	Has the self-assessment been fully completed appropriate to their areas?	YES	NO	Any comment
2.	Does the narrative support the relevant Standard?	Yes	No	Any comment
3.	Is there relevant evidence attached/ linked to each Standard? (the higher score the more substantial the evidence should be)	Yes	No	Any comment
4.	Have improvement actions been identified?	YES	NO	Any comment

5.	Are there any gaps you can identify?	YES	NO	Please list:
Overall comments				
6.	Please identify any strengths of the self-assessment	List at least 1		
7.	Please identify any areas of weaknesses of the self-assessment	Please list		
8.	Overall – do you think that the scores identified by the Directorate are evidenced by the information provided	YES	No (Please state your rationale)	

Appendix D: Directorate Response to Peer Review

Directorate:			
List the recommended changes:		Confirm that the changes have been implemented	
Do you accept the findings of the peer review?	YES	NO	If no, please explain the justification
Executive Director Name:			
Executive Director Signature (will accept electronic signature from Executive Director via email):			
Designation:			
Date:			

Please return signed and dated copy to the Quality Lead-Public Health Wales