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Iechyd Cyhoeddus  
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Public Health  
Wales

**Name of Meeting**  
Quality, Safety and Improvement  
Committee  
**Date of Meeting**  
18<sup>th</sup> May 2022  
**Agenda item:**  
4.4

## Organisational Self-Assessment Report against the Health and Care Standards 2021-22

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<b>Approval/Scrutiny route:</b>	Business Executive Team (3 May 2022)
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<b>Purpose</b>
The purpose of this paper is to provide the Quality, Safety and Improvement Committee with an update on the organisational self-assessments against the Health and Care Standards 2021-22.

<b>Recommendation:</b>				
APPROVE <input type="checkbox"/>	CONSIDER <input type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE <input checked="" type="checkbox"/>

<p>The Committee is asked to:</p> <ul style="list-style-type: none"> <li>Receive <b>assurance</b> that the Health and Care Standards process has been completed for 2021-22 and that the overall organisational position is at level four.</li> </ul>
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<b>Link to Public Health Wales Strategic Plan</b>	
Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives	
This report contributes to the following:	
<b>Strategic Priority/Well-being Objective</b>	Relate to all Strategic Objectives Choose an item.

<b>Summary impact analysis</b>	
<b>Equality and Health Impact Assessment</b>	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.
<b>Risk and Assurance</b>	The onus is on Public Health Wales and its services, functions and programmes 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.
<b>Health and Care Standards</b>	This report supports and/or takes into account the <a href="#">Health and Care Standards for NHS Wales</a>
<b>Financial implications</b>	Whilst undertaking the self-assessment against the Standards has no financial implications, some of the improvement actions identified by Directorates/ Divisions may have associated costs.
<b>People implications</b>	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 Quality, Safety and Improvement Committee with an overview of the process followed this year (2021-22) and to evaluate and review the organisation's compliance against the Health and Care Standards as part of Public Health Wales own assurance process (not Welsh Government). This paper provides a summary of the findings from this review.

## **2. Background**

2.1 The Health and Care Standards are core standards for the NHS in Wales and provide a consistent framework to support the NHS. Their application is mandatory for all providers of health services, in all settings, in NHS Wales. The Health and Care Standards describe "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, whilst supporting the principle of continuous improvement.

2.2 The Health and Care Standards are intended to be integrated to the every day governance arrangements across the organisational business, to drive improvements in quality, rather than viewed as a standalone separate activity.

2.3 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.

2.4 In 2020-21 the decision was made to frame the assessments for the Health and Care Standards around the six priority areas as outlined within the Operational Plan. This gave a broader view of the organisational response and approach at the time, and reflected that Directorates were not operational as per normal arrangements during this period.

2.5 In 2021-22 the priority areas were stood down, and it was determined that self-assessments for the Health and Care Standards would return to the previous process, where these were completed at Directorate level.

## **3. Description / Assessment**

### **Process for 2021-22**

3.1 Directorates were 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 were required to support their identified coordinator to ensure that the Health and Care Standards self-assessment was completed within the

identified timeline. The Directorate coordinator had the responsibility for organising a Directorate response, based on the evidence provided and agreed by each Executive Director and to identify any areas for improvement.

3.2 There are 23 Health and Care Standards grouped around 7 themes, some of which are not applicable to Public Health Wales, for example Blood Management, Nutrition and Hydration. Furthermore, Pressure and Tissue Management and Falls Prevention were deemed non applicable to all Directorates except Health Protection and Screening, and Medicines Management was deemed non applicable to all Directorates except Health Protection and Screening and Quality, Nursing and Allied Health Professionals. Hence, Directorates reviewed a varied number of standards in their self-assessments.

3.3 In order to provide greater scrutiny of the self-assessments, a peer review day was held on the 27 January 2022 comprised of staff from each Directorate who were either the nominated coordinator, or were familiar with the Health and Care Standards and had been previously involved in the self-assessment process. The peer review day involved representatives from each Directorate working in small teams to scrutinise selected Directorate's self-assessment and associated supporting evidence. Feedback was provided to each Directorate on the findings of the peer review. Directorates were then given a period of time to make formal changes to their final self-assessment report, based on the feedback from the peer review day (Appendix A)

3.4 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 attended and observed the peer review day.

## **Scoring 2021-22**

3.5 Figure 1 summarises the overall average score achieved by each Directorate based on their self-assessment. These scores are determined by the scoring matrix (Appendix B). The overall scores for each directorate ranged from 3.26 to 4.64. The overall organisational score is 3.86.

3.6 The overall score for some Directorates is the average score rounded. This is to reflect that some Directorates are very close to achieving the next scoring category. Therefore, for Directorates where the overall average score was 0.8 or higher, this has been rounded up. For example, a score of 3.81 has been rounded up to an overall score of 4.

3.7 Where Directorates had an overall score of 3 (we are developing plans and processes and can demonstrate progress with some of key areas for improvement), the supporting narrative demonstrated that these scores reflected how Directorates had continued to be affected by the Covid-19 response, including staff mobilisation in 2021-22. As a result, key pieces of work were delayed or the progress of this work impacted. All of these Directorates

demonstrated improvement objectives for 2022-23 that would overcome these issues and advance key programmes of work.

**Figure 1 Health and Care Standards Overall Assessment**

Directorate	Overall Directorate Score	Key supporting narrative
Board Business Unit	<p><b>Overall score 3 (Average 3.42)</b> We are developing plans and processes and can demonstrate progress with some of our key areas for improvement</p> <p>Standards applied: 13/18</p>	<p>The team liaise closely with the Audit Wales (AW) in supporting the Audit and Corporate Governance Committee. The Structured Assessment and Annual Audit Report provides recommendations for improvement and the Board Business Unit is responsible for ensuring any actions relating to governance are acted upon and completed in a timely manner. Actions arising from Internal and External Audit reports are maintained on an audit action register. Following an internal Audit report recommendation, an improved process for recording and monitoring the implementation of Welsh Health Circulars is followed. Register of Corporate Policies and Procedures is managed, and new intranet web pages for Policies are to be developed. The Board and Committees periodically review their performance and effectiveness, and an annual review has taken place for each Committee. As part of the review, learning points are identified for improvement and areas of good practice highlighted.</p>
Health and Wellbeing	<p><b>Overall score 3 (Average 3.70)</b> We are developing plans and processes and can demonstrate progress with some of our key areas for improvement</p> <p>Standards applied: 12/18</p>	<p>This year there has been continued significant mobilisation of Health and Well-Being Consultants, Practitioners and other staff to the Covid-19 response. These capacity constraints have presented challenges in meeting growing Welsh Government expectations, to take forward challenging policy agendas on tobacco control, obesity, physical activity, and mental well-being. Full Directorate management processes have been restored, including a weekly budget tracking process (which has been used by Finance for other Directorates). Programmes have adapted to new ways of working; for example Help Me Quit Hub has continued to provide telephone based smoking cessation support and increased capacity, and the National Exercise Referral Programme has introduced a virtual delivery model, which is currently being evaluated. The All Wales Diabetes Prevention Programme (AWDPP) has been established and the roll out has begun with in-built evaluation, of a national type 2 diabetes prevention programme. A number of specific pieces of work are being commissioned aimed at driving up quality and improving outcomes.</p>
Health Protection and Screening	<p><b>Overall score 3 (Average 3.73)</b> We are developing plans and processes and can demonstrate progress with some of our key areas for improvement</p> <p>Standards applied: 21/21</p>	<p>Screening has put in place recovery plans for each of the programmes previously suspended due to Covid-19. Ongoing work to improve accessibility of screening services, such as partnership working with Breast Test Wales and the Centre for Sign, Sight and Sound and Vision Support, DESW eligibility definition extended to clarify that those in closed settings resident in Wales would be eligible to receive screening, and work by the Screening Engagement Team. An updated policy for Consent has been approved for piloting, and related training is being delivered. The revised procedure will enable screening staff to make a best interest decision to proceed to screen where appropriate. Establishment of the Health Protection Operational Team, Covid Coordination Group, and development of the VPDP Business Case for planned re-structure and governance structure. An audit programme within Health Protection is being re-established to strengthen assurance and improvements. The AWARE Improvement Group has also been established to identify problems and ensure high standards and consistency.</p>
Improvement Cymru	<p><b>Overall score 4 (Average 3.86)</b> We have well developed plans and processes that can demonstrate sustainable</p>	<p>New Improvement Cymru strategy launched in 2021; Strategic Planning and External Oversight Framework developed to support delivery of the Strategy. Next steps include developing a governance framework for regional delivery model and an internal governance/process for Learning and Development requests. Mental Health and Learning Disabilities teams delivering a range of programmes supporting the public, including the Launch of Back to Community Life, improving healthcare for people with a Learning Disability with a new Once</p>

Directorate	Overall Directorate Score	Key supporting narrative
	<p>improvement throughout the organisation</p> <p>Standards applied: 15/18</p>	<p>for Wales Health Profile, and development of "easy read" COVID-19 resources and self-help booklet. Directorate staff group leading on 'Joy in Work' continues to meet monthly with a focus on building a supportive culture and looking for solutions to any challenges. This is supported by the use of an app which allows staff to submit ideas, identify issues and to identify positive things which impact on the working day.</p>
Operations and Finance	<p><b>Overall score 4 (Average 4.28)</b></p> <p>We have well developed plans and processes that can demonstrate sustainable improvement throughout the organisation</p> <p>Standards applied: 14/18</p>	<p>Involved in the development of cross enabler plans as part of the Integrated Medium Term Plan (IMTP). Areas for improvement and learning have been implemented following investigations of potential Covid-19 outbreaks, and the Outbreak Control Policy and procedure revised and updated. Supported remote working by providing over 2000+ pieces of equipment, and a Display Screen Equipment process has also been implemented. Internal and corporate communications is a constantly evolving space, and innovative programmes have continued to enhance the visibility of members of the Executive and Board. The annual staff conference format has been updated to be more inclusive and diverse, and a fully virtual conference was held with over 440 staff attending. Continued the roll out of O365 across the organisation, which has supported communication internally and have shape a new way of working for the organisation. A number of good internal audit reports this year, and findings and feedback from these will be taken forward during 2022/23.</p>
People and Organisational Development	<p><b>Overall score 4 (Average 3.90)</b></p> <p>We have well developed plans and processes that can demonstrate sustainable improvement throughout the organisation</p> <p>Standards applied: 10/18</p>	<p>Ongoing work to promote staff wellbeing, including Care Space sessions for all staff, Team Wellbeing check ins, access to Care first, and Skills Boosters resources to support line managers in a range of topics for wellbeing. Working closely with Screening to improve the Welsh-language service they are able to provide, including the development of a 5-year Clinical Consultation Plan, to increase the number of consultations that are delivered through the medium of Welsh. Invested in a full suite of over 50 online training modules for Diversity &amp; Inclusion. Also secured funding that will see all senior managers trained in Inclusive Leadership by year end. The staff diversity Networks have hosted a large range of awareness-raising events, had the opportunity to present to the board to highlight the concerns currently facing them in the workplace, and feed in to major organisational work such as the "Work Where It Works Best" project, EHIA's and the Gender Pay Gap report.</p>
Public Health Data, Knowledge and Research	<p><b>Overall score 4 (Average 3.96)</b></p> <p>We have well developed plans and processes that can demonstrate sustainable improvement throughout the organisation</p> <p>Standards applied: 13/18</p>	<p>The Directorate works closely with relevant Public Health Wales Directorates, divisions and teams to support governance across the organisation. Work continues to analyse data for trends and clusters over time, with growing surveillance registries and support analysis for this data. Publication of research and evidence reviews on areas related to vulnerable groups impacted by Covid-19 and forthcoming publication of report on survey of wellbeing of nurses and midwives as well as work with Wales Covid-19 Evidence Centre. The Directorate is also working to undertake user research to understand their audience, what they need and what's important to them, how they behave and use products or services.</p>
Policy and International Health WHO Collaborating Centre	<p><b>Overall score 4 (Average 4.64)</b></p> <p>We have well developed plans and processes that can demonstrate sustainable</p>	<p>Governance arrangements in place for Directorate business as well as for The Wales Violence Prevention Unit (WVPU), Charter Implementation Group, and Adverse Childhood Experiences (ACE) Support Hub. The risk management process was reviewed and refreshed, and a new Risk Management Local Procedure was developed and risk training provided by the Chief Risk Officer. The Directorate established a WHO CC wellbeing working group in 2021 who meet monthly to focus on ideas, solutions and positive ways to improve employee wellbeing at a Directorate level. The Directorate's local continuous improvement</p>

Directorate	Overall Directorate Score	Key supporting narrative
	<p>improvement throughout the organisation</p> <p>Standards applied: 14/18</p>	<p>programme has been updated. Health &amp; Sustainability Hub is working with staff across PHW and external consultants to support the organisation's development of a draft decarbonisation action plan. The research outputs delivered by the directorate, in particular on ACE, have achieved significant impact at a national and local level.</p>
<p>Quality, Nursing and Allied Health Professionals</p>	<p><b>Overall score 3 (Average 3.26)</b></p> <p>We are developing plans and processes and can demonstrate progress with some of our key areas for improvement</p> <p>Standards applied: 19/19</p>	<p>Significant areas of work have been undertaken to develop strategies and plans to set direction and lead the organisation in quality improvement and governance. Developed a clinical governance group based upon the seven pillars of clinical governance. Linked to this, the Risk and Incident team and Quality team have begun work together to triangulate intelligence from risk, incidents and complaints to identify areas of innovation and improvement across the organisation. The NST is currently transforming its service with a renewed focus in quality and improvement looking at opportunities via horizon scanning, research, development and innovation. A number of standards were scored 3, which reflects the work undertaken as an enabling function for the organisation. Improvement objectives have been set across areas of work, and once implemented it is anticipated a higher score for 2022-23 will be achieved.</p>



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

In order 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

## 5. Summary

The approach taken for 2021-22 to completing the Health and Care Standards, provided an opportunity for Directorates to scrutinise their current work and identify areas of good practice and where improvements can be made. The overall organisational position is at level four which is comparable to the Health and Care Standards Report 2019-20.

## 6. Future of Health and Care Standards

6.1 There is a commitment in the Health and Social Care (Quality and Engagement) (Wales) Act 2020 that the Health and Care Standards will be reviewed as part of the duty of quality implementation work. This presents both a challenge and an opportunity. In December 2019, Welsh Government asked organisations how they used the Health and Care Standards, whether

amendments were needed to better reflect the actions set out in 'A Healthier Wales' and the Wellbeing of Future Generations Act and whether the supporting guidance was used and helpful. This identified that current standards lack meaning and purpose as they are existing in isolation and are not aligned to outcome and performance measures or assurance mechanisms. They are not well embedded or driving the organisation and have become out of date as mechanisms to review and update them are not well established.

6.2 Work stream 1 of the Duty of Quality implementation structure is currently defining quality and what it means for us in Wales. A workshop in December 2021 explored the six domains of quality (Institute of Medicine, 1999) shown in **Figure 2** with the intention of collaboratively co-producing principles to describe what quality means for health and care services in Wales (as set out in the Quality and Engagement Act legislation and recently-published Quality and Safety Framework).

#### Figure 2- Quality Expectations

- Safe
- Effective
- People-centred
- Timely
- Efficient
- Equitable

6.3 With the Health and Social Care (Quality and Engagement) (Wales) Act 2020 the Health and Care Standards are expected to be replaced. It is anticipated that the 'Quality Expectations' in **Figure 2** will become the successor to the current Health and Care Standards. This approach ensures that there is no disconnect between the duty of quality and any new Standards.

## **7. Recommendations**

The Committee is asked to:

- **Approve** the report and receive **assurance** that the Health and Care Standards process has been completed for 2020-21 and that the overall organisational position is at level four.

Appendix A Peer Review Checklist

Health and Care Standards Peer Review Process: Checklist				
<b>Directorate:</b>				
<b>Date of Peer Review:</b>				
<b>Standard Reviewed:</b>				
Process				
1.	<p>Were there any gaps identified in the self-assessment for this standard? Consider:</p> <ul style="list-style-type: none"> <li>- Does the narrative support the relevant Standard?</li> <li>- Is there relevant evidence attached/ linked to each Standard? (the higher score the more substantial the evidence should be)</li> <li>- Have improvement actions been identified?</li> </ul>	<b>YES</b>	<b>NO</b>	<b>If Yes, please provide detail:</b>
2.	Do you think that the score identified by the Directorate is evidenced by the information provided	<b>YES</b>	<b>No (Please state your rationale)</b>	
Confirm recommended changes above have	YES	<b>NO</b>		

been implemented to the self-assessment:			
Do you accept the findings of the peer review?	YES	<b>NO</b>	<b>If no, please explain the justification</b>
Executive Director Name:			
Executive Director Signature (will accept electronic signature from Executive Director via email):			
Designation:			
Date:			

## Appendix B Self-assessment 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