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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



| | | | |
|--|--|--------------------------|-------------------------------------|
| Meeting Date | 28 May 2020 | Agenda Item | 2.7 |
| Report Title | Health and Care Standards Self-Assessment 2019-2020 | | |
| Report Author | Lee Joseph, Corporate Nursing Quality and Safety Team | | |
| Report Sponsor | Gareth Howells, Director of Nursing and Patient Experience | | |
| Presented by | Cathy Dowling, Deputy 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 final annual self-assessment against the Health and Care Standards Framework for the 2019-2020 reporting period. | | |
| Key Issues | <ul style="list-style-type: none"> Note year-end self-assessment scores for each standard – process now complete This year's self-assessment has seen a reduction from level 4 to level 3 in three of the standards This year's self-assessment has seen an unchanged score for four of the standards | | |
| 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 2019-2020

1. INTRODUCTION

The purpose of this report is to update the Health Board on the final annual self-assessment against the Health and Care Standards Framework for the 2019-2020 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 Governments' 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 2019-2020 will be 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 2019-2020;
- 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 Group (HCSG)

The Health and Care Standards Group (HCSG), 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 routinely provided to the Quality & Safety Committee and Executive Board as set out in **Table 1** below.

3.3 Timeline of Events

The timetable was adjusted in April (as reported to QSGG 17 April and Executive Board 13 May 2020) in light of the impact of Covid-19. The only remaining milestone is a presentation to board on the 28 May 2020. The full amended timeline is outlined in **Table 1** below:

Table 1 - Timeline for the Health and Care Standards Self- Assessment 2019-2020

| Date | Forum | Required Action |
|--------------------------|--|---|
| 14 August 2019 | Executive Team - Completed | Report providing a proposal for the self-assessment methodology for 2019-2020. |
| 22 August 2019 | Quality & Safety Committee – Completed | Report providing a proposal for the self-assessment methodology for 2019-2020. |
| 27 September 2019 | Quality & Safety Forum – on agenda | Report providing an update of the self-assessment methodology for 2019-2020 and launch of the Quality Improvement team who will lead the Health and Care Standards self-assessment process. |
| 2 October 2019 | Health and Care Standards group – (HCSG) | First meeting to outline terms of reference for the work of the group and to agree timescales and tasks to be completed by April 2020. |
| 7 November 2019 | Health and Care Standards group – (HCSG) | Second meeting, to monitor progress. |
| 11 December 2019 | Executive Team | Report providing a progress update on the self-assessment data analysis for 2019-2020 |
| 12 December 2019 | Quality & Safety Committee | Report providing a progress update on the self-assessment data analysis for 2019-2020 |
| 11 December 2019 | Health and Care Standards group – (HCSG) | Third meeting, to monitor progress, review evidence and complete the self-assessment evidence log |
| 21 January 2020 | Health and Care Standards group – (HCSG) | Meeting cancelled |
| 24 February 2020 | Health and Care Standards group – (HCSG) | Fifth meeting, to monitor progress, review evidence and complete the self-assessment evidence log. |

| Date | Forum | Required Action | |
|---------------------------------|--|--|---|
| 25 February 2020 | Quality & Safety Committee | Report providing a progress update on the self-assessment data analysis for 2019-2020. | |
| 11 March 2020 | Executive Team | Draft Health and Care Standards Annual Self-Assessment Report 2019-2020 to be presented for approval. | |
| Remaining Milestones post CV-19 | | Original timeframe | Revised date |
| 27 March 2020 | Health and Care Standards group – (HCSG) | Sixth meeting, to finalise the self-assessment evidence logs, complete the compliance dashboard and attribute final assessment scores. | Meeting stood down due to operational pressures |
| 9 April 2020 | Health and Care Standards Mini Scrutiny Panel - Q3 & Q4 | | Meeting stood down due to operational pressures. Corporate scrutiny will now take place week commencing 27 April Complete |
| 15 – 25 April 2020 | Meetings with Individual Lead Executive Directors for sign off | Meetings with Individual Lead Executive Directors to formally sign off the individual themes. | Will now take place week commencing 4 May and be completed by 15 May Complete |
| 28 April 2020 | Quality & Safety Committee | Final Health and Care Standards Annual Self-Assessment Report 2019-2020 to be presented for approval. | Now 26 May Complete |

| Date | Forum | Required Action | |
|----------------------|---------------------------|---|---|
| 30 April 2020 | Board Development Session | Final Health and Care Standards Annual Self-Assessment Report 2019-2020 to be presented for approval. | Presentation to Board now 28 May |

3.4 Lead Executive Sign Off

The final self-assessed scores have been reviewed and validated by the responsible executive for each theme as outlined in **Table 2** below:

Table 2 - Timeline for Executive sign-off by Theme

| Theme | Executive Lead | Sign off Date |
|------------------------|--|-------------------------------|
| Staying Healthy | Director of Public Health | 5 May 2020 (Complete) |
| Safe Care | Director of Nursing & Patient Experience | 13 May 2020 (Complete) |
| Effective Care | Executive Medical Director | 7 May (Complete) |
| Dignified Care | Director of Nursing & Patient Experience | 13 May 2020 (Complete) |
| Timely Care | Director of Nursing & Patient Experience | 13 May 2020 (Complete) |
| Individual Care | Director of Nursing & Patient Experience | 13 May 2020 (Complete) |
| Workforce | Director of Workforce & OD | 18 May 2020 (Complete) |

3.5 Year-end Self-Assessed Scores

This year's self-assessment has seen an unchanged position for four of the standards, and a reduction from level 4 to 3 in three of the standards. The year-end self-assessed score by Theme and Service Delivery Unit (SDU) can be seen in **Figure 2** below:

Figure 2 – Year-End Self-Assessed score by Theme and Unit

| 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 | | Score | |
| | 2018/19 | 2019/20 | 2018/19 | 2019/20 | 2018/19 | 2019/20 | 2018/19 | 2019/20 | 2018/19 | 2019/20 | 2018/19 | 2019/20 |
| Staying Healthy | 4 | 3 | 4 | 4 | 4 | 3 | 4 | 4 | 3 | 3 | 4 | 3 |
| Safe Care | 4 | 3 | 4 | 4 | 4 | 3 | 4 | 4 | 3 | 3 | 4 | 3 |
| Effective Care | 3 | 3 | 3 | 3 | 3 | 3 | 4 | 4 | 3 | 3 | 3 | 3 |
| Dignified Care | 4 | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 3 | 3 | 4 | 4 |
| Timely Care | 3 | 3 | 3 | 3 | 4 | 3 | 4 | 4 | 3 | 3 | 3 | 3 |
| Individual Care | 3 | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 3 | 3 | 4 | 3 |
| Staff and Resources | 4 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |

Below is a summary of each standard with year on year comparative score, together with the responsible executive overview statement. A full copy of each theme's self-assessment is available as an appendix;

Staying Healthy

| Score | | 3. 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 |
|---------|---------|---|---|
| 2018/19 | 2019/20 | | |
| 4 | 3 | | |

"In general, all Units have engaged with this standard to some degree and thought about which of their current or planned activities map to it.

Not all units have cited the 5 preventative activities that were promoted in the annual planning round. Whilst most have cited smoking and staff flu, maternity cited obesity, none have explicitly mentioned health literacy or mentioned MECC.

There are common themes which should apply across the whole of the health sector (e.g. in relation to carers; information and support for those with long-term conditions) but at present each Unit has looked at its own in isolation. While the Units have all rated themselves as 3 or above out of 5, I do not see that the current level of development justifies a rating above 3 for any unit.

Looking forward, the use of the published guidance should be used by units to help form thinking around the standard requirements, and how these can be improved working collaboratively with local public health teams".

Keith Reid Executive Director of Public Health

Safe Care

| Score | | 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 |
|---------|----------|---|---|
| 2018/19 | 2019/20 | | |
| 4 | 3 | | |

Lead Executive Overview

“The units have provided good evidence but the overall score of 3 is perhaps not reflective of all of the positive work there has been throughout the year; Health Inspectorate Wales inspections have been broadly positive, particularly of Maternity Services, and the Health Board’s self-assessment against the Cwm Taf maternity review evidenced a mature and advanced position in terms of quality and safety arrangements.

The HB has also produced a new Quality and Safety Process Framework and is working with Welsh Risk Pool on a number of improvement initiatives, and there has also been positive validation through the NHS Delivery Unit’s Serious Incident published review. There has been board-wide improvement of incident management with the roll-out of the HB investigation toolkit. 9 Health & Safety Executive improvement notices have been worked through in a more systematic approach to H&S. This year has also seen steady improvement in key mandatory infection control measures such as C-diff.

These positives do however need to be balanced against a creeping trend in Department of Health Never Events, and less positive HIW visits in a limited number of services with some themes emerging, such as stocking of resuscitation trolleys. We also identify that more work in falls prevention is required. Whilst there has been good work with PREMS and PROMS, improved alignment of PREMS and PROMS in the commissioning of quality improvement is needed. We continue to use the Ward Assurance Framework together with unannounced visits to help monitor safety across the board.

Taking into account the positives, and being balanced about the identified areas upon which we can improve, an overall score of 3 appears to be justified this year, with a view to improving to a level 4 next year”.

Gareth Howells Director of Nursing and 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 |
|---------|----------|---|---|
| 2018/19 | 2019/20 | | |
| 3 | 3 | | |

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 | | 4. We have well developed plans and processes can demonstrate sustainable improvement throughout the organisation / business | Please see Appendix 4 for full self-assessment |
|---------|---------|---|---|
| 2018/19 | 2019/20 | | |
| 4 | 4 | | |

Lead Executive Overview

“This year has seen consistently positive numbers of Friends & Family returns, and feedback scores. Where there has been evidence of negative feedback, prompt action has been taken. The Health Board continues to use patient improvement data to support our ability to identify trends and themes, and to help focus any improvement work required. We have continued to improve and develop the use of digital storytelling which has been recognised as innovative best practice by the Director of Nursing for NHS England.

To support the delivery of Dignified Care, there has been continued focus on the Health Board values programme and use the Patient Advisory & Liaison Service’s to understand local issues. This localised approach helps staff tailor an individual patient’s experience where additional needs are identified. The capturing of staff and family experience helps provide a more holistic view.

This year has seen the launch of the patient information portal, which allows patients to directly access their health records using a digital information portal. This process allows patient to have more control and involvement in their healthcare decisions.

Monitoring of Health and Care standards, using the ‘Fundamentals of Care Audit’, has shown positive evidence that the provision of general standards of care, e.g. hygiene, diet, nail care is being met.

There has also been positive work around improving cultural approach to safeguarding, underpinned by the launch of the All Wales Safeguarding Procedures. Much has been done to re-evaluate work around ‘Older People’s’ services. This has ensured work-streams are aligned, duplication is avoided, and resources are strategically focused on improvements.

Overall, there is good evidence that dignified care is being maintained across services and whilst Singleton have self-assessed lower this year, a level 4 score across the board is appropriate, with some areas for improvement being identified”.

Timely Care

| 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 |
|---------|----------|---|---|
| 2018/19 | 2019/20 | | |
| 3 | 3 | | |

Lead Executive Overview

“Timely care remained a challenge during the financial year, particularly around the pressures and increased demand on unscheduled care. The position has become more complex in Q4 due to the impact of Covid-19 pandemic, the extent to which will not be fully recognised until later in the 2020/21 performance data.

There has however been recognisable improvements made through the Rapid Access Clinic for USCs in Neath Port Talbot Hospital, setting a gold standard for urgent cancer care, and the introduction of the GP referral process at Singleton. There has been good positive reference to our ‘Hospital to Home’ initiative which supports the safe discharge of patients.

Despite the constant pressures, we have been able to improve our responsiveness to pathways at the front door to help improve hand-over and off-load delays.

MHLD access is broadly good maintaining a level 4, but NPTH’s self-assessment at 3 is not reflective of the positive performance data, and I would score the Unit at level 4. However, as the Health Board remains in targeted intervention for Unscheduled care, RTT and Cancer, the overall score of 3 is reasonable”.

Gareth Howells Director of Nursing and 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 |
|---------|----------|---|---|
| 2018/19 | 2019/20 | | |
| 4 | 3 | | |

Lead Executive Overview

“This year has seen more positive work to support ‘Individual Care’, with good development seen around Children’s rights. Units have worked collaboratively across services to ensure the ‘Early Supportive Discharge’, and Enhanced Recovery initiatives are supporting patients. Preventing hospital deconditioning for in-patients features as part of the Health Boards programme of work.

Excellent work around patient, family and staff experience is helping to individualise patient care, and further development of our systems and processes will help us capitalise on patients experience feedback.

Promoting co-production with patients will be key to future improvements in this theme, building on the work around our digitalisation strategy which will see patients have access to their health records.

More strategic work is required to help develop board wide programmes which provide a systematic programme of work, building on past successes such as the 'Butterfly Scheme and PJ paralysis'.

Overall score of 3 is reasonable, with a clear direction of travel for future improvements".

Gareth Howells Director of Nursing and 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 |
|---------|----------|---|---|
| 2018/19 | 2019/20 | | |
| 3 | 3 | | |

Lead Executive Overview

Overall, the score of 3 reflects a fair self-assessment of the Health Boards position. Individually, the units have each made positive progress in different areas, and identified areas for future improvement. Culturally, the Health Board continues to see a significant reduction in the number of employee relation cases being raised.

Helping the units achieve a level 4 will be supported by the Health Boards strategic WF&OD Framework, which has been developed to enable 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' have been major drivers for improvement and will continue to play a crucial role going forward. The 'Guardian Service' is well established, supporting staff to independently raise and manage concerns. This year has seen the continued roll-out of technological solutions to support staff deployment and rostering, which has seen positive developments in the effective rostering of staff.

The WF&OD strategic plan will help all units identify individual actions, which in turn will help Units improve their future scores. The framework will support strategic improvement, particularly around staff experience, workforce equality, leadership, career development, recruitment, and compliance with statutory and mandatory training.

Hazel Robinson Director of Workforce and 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 Quality Statement and the Annual Accountability report include 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:

- **AGREE** 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)'. | | |

| | |
|---|---|
| <p>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.</p> <p>The Annual Quality Statement and the Annual Accountability report include reference to compliance with the Health and Care Standards.</p> | |
| Staffing Implications | |
| <p>The Health and Care Standards Group (HCSG) will lead and drive forward the self-assessment process which will report to the Quality and Safety Forum. There are no direct staffing implications, however there will be a need to identify suitable staff to be involved in local self-assessment processes where appropriate.</p> | |
| 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 | <p>Appendix 1 Staying Healthy Self-Assessment 2019/20</p> <p>Appendix 2 Safe Care Self-Assessment 2019/20</p> <p>Appendix 3 Effective Care Self-Assessment 2019/20</p> <p>Appendix 4 Dignified Care Self-Assessment 2019/20</p> <p>Appendix 5 Timely Care Self-Assessment 2019/20</p> <p>Appendix 6 Individual Care Self-Assessment 2019/20</p> <p>Appendix 7 Staff & Resources Self-Assessment 2019/20</p> |

Health and Care Standards Year End Self - Assessment 2019 - 2020



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Health Board

Safe Care

| Singleton | | Morriston | | NPTH | | MH & LD | | PC & C | | Aggregate Score | |
|-----------------|---------|-----------|---------|---------|---------|---------|---------|---------|---------|-----------------|---------|
| 18 - 19 | 19 - 20 | 18 - 19 | 19 - 20 | 18 - 19 | 19 - 20 | 18 - 19 | 19 - 20 | 18 - 19 | 19 - 20 | 18 - 19 | 19 - 20 |
| 4 | 3 | 4 | 4 | 4 | 3 | 4 | 4 | 3 | 3 | 3.8 | 3.4 |
| Executive Score | | | | | | | | | | | |
| | | | | | | | | | | Final Score | 3 |

Service Delivery Unit Comments

Singleton

In response to COVID-19 the unit has set up isolation facilities, clinical pathway for COVID-19 patients entering maternity entrance, minimize exposure of patients and general footfall. The unit has progressed the cladding and asbestos work on site. Falls and Pressure Ulcer scrutiny panels well established. Wider learning shared from Ward 12 fire which has resulted in Ski sheets being attached to all hospital beds post ward fire.

Morriston

Clear governance and reporting arrangements embedded into Unit structure providing routine monitoring and review of improvement work streams is in place.

Neath Port Talbot

Unit risk management process in place. New risks agreed via MDB and existing risks managed within services. Red risks are reported to Performance Review and HB wide risks escalated to HB Risk Management Group. The Unit has a well-established Health And Safety Group that meets bi-monthly and reports to MDB - Health and safety risks are presented in this meeting.

There is an annual Health and Safety work-plan in place, which has been presented to the HB Health and Safety Committee. Well-established processes are in place to monitor falls and pressure ulcer damage which are also monitored through Ward Assurance Audit process and through scrutiny panel learning. 97.49 % compliance with IPC spot audits.

Mental Health & Learning Disabilities

Progress has been made in the implementation of health and safety meetings, with improved structures around management of the risk register and bringing the H&S agenda in line with the HB system. The DU has made good processes for training and monitoring of violence and aggression and its management across the services.

Infection control: the prevention of the spread of COVID 19 especially in the older people's service will be a focus for 2020-21.

The work on Serious Incidents is progressing well with significant progress in the use of RCA investigations to develop action plans. In 2020-21 there will be a focus on embedding learning and overarching action plans to address themes.

Community & Primary Care

The Unit has made improvements within this standard e.g. reduction in pressure ulcer development within the community, and the close, supportive working with colleagues in Care Homes. Local Pressure Ulcer Scrutiny panels are well established, identified themes are shared and actions taken to improve patient care and outcomes. We are working towards level 4.

Scrutiny Feedback

Singleton

Building on the work undertaken in theatre/obstetrics following the HSEW improvement notices, very good safe operating procedures have been completed along with risk assessments, these provide good examples.

Morrison

Overall very good, more reference to Never Event incidents and HIW visits and how they can potentially impact on overall score. Excellent work carried out following the HSE improvement notices and in particular the work with Porters, systems have been reviewed and enhanced the safety of staff and patients.

Neath Port Talbot

Good reference to safeguard training but light on data around falls and pressure ulcers which would help improve data. Self-assessment could be enhanced using 'Friends and Family' / All Wales Survey. Risk register needs to be included. Some good work carried out by the Portering Team on the transporting of gas cylinders around the hospital and there were good practices identified during the HSE visits in September in MIU and Theatre. Theatre have a good manual handling coach system in place.

Mental Health & Learning Disabilities

Overall good use of data, use of performance scorecard and healthcare audit would help improve evidence base. Look at the training currently in place for Learning disabilities, particularly the violence and aggression training – PBM and other specific training in place. The cascade system in place with healthcare professionals being the champion/coaches who then cascade to the staff and also act as key contacts. Specific risk assessments that have been undertaken as well as safe operating procedures that maintain/improve staff and patient safety.

Community & Primary Care

Overall was good with score remaining stable at 3. More information on the decontamination of equipment could have been included. Looking at anything outside of the normal committee/group structures for safety monitoring, and what measures have been introduced over the last year to help improve staff and patient safety would be helpful.

Lead Executive Overview

The units have provided good evidence but the overall score of 3 is perhaps not reflective of all of the positive work there has been throughout the year; Health Inspectorate Wales inspections have been broadly positive, particularly of Maternity Services, and the Health Board's self-assessment against the Cwm Taf maternity review evidenced a mature and advanced position in terms of quality and safety arrangements.

The HB has also produced a new Quality and Safety Process Framework and is working with Welsh Risk Pool on a number of improvement initiatives, and there has also been positive validation through the NHS Delivery Unit's Serious Incident published review. There has been board-wide improvement of incident management with the roll-out of the HB investigation toolkit. 9 Health & Safety Executive improvement notices have been worked through in a more systematic approach to H&S. This year has also seen steady improvement in key mandatory infection control measures such as C-diff.

These positives do however need to be balanced against a creeping trend in Department of Health Never Events, and less positive HIW visits in a limited number of services with some themes emerging, such as stocking of resuscitation trolleys. We also identify that more work in falls prevention is required. Whilst there has been good work with PREMS and PROMS, improved alignment of PREMS and PROMS in the commissioning of quality improvement is needed. We continue to use the Ward Assurance Framework together with unannounced visits to help monitor safety across the board.

Taking into account the positives, and being balanced about the identified areas upon which we can improve, an overall score of 3 appears to be justified this year, with a view to improving to a level 4 next year.

Lead Executive Sign Off



Gareth Howells
Director of Nursing and Patient Experience

Date of review 13 May 2020

Health and Care Standards Year End Self - Assessment 2019 - 2020



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Staying Healthy

| Singleton | | Morriston | | NPTH | | MH & LD | | PC & C | | Aggregate Score | |
|-----------------|---------|-----------|---------|---------|---------|---------|---------|---------|---------|--------------------|----------|
| 18 - 19 | 19 - 20 | 18 - 19 | 19 - 20 | 18 - 19 | 19 - 20 | 18 - 19 | 19 - 20 | 18 - 19 | 19 - 20 | 18 - 19 | 19 - 20 |
| 4 | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 3 | 3 | 3.8 | 3.6 |
| Executive Score | | | | | | | | | | | |
| 3 | | 3 | | 3 | | 3 | | 3 | | Final Score | 3 |

Service Delivery Unit Comments

Singleton

Planning in 2020/21 to work in partnership with Public Health colleagues and other unit to improve this rating.

Morriston

This dimension of the Health & Care Standards is always challenging for secondary care. Work which started in Qtr2 and progressed in Qtr3 before CV-19, will help the Unit ensure that key improvement opportunities are identified.

Neath Port Talbot

Overall score has reduced from 4 to 3 this year, identifying this standard as area where additional work is required.

Mental Health & Learning Disabilities

There are systems in place which are being developed, with key areas for improvement identified.

Community & Primary Care

We are working towards achieving a level 4. Planning in 2020/21 to work collaboratively with Public Health Colleagues and other Units to improve the current rating.

Scrutiny Feedback

Singleton

Examples provided need to be mapped in line with the supporting guidance. Measures quoted are mainly process measures and not necessarily outputs or outcomes. Some specific health improvement activities have been undertaken, initiated as part of national standards of care programmes in maternity – unhealthy weight in pregnancy and breastfeeding. They have also picked up smoking cessation and vaccination.

Morrison

Unit have highlighted their working with Public Health as the basis for better population health action. This is reasonable at the moment as work in progress, some reflection as to where they are against the standard will help identify development needs and allow progress against these to be charted.

Neath Port Talbot

Overall, some examples provided but limited evidence of a systematic approach to addressing this standard. Missed opportunity to publicise Baby Friendly Accreditation. Smoking figures show poor uptake of cessation services, although those who use service have good outcomes.

Mental Health & Learning Disabilities

Improved use of evidence/data, further mapping to performance score cards would help improve further. There is reliance on the Care Planning approach as showing compliance but limited supporting evidence that the key elements of the standard are picked up consistently through this approach. Unit might consider detailing the elements of the Care Plan process against the supporting guidance criteria to establish how comprehensive that process is in mapping on to compliance.

Community & Primary Care

A lot of activity captured and catalogued against the relevant headings. The volume of actions is to be expected since this DU has a large range of preventive activity in their operational portfolio. They are delivering (mostly) where preventive action is underway. There is activity recorded against all 5 of the preventive action areas in the Annual Plan. It does not appear that they have used the supporting guidance for the standard as the basis for their assessment. More systematic planning required, but a sound platform on which to work.

Lead Executive Overview

In general, all Units have engaged with this standard to some degree and thought about which of their current or planned activities map to it.

Not all units have cited the 5 preventative activities that were promoted in the annual planning round. Whilst most have cited smoking and staff flu, maternity cited obesity, none have explicitly mentioned health literacy or mentioned MECC.

There are common themes which should apply across the whole of the health sector (e.g. in relation to carers; information and support for those with long-term conditions) but at present each Unit has looked at its own in isolation. While the Units have all rated themselves as 3 or above out of 5, I do not see that the current level of development justifies a rating above 3 for any unit.

Looking forward, the use of the published guidance should be used by units to help form thinking around the standard requirements, and how these can be improved working collaboratively with local public health teams.

Lead Executive Sign Off



Keith Reid

Executive Director of Public Health

Date of review 5 May 2020

Health and Care Standards Year End

Self - Assessment 2019 - 2020



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Dignified Care

| Singleton | | Morriston | | NPTH | | MH & LD | | PC & C | | Aggregate Score | |
|-----------------|---------|-----------|---------|---------|---------|---------|---------|---------|---------|-----------------|---------|
| 18 - 19 | 19 - 20 | 18 - 19 | 19 - 20 | 18 - 19 | 19 - 20 | 18 - 19 | 19 - 20 | 18 - 19 | 19 - 20 | 18 - 19 | 19 - 20 |
| 4 | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 3 | 3 | 3.8 | 3.6 |
| Executive Score | | | | | | | | | | | |
| | | | | | | | | | | Final Score | 4 |

Service Delivery Unit Comments

Singleton

Self-assessed score has reduced from 4 to 3 this year. Evidence portfolio shows that the 'Enhanced Supervision Policy' has been fully implemented across applicable wards and monitored across HVO NSA wards.

There has been the appointment of Learning Disability Nurse Champion, and positive feedback from HIW Inspections and CHC unannounced visits. In addition, a review of the CAMHS pathway for young people aged 16-18 who are admitted into hospital undertaken is underway.

Morriston

Work continues in relation to ensuring that patients are provided with information to make explicit decisions in relation to their healthcare. There are risks identified in relation to situations where it is recognised that patient not have the capacity to act in their own interest.

Neath Port Talbot

Self-assessed score remains at 4 this year. To support this the unit undertakes specific monitoring of concerns from trends and themes i.e. relating to staff attitude. Monitoring of this standard is done through ward assurance audits. There is an active Welsh Language Standards Delivery Group in place.

Learning identified via audit into end of life care, which was undertaken by Advanced Nurse Practitioners, was shared through lunch time teaching events. Equality, Diversity and human Rights training compliance was 90.5%. The Patients Experience and Advice Service remain visible across wards, with the number of 'contacts' recorded.

Mental Health & Learning Disabilities

Work to improve complaints responses including training on redress and complaints management for managers has been undertaken with some progress reflected in the CRAG process. World mental health day and other events have allowed effective feedback from patients to be collected.

Signing up to reducing restrictive practices statement and the work of the restraint reduction group is improving the quality and dignity of the care provide to patients.

The work of the legislative committee via the Mental Health Act team and the development of learning from the Court of protection work will continue into 2020-21.

Community & Primary Care

The unit is working towards level 4 and this includes building on patient and staff stories to support co-productive service improvements.

Scrutiny Feedback

Singleton

A reduction from level 4 to 3 has been self-assessed by the DU. Indicators would however suggest that this reduction is not indicated by a reduction in standards when looking at performance/quality and safety indicators. Improving the evidence schedule to be more qualitative and less narrative will quickly help return the DU to a score of 4 in the next year.

Morrison

Overall a good submission with standards being maintained at level 4. More information from the Health and Care audit outcomes would help improve the evidence base.

Neath Port Talbot

A good submission which supports the DU remaining at level 4. Evidence base could be improved by highlighting the feedback from ward assurance visits. Detailing trends and themes from the work of the Patient Experience Assistance Service (PEAS) would also help improve this area of work.

Mental Health & Learning Disabilities

Good work has been undertaken using themes to identify improvements such as discharge planning. Identifying more trends and themes from patient feedback and the concerns processes (complaints and incidents) will help improve this area of the standards. More information surrounding safeguarding could be included.

Community & Primary Care

Overall score has remained at 3 but monitoring indicators, including patient related outcomes and patient experience, would suggest that level 4 could be achieved with improved evidence. Using the outcomes of health and care audits would be useful in achieving this.

Lead Executive Overview

This year has seen consistently positive numbers of Friends & Family returns, and feedback scores. Where there has been evidence of negative feedback, prompt action has been taken. The Health Board continues to use patient improvement data to support our ability to identify trends and themes, and to help focus any improvement work required. We have continued to improve and develop the use of digital storytelling which has been recognised as innovative best practice by the Director of Nursing for NHS England.

To support the delivery of Dignified Care, there has been continued focus on the Health Board values programme and use the Patient Advisory & Liaison Service's to understand local issues. This localised

approach helps staff tailor an individual patient's experience where additional needs are identified. The capturing of staff and family experience helps provide a more holistic view.

This year has seen the launch of the patient information portal, which allows patients to directly access their health records using a digital information portal. This process allows patient to have more control and involvement in their healthcare decisions.

Monitoring of Health and Care standards, using the 'Fundamentals of Care Audit', has shown positive evidence that the provision of general standards of care, e.g. hygiene, diet, nail care is being met.

There has also been positive work around improving cultural approach to safeguarding, underpinned by the launch of the All Wales Safeguarding Procedures. Much has been done to re-evaluate work around 'Older People's' services. This has ensured work-streams are aligned, duplication is avoided, and resources are strategically focused on improvements.

Overall, there is good evidence that dignified care is being maintained across services and whilst Singleton have self-assessed lower this year, a level 4 score across the board is appropriate, with some areas for improvement being identified.

Lead Executive Sign Off



Gareth Howells
Director of Nursing and Patient Experience

Date of review 13 May 2020

Health and Care Standards Year End

Self - Assessment 2019 - 2020



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Effective Care

| Singleton | | Morriston | | NPTH | | MH & LD | | PC & C | | Aggregate Score | |
|-----------------|---------|-----------|---------|---------|---------|---------|---------|---------|---------|-----------------|---------|
| 18 - 19 | 19 - 20 | 18 - 19 | 19 - 20 | 18 - 19 | 19 - 20 | 18 - 19 | 19 - 20 | 18 - 19 | 19 - 20 | 18 - 19 | 19 - 20 |
| 3 | 3 | 3 | 3 | 3 | 3 | 4 | 4 | 3 | 3 | 3.2 | 3.2 |
| Executive Score | | | | | | | | | | | |
| | | | | | | | | | | Final Score | 3 |

Service Delivery Unit Comments

Singleton

Successful working in partnership with WAST to promote awareness of Children's rights. RADAR group within Cancer Services established. In compliance with the All Wales Antenatal and postnatal Screening standards.

Retained ISO 15189 accreditation for Lab Medicine Laboratory services and Cellular Pathology Services.

Morriston

There has been significant demonstrable improvement within Information Governance and Record Keeping dimensions including increased use of digital solutions to support clinical practice and patient communication. However there is a need to be cognisant of outcomes from recent reviews particularly in relation to emergency and cardiac pathways that need further work and focus in order to ensure that sustainable levels of improvement can be demonstrated.

Neath Port Talbot

This year's self-assessed score remains at 3. The unit has in place a process for dissemination of safety alerts. Co-production has been rolled out through Rheumatology and promoted to other specialties. This standard is supported and partly monitored through Clinical audit and Mortality and Morbidity group combined and reporting to Quality and Safety Group. Nursing records are also reviewed through ward assurance audits and spot check audits.

Mental Health & Learning Disabilities

Good progress has been made this year on information governance with audit indicating acceptable levels of achievement and action plans being completed. The Audit group has become embedded in the improvement process with links to Learning and Development and Quality and Safety meeting. QI programs have progressed well with learning shared across the DU. In 2020-21 the focus of the audit and QI programs will be further developed to focus on the themes coming from Patient feedback and outcomes of investigations.

Community & Primary Care

The Unit has improved many aspects of effective care working towards Level 4, and is aiming to further strengthen the patient safety alerts in Q1.

Scrutiny Feedback

Singleton

DU has remained at level 3 following self-assessment. More detail about the DU's plan to promote this area of the standards would be helpful. More benchmarked data around national audit outcomes including mortality review data would help DU identify specific areas for improvement. Information provided in self-assessment supports that Unit should be moving towards a level 4.

Morrison

DU has self-assessed at level 3 which is consistent with last year. More detail about the DU's plan to promote this area of the standards would be helpful, together with more benchmarked data around national audit outcomes including mortality review data.

Neath Port Talbot

Units has self-assessed at level 3 but clinical audit data and mortality rates would suggest that level 4 is achievable. HFVA status has been achieved again and this should be included in the evidence submission. Some good data included - score can be improved with more examples from audit outcomes and strengthened evidence.

Mental Health & Learning Disabilities

DU has remained at a self-assessed level 4. Improved use of mortality reviews and benchmarking against national clinical audits would help support the position. More detail on the quality improvement work on-going within the DU would also help support the level. Results from health and care audits need to be included in evidence capture.

Community & Primary Care

Level 3 score has been maintained from last year using self-assessment. Evidence capture could be improved by making reference to Health Inspectorate Wales reports.

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.

Lead Executive Sign Off

A handwritten signature in black ink, appearing to read 'Richard Evans', written over a horizontal line.

Dr Richard Evans
Executive Medical Director

Date of review 7 May 2020

Health and Care Standards Year End

Self - Assessment 2019 - 2020



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Timely Care

| Singleton | | Morriston | | NPTH | | MH & LD | | PC & C | | Aggregate Score | |
|-----------|---------|-----------|---------|---------|---------|---------|---------|---------|---------|-----------------|---------|
| 18 - 19 | 19 - 20 | 18 - 19 | 19 - 20 | 18 - 19 | 19 - 20 | 18 - 19 | 19 - 20 | 18 - 19 | 19 - 20 | 18 - 19 | 19 - 20 |
| 3 | 3 | 3 | 3 | 4 | 3 | 4 | 4 | 3 | 3 | 3.4 | 3.2 |
| | | | | | | | | | | Final Score | 3 |

Service Delivery Unit Comments

Singleton

Appointment of Crisis Team (CAMHS). The team is fully appointed to support children in crisis within the Acute Care setting such as A&E and Children's Wards across SBU HB and Pathway developed. Implementation of a Health Board wide perinatal service with rapid access to the PRAMS service. Work continues on the Singleton Site to create a Transitional Care Unit. New GP referral service.

Morriston

Challenges and risk directly related to unscheduled care continue to impact on the ability of the Unit to manage planned care. Risk in achieving agreed national and local targets are escalated on a routine basis to Executive colleagues via Unscheduled Care and Planned Care Programmes.

Neath Port Talbot

98.7% achievement of 4 hour target in Minor Injury Unit in February 2020. 100% achievement of 62 day diagnosis to treatment for lung. Referral to Treatment (RTT) targets met at 100% for Endo, Gen. Med, Elderly Care, Rehabilitation and Rheum and Respiratory. RTT met at 100% for Physio, OT and Nutrition and Dietetics. Increase in number of FUNB on 12 month previous.

Mental Health & Learning Disabilities

Performance is monitored via performance review. Performance indicators highlighted in graphs within the evidence portfolio. In 2020-21 the work of the outpatients improvement group and the ongoing implementation of service redesign such as the sanctuary development aim to redefine the timely provision of care in MH services

Community & Primary Care

The Unit is working towards level 4. The Unit has a regular supportive performance meeting to review waiting times with a view to improving.

Scrutiny Feedback

Singleton

Overall score remains at 3 this year which is a fair assessment of the position. Some good work has been done by the unit in specific service areas. Difficulties seen in Ophthalmology are a national issue and are being managed as such within the board. Unscheduled care pressures continue to impact across the footprint.

Morrison

Overall score remains at 3. Unscheduled care pressures pre-Covid-19 continue to be a challenge to the Unit. The Unit does however have robust reporting mechanisms to monitor and escalate when required. Full year-end assessment has not been possible due to the impact of CV-19.

Neath Port Talbot

Unit self-assessed score is 3, however, evidence capture and performance data clearly identify that Unit performance in relation to this standard should be 4.

Mental Health and Learning Disabilities

Unit self-assessed score remains at level 4. Evidence capture could be enhanced with more information around patient feedback to understand their perspective.

Primacy Care and Community

Unit has maintained a score of 3 which appears a reasonable assessment based on the evidence capture. Evidence capture would be improved with more cross reference to performance score-card data and more information about the transformation programme.

Lead Executive Overview

Timely care remained a challenge during the financial year, particularly around the pressures and increased demand on unscheduled care. The position has become more complex in Q4 due to the impact of Covid-19 pandemic, the extent to which will not be fully recognised until later in the 2020/21 performance data.

There has however been recognisable improvements made through the Rapid Access Clinic for USCs in Neath Port Talbot Hospital, setting a gold standard for urgent cancer care, and the introduction of the GP referral process at Singleton. There has been good positive reference to our 'Hospital to Home' initiative which supports the safe discharge of patients.

Despite the constant pressures, we have been able to improve our responsiveness to pathways at the front door to help improve hand-over and off-load delays.

MHLD access is broadly good maintaining a level 4, but NPTH's self-assessment at 3 is not reflective of the positive performance data, and I would score the Unit at level 4. However, as the Health Board remains in targeted intervention for Unscheduled care, RTT and Cancer, the overall score of 3 is reasonable.

Lead Executive Sign Off

A handwritten signature in black ink, appearing to read 'Gareth Smith', is written over a light blue rectangular background.

Director of Nursing and Patient Experience

Date of review 13 May 2020

Health and Care Standards Year End Self - Assessment 2019 - 2020



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Individual Care

| Singleton | | Morriston | | NPTH | | MH & LD | | PC & C | | Aggregate Score | |
|-----------------|---------|-----------|---------|---------|---------|---------|---------|---------|---------|-----------------|---------|
| 18 - 19 | 19 - 20 | 18 - 19 | 19 - 20 | 18 - 19 | 19 - 20 | 18 - 19 | 19 - 20 | 18 - 19 | 19 - 20 | 18 - 19 | 19 - 20 |
| 3 | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 3 | 3 | 3.6 | 3.6 |
| Executive Score | | | | | | | | | | | |
| | | | | | | | | | | Final Score | 3 |

Service Delivery Unit Comments

Singleton

Overall score remains at 3. 'Patient Knows Best' has been implemented for chronic diseases within Haematology. Non-verbal Children's Charter has been developed in partnership with special schools across Swansea Bay. Improvement in the management of complaints to achieve consistently above 80% response within 30 working days is needed; the performance has been between 63 - 83%. There has been a significant reduction in open 'historic' complaints.

Morriston

Recognition of ongoing work with patients and support services to promote and support community based models for patients in order to prevent prolonged stays in secondary care.

Neath Port Talbot

Score remains at 4. 97% of people would recommend our services in Q4 (based on Friends and Family returns). Ward reconfiguration to provide targeted support for patients with different needs. Spot check audits undertaken by PEAS to ensure staff know how to access language line and other support. WFI close work with new Welsh Gender Clinic. Early Support Discharge (ESD) Team support patients in maintaining their independence at home wherever possible. All patients on general medical wards undergo a CGAT on admission, which informs their individual plan of care. The Older Persons' Charter is promoted across the unit.

Mental Health & Learning Disabilities

The provision of individual person centred care via Care and Treatment plans, Positive Behavioural Support and the Newcastle model to develop independence through individualised plans is core to mental health and learning disability services.

The understanding of meeting people's rights through the mental health act, the reduction of restrictive practices and the implementation of the Mental Capacity Act are core functions of the Delivery Unit

In 2020-21 the focus will be on developing the learning and understanding of the Court of Protection outcomes, funding of the 5X5 project and working with older people to meet their needs for family contact and access to service in the Coronavirus environment.

Community & Primary Care

The Unit is working towards level 4. Unfortunately COVID-19 preparations has impacted on our plans to hold the Learning Event in June 2020. Working to improve on complaint response performance within 30 working days, mindful that the Unit does not have a PALs team.

Scrutiny Feedback

Singleton

Unit have remained at level 3 and have rightly identified concerns management timeframes as an area to improve upon. The reduction in historical open concerns is good progress, and should help the unit focus on more timely concerns data to help identify and target improvements in the next year, which if combined with local audit data, should help improve the score to a level 4.

Morrison

Overall self-assessed score remained at level 4. On the whole, there is some evidence to support scoring but evidence portfolio needs some developing to help provide the evidence base for a level 4 score.

Neath Port Talbot

Overall a well-balanced evidence portfolio to support the level 4 self-assessment. There is good reference to 'Patient Knows Best', and good use of PEAS Team to undertake spot audits to help maintain standards. Excellent score of 97% who would recommend services and well established processes to identify and implement any learning.

Mental Health & Learning Disabilities

Good data capture evidencing timely care with the portfolio. Including audit outcomes in the evidence log would help support self-assessed score. Children transitioning to adults needs to be referenced and a bit more around what patients are saying about the care received.

Community & Primary Care

Unit have remained at level 3 which is in-keeping with evidence provided within this section. Use of information from Health and Care audits, together with any trends and themes arising from complaints would help improve the evidence base and target improvements to help increase overall score.

Lead Executive Overview

This year has seen more positive work to support 'Individual Care', with good development seen around Children's rights. Units have worked collaboratively across services to ensure the 'Early Supportive Discharge', and Enhanced Recovery initiatives are supporting patients. Preventing hospital deconditioning for in-patients features as part of the Health Boards programme of work.

Excellent work around patient, family and staff experience is helping to individualise patient care, and further development of our systems and processes will help us capitalise on patients experience feedback.

Promoting co-production with patients will be key to future improvements in this theme, building on the work around our digitalisation strategy which will see patients have access to their health records.

More strategic work is required to help develop board wide programmes which provide a systematic programme of work, building on past successes such as the 'Butterfly Scheme and PJ paralysis.

Overall score of 3 is reasonable, with a clear direction of travel for future improvements

Lead Executive Sign Off

A handwritten signature in black ink, appearing to read 'G. Smith', is written over a light blue horizontal line.

Director of Nursing and Patient Experience

Date of review 13 May 2020

Health and Care Standards Year End

Self - Assessment 2019 - 2020



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Staff & Resources

| Singleton | | Morriston | | NPTH | | MH & LD | | PC & C | | Aggregate Score | |
|-----------------|---------|-----------|---------|---------|---------|---------|---------|---------|---------|-----------------|---------|
| 18 - 19 | 19 - 20 | 18 - 19 | 19 - 20 | 18 - 19 | 19 - 20 | 18 - 19 | 19 - 20 | 18 - 19 | 19 - 20 | 18 - 19 | 19 - 20 |
| 4 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3.1 | 3 |
| Executive Score | | | | | | | | | | | |
| | | | | | | | | | | Final Score | 3 |

Service Delivery Unit Comments

Singleton

Training has focused more recently on supporting Health Board preparations for managing COVID-19 including;

- Refresher training for staff with critical care experience
- Additional training for anaesthetic and recovery nurses
- Refresher/ additional training for CNS's, and clinic/ outpatient nursing/ HCSW staff to enable them to support inpatient care.

Efforts have been made to maintain and improve mandatory training compliance, but recruitment remains an on-going challenge.

Morriston

Challenges with regards to recruitment and retention continue to present risk in relation to workforce planning.

Neath Port Talbot

Workforce plans are developed as part of IMTP process. There is the introduction of new roles as part of Ward Transformation work. There are some areas of good compliance for mandatory training such as hand hygiene (89.4%) Infection control (91.1%), with some areas for improvement; safeguarding (55.8%), manual handling (69.5%). PADR compliance in February 2020 (prior to Covid-19) was 75.29%.

Mental Health & Learning Disabilities

The DU has focused on the recruitment of staff to vacancies and the management of sickness and PDR. The DU has maintained good levels of compliance with mandatory training. Excellent work has been completed in the last weeks providing support to staff across the HB in response to the coronavirus emergency. The DU will be aiming to provide the evidence to take this to a 4 in 2020-21.

Community & Primary Care

The Unit is working hard to reach level 4. All teams have worked hard to improve mandatory training compliance and that can be seen in the performance statement figures.

Scrutiny Feedback

Singleton

This year's self-assessment has seen a reduction in score from 4 to 3. Despite this reduction, the unit has undertaken good work around staff engagement (Singleton Stronger Together). The unit has seen positive improvements regarding recruitment and has a good framework for absence management. The Health Board's strategic WF&OD framework should see the unit return to a score of 4 next year.

Morrison

This year's score has remained at 3 which is reflective of the units position. The unit have rightly identified recruitment as a continuing risk. Despite these risks surrounding workforce planning, the unit has been busy this year improving employee relations in bands 2-3, particularly in theatres.

Neath Port Talbot

This year's self-assessed score remaining at 3 is a fair assessment. The unit has seen transformation in models of care which has seen resources used more effectively, and the unit has good sickness absence management. PADR compliance at 75% means that a small amount of additional work can see the unit improve to the Health Board target of 80% which will help improve the units overall self-assessed score.

Mental Health and Learning Disabilities

The unit has seen good progress in reducing the number of employee relation cases being managed. The unit also has a good sickness absence framework. Additional work is required to fully understand and manage some cultural issues which have already been identified. Self-assessed score of 3 is appropriate for the units current position.

Community & Primary Care

The unit has worked hard to improve and this is recognised in the improvements seen in performance statement figures. As with other units, working to support the delivery of the WF&OD strategic framework will help the unit achieve the level 4 target they have set themselves.

Lead Executive Overview

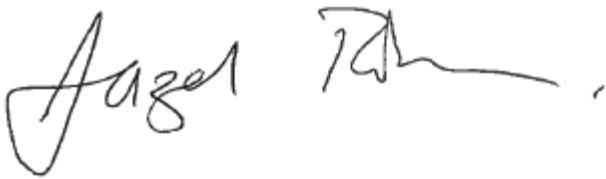
Overall, the score of 3 reflects a fair self-assessment of the Health Boards position. Individually, the units have each made positive progress in different areas, and identified areas for future improvement. Culturally, the Health Board continues to see a significant reduction in the number of employee relation cases being raised.

Helping the units achieve a level 4 will be supported by the Health Boards strategic WF&OD Framework, which has been developed to enable 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' have been major drivers for improvement and will continue to play a crucial role going forward. The 'Guardian Service' is well established, supporting staff to independently raise and manage concerns. This year has seen the continued roll-out of technological solutions to support staff deployment and rostering, which has seen positive developments in the effective rostering of staff.

The WF&OD strategic plan will help all units identify individual actions, which in turn will help Units improve their future scores. The framework will support strategic improvement, particularly around staff experience, workforce equality, leadership, career development, recruitment, and compliance with statutory and mandatory training.

Lead Executive Sign Off

A handwritten signature in black ink, appearing to read 'Hazel Robinson', followed by a horizontal line.

Hazel Robinson
Director of Workforce and Organisational Development

Date of review 18 May 2020