



Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	27 May 2021	Agenda Item	4.4
Report Title	Health and Care Standards Self-Assessment 2020-2021		
Report Author	Nigel Downes, Head of Quality and Safety		
Report Sponsor	Christine Williams, Interim Director of Nursing and Patient Experience		
Presented by	Christine Williams, Interim Director of Nursing and Patient Experience		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to update the Health Board on the annual self-assessment against the Health and Care Standards Framework for the 2020-2021 reporting period.		
Key Issues	<ul style="list-style-type: none"> • Note year-end self-assessment scores for each standard – process now complete • The overall scores have been affected by the COVID-19 pandemic. • Five of the scores have reduced and two of the scores remained the same. 		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input checked="" type="checkbox"/>
Recommendations	Members are asked to: <ul style="list-style-type: none"> • APPROVE the report 		

HEALTH AND CARE STANDARDS SELF-ASSESSMENT 2020-2021

1. INTRODUCTION

The purpose of this report is to update the Health Board on the annual self-assessment against the Health and Care Standards Framework for the 2020-2021 reporting period.

2. BACKGROUND

The [Health and Care Standards framework](#) set out the Welsh Government's common framework of standards to support the NHS and partner organisations in providing effective, timely and quality services across all healthcare settings. They set out what the people of Wales can expect when they access health services and what part they themselves can play in promoting their own health and wellbeing. They set out the expectations for services and organisations, whether they provide or commission services for their local citizens.

The Health and Care Standards came into force from 1 April 2015 and incorporate a revision of the 'Doing Well, Doing Better: Standards for Health Services in Wales (2010)' and the 'Fundamentals of Care Standards (2003)'.

The Health and Care Standards with supporting guidance is structured along seven themes developed through engagement with patients, clinicians, stakeholders and identified as the priority areas for the NHS to be measured against. This aligns the Health and Care Standards to the NHS Outcomes and NHS Delivery frameworks also centred on the seven themes. Their interconnections and shared measures will be used to support partnership working and to deliver improvements in both health and wellbeing.



The seven themes illustrated above as a wheel diagram, collectively describe how a service provides high quality safe and reliable care, centred on the person. Person centred care is positioned in the centre of illustration and the dependence on good governance, leadership and accountability is illustrated by placing them around the seven themes.

The Standards provide a consistent framework that enables health services to look across the range of their services in an integrated way to ensure that all that they do is of the highest quality and that they are doing the right thing, in the right way, in the right place at the right time and with the right staff.

SBUHB used the Welsh Government's Health and Care Standards Framework as one of the tools to help drive improvement in the standards of services for which we are responsible. The self-assessment process has enabled local improvement to be progressed as well as identifying areas that need to be strengthened locally, or on an all Wales basis.

3. SELF-ASSESSMENT METHODOLOGY

3.1 Self-Assessment Process

The Health and Care Standards framework is underpinned by supporting guidance for individual standards and "How to Guides" on how to self-assess against and implement the Health and Care Standards within NHS Teams have been developed. It is recognised that services may achieve many of the standards through their professional standards and regulation. SBUHB's self-assessment methodology for 2020-2021 is based on the guidance.

The self-assessment process has been undertaken using a variety of sources;

Data sources include:

- Integrated quality and performance report;
- Specific committee reports;
- Self-assessment by certain areas against the standards;
- SBUHB Improvement priorities for 2020-2021;
- Information provided for the Annual Quality Statement.

All of the above data sources were collated, reviewed and cross referenced to the Health and Care Standards scoring matrix which is outlined below for information:

Figure 1 – Self Assessment Scoring Matrix for Health and Care Standards Framework

Self-Assessment Rating					
Assessment Level	1 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	2 We are aware of the improvements that need to be made and have prioritised them, but are not yet able to demonstrate meaningful action.	3 We are developing plans and processes and can demonstrate progress with some of our key areas for improvement	4 We have well developed plans and processes can demonstrate sustainable improvement throughout the organisation / business	5 We can demonstrate sustained good practice and innovation that is shared throughout the organisations / business, and which others can learn from

3.2 Health and Care Standards Working Group (HCSWG)

The Health and Care Standards Working Group (HCSWG), which was set up to lead and drive forward the self-assessment process, has reported progress periodically to the Quality and Safety Governance Group (QSGG). Updates have also been provided to the Quality & Safety Committee and Executive Board as set out in **Table 1** below.

3.3 Health and Care Standards reporting to QSGG

Throughout the first and second waves of the COVID-19 pandemic, the format of QSGG reporting was amended into two main sections: Covid-19; and key Quality & Safety indicators. This has facilitated the QSGG agenda to report on Covid-19 emergency preparedness, and still reflect all key aspects of the quality and safety agenda to measure that the Health Board maintains our focus at this difficult time. Whilst the QSGG agenda template is not currently mapped against Health and Care standards themes, the deviation from the core template accommodates a full discussion and scrutiny on both aspects noted above.

3.4 Timeline of Events

This year's Health and Care Standards cycle has been affected by the COVID-19 pandemic. The pandemic initially caused a delay to the work of the HCSWG commencing, and has subsequently affected the timetable for Health and Care Standards throughout 2020-21.

The remaining milestones are noted below along with the full amended timeline at **Table 1** below:

Table 1 - Timeline for the Health and Care Standards Self- Assessment 2020-2021

Date	Forum	Required Action
24 November 2020	Quality & Safety Committee – completed.	Report providing a proposal for the self-assessment methodology for 2020-2021.
December 2020	Health and Care Standards Working Group. Due to increasing pressures of COVID-19 postponed to January 2021.	Agree timescales and tasks to be completed by April 2021.
22 January 2021	Quality and Safety Governance Group – completed.	Report providing a progress update on the self-assessment
28 January 2021	Health and Care Standards Working Group – completed.	Meeting to agree timescales, tasks and monitor progress.
February 2021	Health and Care Standards Working Group. Due to increasing pressures of COVID-19 postponed to March 2021.	Meeting to monitor progress.
18 February 2021	Quality & Safety Governance Group – completed.	Verbal update and discussion providing a

Date	Forum	Required Action
		progress update on the self-assessment
16 March 2021	Health and Care Standards Working Group – completed.	Meeting to monitor progress.
30 March 2021	Quality & Safety Governance Group – completed.	Verbal update providing a progress update on the self-assessment
9 April 2021	Health and Care Standards Working Group – completed.	Meeting to submit final self-assessment evidence.
April/May 2021	Meetings with Individual Lead Executive Directors. Following initial meetings with Lead Executive Directors, in April 2021, further evidence was required for the sign off of four of the Standards – completed.	Meetings with Individual Lead Executive Directors to formally review and sign off the individual themes.
27 April 2021	Quality & Safety Committee – completed.	Draft Health and Care Standards Annual Self-Assessment Report 2020-2021 to be presented for discussion and review.
9 May 2021	Quality & Safety Governance Group – completed	Draft Health and Care Standards Annual Self-Assessment Report 2020-2021 to be presented for approval.
25 May 2021	Quality & Safety Committee	Final Draft Health and Care Standards Annual Self-Assessment Report 2020-2021 to be presented for approval.
27 May 2021	Executive Board	Final Health and Care Standards Annual Self-Assessment Report 2020-2021 to be presented for approval.

3.5 Lead Executive Sign Off

The final self-assessed scores have been reviewed and validated by the Lead Executive Director for each theme as outlined in **Table 2** below. The initial plan was for all themes to be reviewed by the Lead Executive Director during the week commencing 12 April 2021, however, following initial meetings and scrutiny with Lead Executive Directors, further evidence was required for adequate scrutiny and approval of five of the seven Standards. This further evidence has since been obtained, undergone scrutiny and all themes have now been approved by the Lead Executive Directors.

Table 2 - Timeline for Executive sign-off by Theme

Theme	Executive Lead	Sign off Date
Staying Healthy	Director of Public Health	15 April 2021 (Complete)
Safe Care	Director of Nursing & Patient Experience	12 May 2021 (Complete)
Effective Care	Executive Medical Director	14 April 2021 (Complete)
Dignified Care	Director of Nursing & Patient Experience	12 May 2021 (Complete)
Timely Care	Director of Nursing & Patient Experience	12 May 2021 (Complete)
Individual Care	Director of Nursing & Patient Experience	12 May 2021 (Complete)
Staff & Resources	Director of Workforce & OD	12 May 2021 (Complete)

3.6 Overall comments

The Quality and Safety Committee reviewed the draft Health and Care Standards for 2020/21 on 27 April 2021. At this meeting, the Quality and Safety Committee noted that given the pressures of the COVID-19 pandemic, the process of self-assessment has not been as robust as the health board would usually strive for, however given the exceptional year, it is recognised that this process and the level of scrutiny that had been undertaken was sufficient.

The Quality and Safety Committee also noted that there appeared to be inconsistencies in the methodology of self-assessment scoring by the Service Groups. The methodology for the standards in 2021-22 will be strengthened to take these comments into consideration. The plan for reporting of the standards in 2021-22 will include Service Groups providing a regular highlight report for the Quality & Safety Committee, which will include progress on the Health and Care Standards 2021/22. In addition to this, regular bi-monthly meetings will be commenced relating to progress on the Health and Care Standards, between the Quality & Safety team and the Service Groups, which will also report into QSGG.

3.7 Year-end Self-Assessed Scores (following Lead Executive Director scrutiny)

Self-Assessment Rating												
Assessment Level	1. 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		2. We are aware of the improvements that need to be made and have prioritised them, but are not yet able to demonstrate meaningful action.		3. We are developing plans and processes and can demonstrate progress with some of our key areas for improvement		4. We have well developed plans and processes can demonstrate sustainable improvement throughout the organisation / business		5. We can demonstrate sustained good practice and innovation that is shared throughout the organisations / business, and which others can learn from			
Standard	Singleton		Morrison		Neath Port Talbot		Mental Health & Learning Disabilities		Community & Primary Care		Overall Score	
	19/20	20/21	19/20	20/21	19/20	20/21	19/20	20/21	19/20	20/21	19/20	20/21
Staying Healthy	3	3	4	3	3	3	4	3	3	3	3.4	3
Safe Care	3	3	4	3	3	3	4	3	3	3	3.4	3
Effective Care	3	3	3	3	3	3	4	4	3	3	3.2	3.2
Dignified Care	3	3	4	3	4	3	4	4	3	3	3.6	3.2
Timely Care	3	3	3	2	3	3	4	3	3	3	3.2	2.8
Individual Care	3	3	4	3	4	3	4	4	3	3	3.6	3.2
Staff and Resources	3	3	3	3	3	3	3	3	3	3	3	3

3.8 Year-end Summary of the Health and Care Standards

Below is a summary of the Lead Executive Director's statement of each of the Health and Care Standard theme for 2020/21. A full copy of each theme's self-assessment is available as an appendix.

Staying Healthy

Score		We are developing plans and processes and can demonstrate progress with some of our key areas for improvement	Please see Appendix 1 for full self-assessment
2019/20	2020/21		
3	3		

"All service groups have engaged with this Standard, in particular with regard to the Public Health response to the Covid-19 Pandemic.

The Health Board's Covid-19 vaccination programme has been implemented at pace and has been extremely successful in vaccinating the population.

Several key preventative activities have not been described by all Service Groups, including tackling Obesity and Making Every Contact Count. Health literacy has not been reflected in any submissions, neither has meeting the needs of harder to reach groups.

The overall health board score has reduced to reflect the changed priorities that the Pandemic created*.

Keith Reid Executive Director of Public Health

Safe Care

Score		3.	
2019/20	2020/21		
3	3	We are developing plans and processes and can demonstrate progress with some of our key areas for improvement	Please see Appendix 2 for full self-assessment

“The overall score of 3 reflects a year when demonstrating sustainable improvement across all of the standards within this theme has been challenging. Service Groups have provided evidence of how Safe Care has been delivered in the context of the Covid-19 Pandemic, however the disruption to services and processes, caused by the Pandemic has meant that Groups have not been able to demonstrate the maturity and sustainability in their systems of Safe Care required for a higher score.

Health Inspectorate Wales inspections, which, due to Covid-19 restrictions, have been fewer this year, have been broadly positive.

Following the first wave of Covid-19, the Health Board has produced a revised Quality Impact Assessment (QIA) Tool and process around the safe reintroduction/adjustment of services. As part of the process a QIA Scrutiny Panel was set up and the panel reviewed over 110 QIAs between June and October 2020. The process has recently been reviewed by Internal Audit, who found that, despite the speed at which it was set up, the Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively.

The Health Board has managed Covid-19 hospital transmission incidents/outbreaks in accordance with the Health Board’s Outbreak Protocol. Locally, these have been managed by Delivery Group Operational Outbreak Control Groups, which report to the over-arching Health Board Outbreak Control Group, chaired by the Executive Nurse Director of Nursing and Patient Experience. Delivery Groups have undertaken outbreak debriefs, reviewing and sharing lessons learned.

Across the Health Board, from September 2020 to February 2021, there have been two cases of influenza detected from more than 16,000 tests. There have been five cases of Norovirus from more than 3000 tests. These are significantly low numbers from influenza and Norovirus activity compared to previous years, indicating that measures put in place for Covid-19 have had a positive impact on reducing these other Winter-associated viruses."

The Health Board performance against all Tier 1 infection reduction goals for 2020/21 remains a challenge, although there has been improvement in relation to year-on-year comparisons for: Staph. aureus bacteraemia; E. coli bacteraemia; and Pseudomonas aeruginosa bacteraemia.

Since 1st April 2020, the Health Board has reported 3 Never Events to Welsh Government, which is an improvement on 2019-2020 where 7 Never Events were reported. Learning is taken from these events and is shared across the Health Board.

The past year has posed numerous challenges and has required extraordinary changes to services and service provision. Achieving an overall score of 3 in this context is testament to the adaptive work of the Service Groups; as we move through the Pandemic and assurance and audit systems are reintroduced, we can look to moving towards a score of 4 in the coming year."

Christine Williams, Interim Director of Nursing & Patient Experience

Effective Care

Score		3. We are developing plans and processes and can demonstrate progress with some of our key areas for improvement	Please see Appendix 3 for full self-assessment
2019/20	2020/21		
3	3.2		

Lead Executive Overview

"This year's self-assessment has seen positive reference to clinical audit programmes and national audit engagement. Improvement in Information Governance training and consistent reporting of information governance breaches is positive.

Broadly, there has been positive external inspections from Health Inspectorate Wales and the Community Health Council, with good progress made against recommendations and actions resulting from inspections undertaken by the Human Tissue Authority and the Human Fertilisation and Embryology regulators.

Overall, the average self-assessed score of 3.2 is appropriate, but there is evidence of good progress being made, which indicates that development to a level 4 is achievable in the next year. Development of the Health Board guidance will support and standardise the use of core matrix across each of the service delivery unit's submission for this standard".

Dr Richard Evans Medical Director

Dignified Care

Score		3.	Please see Appendix 4 for full self-assessment
2019/20	2020/21		
4	3.2	We are developing plans and processes and can demonstrate progress with some of our key areas for improvement	

“The delivery of Dignified Care has been affected by the Covid-19 Pandemic, which has required Service Groups to respond through new ways of working. Whilst these responses have been innovative and have met with some success, they have not completely mitigated against the impact of the Pandemic.

Gathering patient and family feedback through the Friends and Family system has been significantly impacted by the Covid-19 Pandemic. The Health Board and individual Service Groups introduced other ways to seek patient experience, however there remains a reduction in the level and detail of feedback received.

The demands of the Pandemic have also meant that improvement work across Service Groups has been limited, however there are examples of excellent and innovative practice including the development of the Therapy Post-Covid Self-Care information pack.

The PALS service continue to provide a pivotal role in supporting the delivery of Dignified Care and have worked flexibly during the past year to respond to emerging patient and family needs and circumstances, including providing laundry swapping services across hospital sites and facilitating visiting via electronic devices.

There has also been positive work to review End of Life care and to support the establishment of a Care After Death Service within the Health Board. This work will be further developed to ensure that spiritual, emotional and practical needs of patients and bereaved families are met.

Factors, including the suspension of most hospital visiting for much of the year and the high levels of staff absence due to Covid-19, meant that it has been difficult to consistently deliver all elements of Dignified Care. Initiatives such as ‘virtual visiting,’ have played an important role in helping patients to maintain family contact, however this has not replaced the benefit to patients and their loved ones of being able to see one another in person. Other examples of the challenges posed to delivering Dignified Care, include the sometimes frequent movement of patients between ward areas as a result of infection or risk of infection and the suspension of patient choice in relation to care home provision on discharge. Service Groups have worked hard to limit the impact of these factors, many of which were outside of their control, and whilst there are areas of good practice, there is not sufficient evidence to support scores higher than 3 for any of the Service Groups.

However, during the coming year, through combining the successful innovations of the past 12 months, with the re-establishment of the fundamentals for delivery of Dignified Care, we can aim to improve our score to a 4.

Christine Williams, Interim Director of Nursing & Patient Experience

Timely

Score		3. We are developing plans and processes and can demonstrate progress with some of our key areas for improvement	Please see Appendix 5 for full self-assessment
2019/20	2020/21		
3	2.8		

“As noted in the previous year’s submission, the provision of Timely Care during the past year has been affected by the unprecedented challenges faced as a result of the emergency response to the Covid-19 Pandemic. The suspension of non-essential services and deployment of staff to other clinical areas, has affected our ability to meet access targets. This impact is reflected within all of the Service Group submissions, with services within the Morriston Group being particularly affected.

There are examples of excellent work to increase or maintain access to services during the year. This includes increasing ITU capacity in Morriston and also co-production with patients and families to ensure appropriate access to services, such as Minor Injuries. Services have had to work innovatively, embracing digital technology for example through the use of ‘Attend Anywhere’ technology within Physiotherapy Services and the ‘Ask my GP’ service in Primary Care.

The Health Board is now in a process of restart and recovery of services and this has already seen a reduction in waiting times for services such as Podiatry. As this work continues, improvements in timely care should follow. It should be noted that, as service restart and patients are seen and assessed the acuity of patient needs might pose a challenge for the achievement of timely care in the coming year at least.”

Christine Williams, Interim Director of Nursing & Patient Experience

Individual Care

Score		3. We are developing plans and processes and can demonstrate progress with some of our key areas for improvement	Please see Appendix 6 for full self-assessment
2019/20	2020/21		
3	3.2		

“COVID-19 has affect all of this year’s Health & Care Standards, this theme has been particularly impacted due to challenges such as the visiting guidelines to hospitals. Supporting in-patients to maintain relationships with family and friends has been very difficult, digital technology has enabled some contact to be maintained, however this is not without its limitations, particularly for patients or family with a cognitive impairment. Within maternity services, the limitations on visiting has also affected patient and family experience, with partners not being able to be present during some antenatal appointments. Being unable to be with loved ones during their admission has been a theme of concerns and

feedback received over the past 12 months, as has frustration from families at not being able to be as involved in their loved ones' care as they would wish.

The reduction in footfall across Primary and Secondary care sites has affected our ability to gather patient experience in order to improve our services. Excellent work has been undertaken, across the Health Board, in relation to patient's stories and the learning that is garnered from such experiences, especially during COVID-19, has been fundamental to gaining greater insight into the individual's experience.

Recognising the significant impact which the Pandemic has had on Individualised Care, Morriston, Neath Port Talbot/ Singleton and Primary and Community Service Group have been assessed at a score of 3. Whilst the Pandemic also affected Individualised Care within Mental Health and Learning Disabilities, the Group was able to evidence sustainable delivery of services that met individuals' needs, particularly through the Care and Treatment Planning approach, therefore their self-assessment score of 4 is supported.

Moving forward, post COVID-19, we will see further co-production with patients, especially around the Digitalisation Strategy and future access to health care records, which will also provide opportunities to enhance individual care.

Given the challenges encountered this year, an overall score of 3 is reasonable, however as with other themes, we look forward to being able to adopt new ways of working in order to improve our future scores."

Christine Williams, Interim Director of Nursing & Patient Experience

Staff and Resources

Score		3.	We are developing plans and processes and can demonstrate progress with some of our key areas for improvement	Please see Appendix 7 for full self-assessment
2019/20	2020/21			
3	3			

Lead Executive Overview

Overall, the score of 3 reflects a fair self-assessment of the Health Board's position for 2020-21.

Due to the overall effects of COVID-19, progress has not been made to the level that was previously anticipated. However, despite this major healthcare challenge, individually the Service Groups have each made positive progress in different areas, and identified areas for future improvement.

Service Groups continue to be supported by the Health Boards strategic WF&OD Framework, which enables the delivery of the organisational strategy Better Health, Better Care, Better Lives, and the Clinical Services Plan through the alignment of our staff, ensuring we have the right people in the right place at the right time.

'Compassionate leadership', and the adoption of a 'Just and Learning Culture', and 'Meet the Executives' continue to be major drivers for improvement and will continue to play a crucial role going forward into 2021-22.

As a result of the Covid-19 pandemic, this year has seen an unprecedented roll-out of technological solutions to support staff. This has included a number of roles being adapted to incorporate working flexibly, combining homeworking with attendance at work, which has been very successful in a number of areas across the Health Board. Additionally, part time working is also increasing within the aging Nursing and Clinical support services, with retire and return applications together with supporting work life balance requests.

Finally, the WF&OD strategic plan will continue to assist Service Groups identify individual actions, which will help Service Groups improve their future Health & Care Standard's scores. The framework continues to support strategic improvement, particularly around staff experience, workforce equality, leadership, career development, recruitment, and compliance with statutory and mandatory training.

Kathryn Jones, Interim Director of Workforce & Organisational Development

4. GOVERNANCE AND RISK ISSUES

Health services are expected to understand and actively assure themselves on how well they comply with the Health and Care standards on an ongoing basis, and are required to undertake annual self-assessments to provide assurance to the Board and Welsh Government to demonstrate a continuous commitment to improving the health and wellbeing of the population of Wales and the quality of the healthcare provided.

Governance, Leadership and accountability features as an overarching theme of the standards and SBUHB is also required to undertake an annual self-assessment against how it meets the criteria.

The Annual Accountability report includes reference to compliance with the Health and Care Standards.

5. FINANCIAL IMPLICATIONS

There are no direct financial implications arising from this report.

6. RECOMMENDATION

Members are asked to:

- **APPROVE** the report

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
This report outlines SBUHB's approach to complying with the Welsh Government's Health and Care Standards Framework to support the NHS and partner organisations in providing effective, timely and quality services across all healthcare settings.		
Financial Implications		
There are no direct financial implications arising from this report.		
Legal Implications (including equality and diversity assessment)		
The Health and Care Standards came into force from 1 April 2015 and incorporate a revision of the 'Doing Well, Doing Better: Standards for Health Services in Wales (2010)' and the 'Fundamentals of Care Standards (2003)'.		
Health services are expected to understand and actively assure themselves on how well they comply with the Health and Care standards on an ongoing basis, and are required to undertake annual self-assessments to provide assurance to the Board and Welsh Government to demonstrate a continuous commitment to improving the health and wellbeing of the population of Wales and the quality of the healthcare provided.		
The Annual Quality Statement and the Annual Accountability report include reference to compliance with the Health and Care Standards.		
Staffing Implications		
The Health and Care Standards Working Group (HCSWG) lead and drive forward the self-assessment process which will report to the Quality and Safety Governance Group (QSGG). There are no direct staffing implications, however there is a need to identify suitable staff to be involved in local self-assessment processes where appropriate.		

Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
<p>The Act requires the Health Board to think more about the long term, how we work better with people and communities and each other, look to prevent problems and take a more joined up approach with partners. There will be long term risks that will affect both the delivery of services, therefore, it is important that you use these five ways of working (Long Term Thinking, Prevention, Integration, Collaboration and Involvement) and the wellbeing goals identified in the Act in order to frame what risks the Health Board may be subject to in the short, medium and long term. This will enable The Health Board to take the necessary steps to ensure risks are well managed now and in the future.</p>	
Report History	
Appendices	None

