

Vaughan Gething AC/AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref MA-VG-0607-20

Dr Dai Lloyd AM
Chair, Health Social Care and Sport Committee
National Assembly for Wales
Cardiff Bay
CF99 1NA

26 February 2020

Dear Dai,

Following the stage 2 proceedings on the Health and Social Care (Quality and Engagement) (Wales) Bill on 23 January, I agreed to provide the Committee with further information and assurance in relation to a number of areas. Those areas are:

- An explanation of the quality standards system and how the Bill will link these to the duty of quality;
- An explanation of the range of information that we currently gather, and the work being moved forward to further develop our use of data;
- In relation to membership, an explanation of the public appointments process and how this can be used to ensure conflicts of interest are addressed;
- Further information about the code of practice on access to premises; and
- On joint complaints, an undertaking to write to a range of stakeholders to convene a round table discussion on this;
- Further information about citizen voice body and indemnity.

Quality Standards

Schedule 3 of the Bill amends section 47 of the Health and Social Care (Community Health and Standards) Act 2003 to require NHS bodies to take into account the Health and Care Standards¹ published by the Welsh Ministers when discharging the new duty of quality.

The standards, supplemented by their own guidance and aligned with the NHS Outcomes and Delivery Framework, provide a framework against which Healthcare Inspectorate Wales inspect and review services and which guides NHS bodies to ensure that all they do, across the range of their services, is designed to improve services and outcomes for individuals.

There are seven key themes in the standards, based around person-centred care and underpinned by good organisational governance, leadership and accountability:

- Staying healthy (health promotion, protection and improvement)

¹ <http://www.wales.nhs.uk/governance-emanual/health-and-care-standards>

- Safe care (risk management, health and safety, infection control)
- Effective care (care and treatment, communication, research and technology)
- Dignified care (respect, compassion, recognition of needs, including language needs)
- Timely care (ensuring that people are treated and cared for in the right way, at the right time, in the right place and with the right staff)
- Individual care (promoting independence, people's rights listening and learning)
- Staff and resources (ensuring there are enough staff with the right knowledge and skills, at the right time, to meet needs).

The guidance in relation to the duty of quality will align with these standards. In practice this will mean that when exercising their functions NHS bodies will need to consider the guidance on the duty of quality and the Health and Care Standards. Collectively, the guidance and standards will go some way to ensuring that key considerations, such as prevention and population health, workforce planning, staffing arrangements and tackling health inequities will be applied when NHS bodies plan and deliver their services.

Data

NHS bodies collate, analyse and share a wide range of data, for various purposes, in connection with the exercise of their functions. This includes data in relation to attendance at A&E units; a suite of over 60 quality indicators for ambulance services; statistics around bed availability; waiting times and the cancellation of operations; diagnostic activity; delayed transfers of care and data to support the co-ordination and care planning of certain mental health services. Much of this is mandated through the NHS Wales Information Standards process², which aims to ensure that new or changed national information standards and their implementation across the NHS in Wales maximises their fitness for purpose, the efficiency of data captured and information coherence.

Collectively, and along with other administrative data, these provide health bodies and the Welsh Ministers, as appropriate, with a picture of how they are operating and performing in the delivery of services. Where appropriate, data are collated, analysed and published by the NHS Wales Informatics Service³ or the Welsh Government, via StatsWales⁴.

Furthermore Local Health Boards and NHS Trusts in Wales are required to participate in the National Clinical Audit and Outcome Review Programme⁵, an England and Wales initiative since 2001, managed via the Healthcare Quality Improvement Partnership (HQIP). At present there are approximately 40 audits which cover a wide range of conditions including cancer, cardiac, stroke, arthritis and maternity services. Annual reports are published on each audit and, in certain circumstances, additional documentation and statistics are published throughout the year. The consistency and availability of this data is integral to NHS quality management, supporting elements of quality planning, improvement and control. Clinical audits enable NHS bodies to measure and review their own performance, year on year, and provide important benchmarking against others, to help drive improvements.

NHS Wales is in the process of implementing a new system – the Once for Wales Concerns Management System – for how Local Health Boards and NHS Trusts record, report, monitor, track, learn and make improvements from incidents, complaints, claims, adverse outcomes, risks and events that happen in healthcare. The aim of this is to achieve

² <http://www.wales.nhs.uk/sites3/home.cfm?orgid=742>

³ <http://www.nwisinformationstandards.wales.nhs.uk/home>

⁴ <https://statswales.gov.wales/Catalogue/Health-and-Social-Care>

⁵ <https://gov.wales/sites/default/files/publications/2019-05/nhs-wales-national-clinical-audit-and-outcome-review-plan-annual-rolling-programme-2019-2020.pdf>

consistency of data management and work flow design in these areas, across Wales. It is intended that the functionalities of the new system will be implemented during 2020/21.

Furthermore, in January 2020, the Welsh Government shared a draft of its 5 Year Quality and Safety Plan with the service. This describes a number of high-level strategic recommendations, including a specific action around addressing measures, data and analytics. A collaborative programme of work will be established to take this forward. The aim is to develop a single framework for measurement and benchmarking of quality-related data.

Public Appointments to the Board of the Citizen Voice Body

The Governance Code on Public Appointments sets out the principles that underpin all public appointments. The Governance Code requires the appointment panel to satisfy itself that all candidates for appointment can meet the Seven Principles of Public Life and have no conflicts of interest that would call into question their ability to perform the role they are applying for. Under the Governance Code candidates are required to declare all potential conflicts of interest in their application and how they might be managed must be discussed with an individual at interview. This approach offers an appropriate safeguard while allowing the flexibility to consider each applicant's position. The Welsh Government's Diversity and Inclusion Strategy for Public Appointments will be fully taken into account when recruiting.

Therefore, while I agree with the sentiment expressed during the discussions at Stage 2 that potential conflicts of interest must be appropriately managed. I remain of the view that it is appropriate to address this through the public appointments process. I also fully recognise the importance of having a diverse board with a broad range of skills and experience.

Code of Practice

The Code will apply when the Citizen Voice Body makes a request for access to premises at which health and social care is delivered for the purpose of seeking the views of individuals in respect of health services or social services. The Code will set out its status, purpose, expectations and fit within the wider statutory framework. The Citizen Voice Body, NHS bodies (i.e. Local Health Boards, NHS Trusts and Welsh Special Health Authorities) and local authorities will all be under a duty to have regard to the Code in the exercise of their functions.

Promoting and facilitating engagement by individuals with the Citizen Voice Body can help further strengthen their voice and participation in shaping the design and delivery of services. This will help service providers to demonstrate that they are meeting existing requirements to support this, such as those in the Health and Care Standards⁶ and the Social Services and Well-being (Wales) Act 2014.

The code is subject to consultation, however, the underpinning principles that could be included in the code are as follows:

- Sharing views with the Citizen Voice Body can help strengthen the voice and promote the well-being of individuals.
- In addition to their own service user engagement, providers can benefit from views being shared with the Citizen Voice Body, in terms of monitoring, reviewing and improving their own services and also through any contribution to developing wider best practice or policy.

⁶ <http://www.wales.nhs.uk/governance-emanual/health-and-care-standards>

- Access to premises by the Citizen Voice Body should not compromise the dignity, privacy or safety of any individual or the effective provision of services.
- An expectation that those representing the Citizen Voice Body will be appropriately trained, supported and DBS checked.

The Code could highlight that NHS bodies, local authorities and service providers commissioned by them could build their engagement with the Citizen Voice Body into any reports which show how they are strengthening the voice of individuals. For example, this would be relevant to NHS bodies' annual report in respect of the duty of quality, required under the Bill, and could be relevant to the 'how are people shaping our services?' chapter within annual reports by Directors of Social Services.

My expectation is that the Code will be developed during the implementation period for the Citizen Voice Body so that it can be brought into operation very shortly after the Body is legally established and as soon as the Body has been consulted on it.

Joint Complaints

Our ambitions on joint complaints remain and we will continue to work with NHS Wales organisations, local government and other bodies to discuss ways of making the process simpler for people who have complaints that span across both health and social care areas. Our intent is clearly visible in the powers that we have given the Citizen Voice Body to provide complaints advice and assistance to someone bringing a complaint under the relevant health and social care legislation. I hope the Committee continues to recognise our clear determination to achieve that goal as part of a more integrated health and social care system.

I set out at the meeting some of the necessary approaches and work that will need to be done to take this forward. This will include convening a round table discussion with a range of stakeholders to consider how the process could apply to NHS Wales complaints, local authority complaints, as well as complaints brought against providers of regulated social care. There are a number of key stakeholders that need to be involved in delivering on this ambition and work to be undertaken to ensure we deliver effective joint complaints arrangements. Officials will work to arrange the round table discussion before Summer Recess.

Indemnity

I reported to the Committee that it will be for the Citizen Voice Body to decide how best to indemnify staff and volunteers. I also made reference to "Managing Welsh Public Money".⁷ Annex 4.3 is clear that public sector organisations do not, as a general rule, purchase commercial insurance except where there is a legal obligation so to do. However, it also allows Accounting Officers, as part of a risk management strategy, to choose to purchase commercial insurance in certain circumstances. Such decisions should always be made after cost benefit analysis in order to secure value for money. It will therefore be for the chief executive of the new body to decide whether to provide indemnity by bearing the risk or through the purchase of commercial cover.

The appropriate mechanism for providing indemnity will be determined during the implementation phase for the Citizen Voice Body.

I hope that this additional information is helpful.

⁷ <https://gov.wales/sites/default/files/publications/2018-10/managing-welsh-public-money.pdf>

Yours sincerely,

A handwritten signature in black ink that reads "Vaughan Gething". The signature is written in a cursive, flowing style.

Vaughan Gething AC/AM

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