



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>26 April 2022</b>	<b>Agenda Item</b>	<b>3.3</b>
<b>Report Title</b>	<b>Health and Care Standards Self-Assessment 2021-2022</b>		
<b>Report Author</b>	Angharad Higgins, Deputy Head of Quality and Safety		
<b>Report Sponsor</b>	Gareth Howells, Director of Nursing and Patient Experience		
<b>Presented by</b>	Hazel Powell, Deputy Director of Nursing		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	The purpose of this report is to update the Quality & Safety Committee on the completed annual self-assessment against the Health and Care Standards Framework for the 2021-2022 reporting period.		
<b>Key Issues</b>	<ul style="list-style-type: none"> <li>Note year-end self-assessment scores for each standard – process now complete</li> <li>The overall scores and process have been affected by the on-going impact of the COVID-19 pandemic.</li> <li>This year's self-assessment standards have seen a reduction of six of the scores, whilst one of the scores has remained the same.</li> </ul>		
<b>Specific Action Required (please choose one only)</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Recommendations</b>	Members are asked to: <ul style="list-style-type: none"> <li><b>APPROVE</b> the report</li> </ul>		
<b>Appendices</b>	Appendix 1 Staying Healthy Self-Assessment 2021/22 Appendix 2 Safe Care Self-Assessment 2021/22 Appendix 3 Effective Care Self-Assessment 2021/22 Appendix 4 Dignified Care Self-Assessment 2021/22 Appendix 5 Timely Care Self-Assessment 2021/22 Appendix 6 Individual Care Self-Assessment 2021/22 Appendix 7 Staff & Resources Self-Assessment 2021/22		

## 1. INTRODUCTION

The purpose of this report is to update the Quality and Safety Committee on the annual self-assessment against the Health and Care Standards Framework for the 2021-22 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 uses 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 enables local improvement to be progressed, as well as identifying areas that need to be strengthened locally, or on an all Wales basis.

2021/22 is the last year in which we will report against the Health and Care Standards in their current format. Welsh Government is currently reviewing the Standards and is developing a series of Quality Commitments/ Expectations which we will report against in the coming year. We will

share the requirements of the Quality Commitments/ Expectations with the Quality and Safety Committee, following their publication.

### 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 2021-2022 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 Service Groups against the standards

All of the above data sources were collated, reviewed and cross referenced to the Health and Care Standards scoring matrix which is outlined in **Fig. 1** below for information:

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

Self-Assessment Rating					
<b>Assessment Level</b>	<b>1</b> 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	<b>2</b> We are aware of the improvements that need to be made and have prioritised them, but are not yet able to demonstrate meaningful action.	<b>3</b> We are developing plans and processes and can demonstrate progress with some of our key areas for improvement	<b>4</b> We have well developed plans and processes can demonstrate sustainable improvement throughout the organisation / business	<b>5</b> 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 as set out in **Table 1** below.

There have been regular updates to QSGG on progress against the Standards and timescales for quarterly reporting and Scrutiny Panels.

### 3.3 Timeline of Events

**Table 1: Timeline for the Health and Care Standards Self- Assessment 2021-2022**

<b>Date</b>	<b>Forum</b>	<b>Required Action</b>
<b>5 July 2021</b>	Health and Care Standards Group – (HCSG)	First meeting to agree work of the group and timescales and tasks to be completed by April 2022.
<b>August 2021</b>	Executive Team	Report providing a proposal for the self-assessment methodology for 2021-2022.
<b>24 August 2021</b>	Quality & Safety Committee	Report providing a proposal for the self-assessment methodology for 2021-2022.
<b>3 September 2021</b>	Quality & Safety Governance Group	Report providing an update of the self-assessment methodology for 2021-2022.
<b>7 September 2021</b>	Health and Care Standards Group – (HCSG)	Second meeting, to monitor progress.
<b>18 October 2021</b>	Health and Care Standards Group – (HCSG)	Meeting to agree work of the group and timescales and tasks to be completed in preparation for Mini Scrutiny panel
<b>17 November 2021</b>	Executive Team	Update Report providing progress on the self-assessment data analysis for 2021-2022
<b>23 November 2021</b>	Quality & Safety Committee	Update Report providing progress on the self-assessment data analysis for 2021-2022
<b>24 November 2021</b>	Health and Care Standards Group – (HCSG) <b>Mini-Scrutiny Panel</b>	To monitor progress, review evidence and complete the half-year self-assessment evidence log (1 April to – 30 September).
<b>14 December 2021</b>	Health and Care Standards Group – (HCSG)	Fourth meeting, to monitor progress.
<b>11 January 2022</b>	Health and Care Standards Group – (HCSG)	Fifth meeting, to monitor progress.
<b>16 February 2022</b>	Health and Care Standards Group – (HCSG) <b>Mini-Scrutiny Panel</b>	Sixth meeting, to monitor progress, review evidence and complete the self-assessment evidence log.

Date	Forum	Required Action
<b>16 March 2022</b>	Submission of Service Group final self-assessment	Final self-assessment with score attributed, submitted for review.
<b>4 – 13 April 2022</b>	Meetings with Individual Lead Executive Directors for sign off Health and Care Standards 2021-2022	Meetings with Individual Lead Executive Directors to formally sign off the individual themes.
<b>26 April 2022</b>	Quality & Safety Committee	Final Health and Care Standards Annual Self-Assessment Report 2021-2022 to be presented for approval.
<b>April 2022</b>	Health Board Meeting	Final Health and Care Standards Annual Self-Assessment Report 2021-2022 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.

**Table 2: Timeline for Executive sign-off by Theme**

Theme	Executive Lead	Sign off Date
<b>Staying Healthy</b>	Director of Public Health	<b>5<sup>th</sup> April 2022</b> (Complete)
<b>Safe Care</b>	Director of Nursing & Patient Experience	<b>7<sup>th</sup> April 2022</b> (Complete)
<b>Effective Care</b>	Executive Medical Director	<b>4<sup>th</sup> April 2022</b> (Complete)
<b>Dignified Care</b>	Director of Nursing & Patient Experience	<b>7<sup>th</sup> April 2022</b> (Complete)
<b>Timely Care</b>	Director of Nursing & Patient Experience	<b>7<sup>th</sup> April 2022</b> (Complete)
<b>Individual Care</b>	Director of Nursing & Patient Experience	<b>8<sup>th</sup> April 2022</b> (Complete)
<b>Staff &amp; Resources</b>	Director of Workforce & OD	<b>13<sup>th</sup> April 2022</b> (Complete)

### 3.6 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

	HCS Standard	2020/21 Final Self-Assessment Score	2021/22 Final Self-Assessment Score	Comment 2021/22
Theme 1 Staying Healthy	<b>Standard 1.1 Health Promotion, Protection and Improvement</b>	3	2.5	Reduction in self-assessment score.
Theme 2 Safe Care	<b>Standard 2.1 Managing Risk and Promoting Health and Safety</b> <b>Standard 2.2 Preventing Pressure and Tissue Damage</b> <b>Standard 2.3 Falls Prevention</b> <b>Standard 2.4 Infection Prevention and Control (IPC) and Decontamination</b> <b>Standard 2.5 Nutrition and Hydration</b> <b>Standard 2.6 Medicines Management</b> <b>Standard 2.7 Safeguarding Children and Safeguarding Adults at Risk</b> <b>Standard 2.8 Blood Management</b> <b>Standard 2.9 Medical Devices, Equipment and Diagnostic Systems</b>	3	2.75	Reduction in self-assessment score.

<b>Theme 3 Effective Care</b>	<b>Standard 3.1 Safe and Clinically Effective Care</b> <b>Standard 3.2 Communicating Effectively</b> <b>Standard 3.3 Quality Improvement, Research and Innovation</b> <b>Standard 3.4 Information Governance and Communications Technology</b> <b>Standard 3.5 Record Keeping</b>	<b>3.2</b>	<b>3</b>	<b>Reduction</b> in self-assessment score.
<b>Theme 4 Dignified Care</b>	<b>Standard 4.1 Dignified Care</b> <b>Standard 4.2 Patient Information</b>	<b>3.2</b>	<b>3</b>	<b>Reduction</b> in self-assessment score.
<b>Theme 5 Timely Care</b>	<b>Standard 5.1 Timely Access</b>	<b>2.8</b>	<b>2.5</b>	<b>Reduction</b> in self-assessment score.
<b>Theme 6 Individual Care</b>	<b>Standard 6.1 Planning Care to Promote Independence</b> <b>Standard 6.2 Peoples Rights</b> <b>Standard 6.3 Listening and Learning from Feedback</b>	<b>3.2</b>	<b>2.75</b>	<b>Reduction</b> in self-assessment score.
<b>Theme 7 Staff and Resources</b>	<b>Standard 7.1 Workforce</b>	<b>3</b>	<b>3</b>	<b>No change</b> in previous year's scoring.

### 3.7 Year-end Executive Comments on the Health and Care Standards

#### Theme 1 - Staying Healthy (see Appendix 1 for full self-assessment)

Score		Descriptor	Executive Lead
2020/21	2021/22		
<b>3</b>	<b>2.5</b>	<b>2</b> We are aware of the improvements that need to be made and have prioritised them, but are not yet able to demonstrate meaningful action.	Director of Public Health

## Executive Lead Comments

The scores submitted from Service Groups have been moderated. I appreciate that the emergency response to the Covid-19 Pandemic has had a lasting impact on ways of working. While some of these impacts have been positive, most have been disruptive and this is reflected in the moderated scores.

Examples of good practice have been provided within each of the Service Group self-assessments. However, these appear to be 'islands of good practice' and there was little evidence of a common philosophy or culture connecting these initiatives and very limited evidence of Service Groups following a whole systems approach to 'Staying Healthy' amongst staff and patients.

What I have not yet seen in submissions is consistent evidence of a systematic approach to considering how the operations of each Service Group incorporate 'Staying Healthy'.

In order to achieve higher scores, I would be looking for evidence of how Service Groups have a well-developed and systematic approach that promotes Staying Healthy by designing it into the work of the Group; which covers promotion of health literacy, increasing patient activation and removing barriers to healthy lifestyles; and which demonstrates understanding of the workforce skills required and plans to develop these. I am, however, confident that with appropriate support Service Groups will be able to respond positively.

### Theme 2 – Safe Care (see Appendix 2 for full self-assessment)

Score		Descriptor	Executive Lead
2020/21	2021/22		
3	2.75	We are aware of the improvements that need to be made and have prioritised them, but are not yet able to demonstrate meaningful action.	Director of Nursing and Patient Experience

## Executive Lead Comments

All Service Groups evidenced a clear commitment to the delivery of safe care to patients. Within each submission there were examples of practice that others could learn from, including the annual quality and safety work plan in Morrision Service Group and the Quality, Safety and Risk structures within Neath Port Talbot Singleton.

Service Groups demonstrated a critical reflection with regard to their Infection, Prevention and Control arrangements and performance and I support these views. Evidence of a proactive approach to the prevention and management of falls was provided by all Service Groups, as was work to reduce the risk of harm from pressure damage.

I would ask all Service Groups to consider their services and how they reduce the risk of 'blind spots' with regard to quality and safety and how they ensure that they receive assurance

regarding care provided in all services, including those provided in other settings such as HMP and care homes.

**Theme 3- Effective Care** (see **Appendix 3** for full self-assessment)

Score		Descriptor	Executive Lead
2020/21	2021/22	We are developing plans and processes and can demonstrate progress with some of our key areas for improvement	Medical Director
3.2	3		

**Executive Lead Comments**

Service Groups have demonstrated a number of improvements, including those using digital technology to support Effective Care, resolution of issues with the WCCIS system in the coming year will support us in improving our overall position.

**Theme 4- Dignified Care** (see **Appendix 4** for full self-assessment)

Score		Descriptor	Executive Lead
2020/21	2021/22	We are developing plans and processes and can demonstrate progress with some of our key areas for improvement	Director of Nursing and Patient Experience
3.2	3		

It was positive to note the importance that all Service Groups place on patient and family feedback and how they use this in the development and evaluation of their services. I would be eager to see this being built upon, to ensure that we engage with patients and learn from the feedback at every opportunity.

The self-assessment scores provided a good reflection of how we are providing dignified care across the organisation. Morriston Service Group demonstrated a strong commitment to supporting patients in maintaining contact with loved ones using digital technology. Children and Young People’s Services provided excellent examples of inclusive practices for children and young people. Mental Health and Learning Disabilities evidenced engagement with the Care and Treatment Plan approach; to be scored at Level 4 I would wish to see evidence of sustained engagement with patients and their families in developing their Care and Treatment Plans and evidence of a sustained reduction in the use of restrictive practices, therefore the scoring has been adjusted. Primary Community and Therapies gave evidence of commendable work to take into account people’s linguistic needs.

Within future submissions I would wish to see evidence of how all areas within a Service Group proactively meet people’s communication needs, including how they deliver the Active Offer for Welsh speakers. I would also look to see a strategic approach to the provision of dignified care across Service Groups.

**Theme 5- Timely Care** (see **Appendix 5** for full self-assessment)

Score		Descriptor	Executive Lead
2020/21	2021/22	We are aware of the improvements that need to be made and have prioritised them, but are not yet able to demonstrate meaningful action.	Director of Nursing and Patient Experience
2.8	2.5		

**Executive Lead Comments**

Each of the Service Groups have described and provided excellent evidence of how they are working to provide timely care in the context of the Covid-19 Pandemic. New ways of working and processes have been developed to provide access to care for those who need it most. Morriston and Neath Port Talbot Singleton Groups’ self-assessments described the increasing pressures and demands on their services and how this has affected their scores; I support this reflection on the issues that they face. Given the challenges to timely care faced by our General Medical Services and Community Services, the score for Primary Community and Therapies has been amended.

I look forward to seeing continued improvement in timely access to our services across the Health Board and the continued embracing of innovative practice to facilitate this.

**Theme 6 Individualised Care** (see **Appendix 6** for full self-assessment)

Score		Descriptor	Executive Lead
2020/21	2021/22	We are aware of the improvements that need to be made and have prioritised them, but are not yet able to demonstrate meaningful action.	Director of Nursing and Patient Experience
3.2	2.75		

**Executive Lead Comments**

Service Groups have provided a range of evidence to demonstrate their commitment to the provision of individualised care. Building on this work, in future self-assessments I would wish to see the inclusion of the work of the Annual Quality Priorities, for example in discussions regarding Advanced Care Planning. There is limited evidence of how we actively promote equality of access to our services and also how we proactively plan for people’s language and cultural needs across the organisation.

Looking to the year ahead, I would like each of the Service Groups to ask themselves how can our patients influence the services that they receive and to ensure that there are mechanisms in place to support this.

## Theme 7 Staff and Resources (see Appendix 7 for full self-assessment)

Score		Descriptor	Executive Lead
2020/21	2021/22	We are developing plans and processes and can demonstrate progress with some of our key areas for improvement	Director of Workforce and OD
3	3		

### Executive Lead comments

During the past year our workforce has shown extraordinary commitment and resilience, particularly given the impact of repeated waves of the Pandemic. We have supported our workforce through an increased focus on the health and wellbeing of our staff.

The demands of the Pandemic have hindered progress we would wish to have seen in areas such as PADR compliance and compliance with statutory and mandatory training, however we are putting systems in place to support Service Groups in this area.

I am supportive of the revised score for Primary Community and Therapies, given the challenges faced by them and all Service groups in relation to staffing. Looking forward, it is important for Service Groups to develop their workforce plans in order to ensure that they have the right number and skill mix of staff with appropriately commissioned training and development needs to sustainably care for our patients and service users.

## 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

<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives (please choose)</b>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	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"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	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"/>
<b>Health and Care Standards</b>		
<b>(please choose)</b>	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"/>
<b>Quality, Safety and Patient Experience</b>		
<p>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.</p>		
<b>Financial Implications</b>		
There are no direct financial implications arising from this report.		
<b>Legal Implications (including equality and diversity assessment)</b>		
<p>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> <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 Accountability report include reference to compliance with the Health and Care Standards.</p>		
<b>Staffing Implications</b>		
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) or any successor forum. There are no direct staffing implications,		

<p>however there is a need to identify suitable staff to be involved in local self-assessment processes where appropriate.</p>	
<p><b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b></p>	
<p>Across each of the Themes and Standards within them there are actions that support the Health Board in working to meet the aims of the Well-being of Future Generations Act. The 'Five Ways of Working' within the Act are implicit in the evidence and improvements identified within each theme.</p>	
<p><b>Report History</b></p>	<p>Quality and Safety Committee April 2022 Quality Safety Governance Group May 2022</p>
<p><b>Appendices</b></p>	<p>Appendix 1 Staying Healthy Self-Assessment 2021/22 Appendix 2 Safe Care Self-Assessment 2021/22 Appendix 3 Effective Care Self-Assessment 2021/22 Appendix 4 Dignified Care Self-Assessment 2021/22 Appendix 5 Timely Care Self-Assessment 2021/22 Appendix 6 Individual Care Self-Assessment 2021/22 Appendix 7 Staff &amp; Resources Self-Assessment 2021/22</p>

## Health and Care Standards Year End

### Self - Assessment 2021 – 2022



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Staying Healthy

Singleton		Morriston		NPTH		MH & LD		PC & C		Aggregate Score	
20 - 21	21 - 22	20 - 21	21 - 22	20 - 21	NPTSSG 21 - 22	20 - 21	21 - 22	20 - 21	21 - 22	20 - 21	21 - 22
2	See NPTSSG	2	3	3	3	3	3	3	4	2.6	3.25
<b>Executive Score</b>											
		2		3		3		3		<b>Final Score</b>	<b>2.5</b>

## Service Delivery Unit Comments

### Morriston

This dimension of the Health & Care Standards is always challenging for secondary care. However during 2021/2022 Morriston SG have commenced "hosting" three key HB services which will impact on future engagement with the HB wider community; Care after Death Project, Volunteer Services and Chaplaincy & Spiritual Support Services. It is anticipated that these services will provide an opportunity for wider engagement across culture, ethnic and religious community hubs which will support the HB in ensuring that service delivery and improvement decision-making is sounds and what the community wants.

### Neath Port Talbot Singleton

The Service Group has supported and empowered people to take responsibility for their own health in a number of ways. Some of the highlights in maternity and child health include the signposting of people to Women's Aid and family integrated care is fully embedded into care in NICU. Areas of improvement include to Blood Bourne Virus team who empower and support sex workers and cancer services continue to encourage access to Maggie's.

### Mental Health & Learning Disabilities

The Service Group has a focus on supporting patient's physical health via the Care Treatment Plan, looking at support to reduce harmful behaviours such as smoking on the wards. The CDAT team support harm reduction for individual who use illicit drugs or alcohol. There is a strong link within the Group with Suicide Prevention and senior staff are working closely with the Suicide Prevention Quality Priority Group.

### Primary Community Care

PCT continue to progress with positive health promotion initiatives across the group and clusters. This includes reviewing opportunities to provide digital access systems, paediatric self-management parenting programme with Occupational Therapists, recruitment of a liaison health visitor, oral health improvement programme in care homes and social prescribing activities. The service group also has more established programmes and services with the aim of promoting, protecting and improving health, such as those provided under the Community Reablement Team and Clusters. PCT also works in conjunction with the Health Board to provide wellbeing services to staff, wellbeing champions, peer vaccinators and to support

mass vaccination efforts. Ongoing work to provide further evidence and data to support the standard across all services is underway.

## **Scrutiny Feedback**

### **Morrison**

There was limited evidence of how the Service Group promotes Staying Healthy amongst its patients and workforce. The Care After Death Centre and Chaplaincy Service were included as positive examples of holistic support. The submission acknowledged that further work was needed to collect outcomes in relation to Staying Healthy.

### **Neath Port Talbot Singleton**

The Service Group provided evidence of how Staying Healthy is promoted across specialties, including Fertility Services, Children's Services, Maternity Services and Cancer Services. The submission referred to how staff health is promoted through an increase in the number of Wellbeing Champions and TRIM practitioners, as well as 'Taking Care Giving Care' sessions held within the Group. There was evidence of well-developed plans and a strategic approach across services to promoting health and healthy behaviours.

### **Mental Health & Learning Disabilities**

The Service Group provided evidence of how Care and Treatment Planning supports meeting people's holistic needs and also referenced how a Positive Behaviour Plan supports people in accessing community support. Some of the evidence provided related to the previous year and it would be helpful to see up to date evidence and some specific examples of how the Group works in partnership with other organisations in order to promote Staying Healthy.

The leadership of the Suicide Prevention Quality Priority was noted and this is a positive example of the Standard being delivered within the Group.

### **Community & Primary Care**

The Service Group provided evidence of how they are providing information regarding a range of services and conditions on-line and via social media, including Physiotherapy, Sexual Health services, Audiology, Podiatry and Orthotics. Evidence was given of work to support the introduction of the Additional Learning Needs Act. The submission included examples of how Staying Healthy is being promoted in the context of Covid-19 and Post-Covid, including rehabilitative therapy services. Work to support healthy living for people living in care homes was referenced, including Oral Hygiene, physical activities. The submissions demonstrated well-developed and sustained progress within this Standard.

## **Lead Executive Overview**

The scores submitted from Service Groups have been moderated. I appreciate that the emergency response to the Covid-19 Pandemic has had a lasting impact on ways of working. While some of these impacts have been positive, most have been disruptive and this is reflected in the moderated scores.

Examples of good practice have been provided within each of the Service Group self-assessments. However, these appear to be 'islands of good practice' and there was little evidence of a common philosophy or culture connecting these initiatives and very limited evidence of Service Groups following a whole systems approach to 'Staying Healthy' amongst staff and patients.

What I have not yet seen in submissions is consistent evidence of a systematic approach to considering how the operations of each Service Group incorporate 'Staying Healthy'.

In order to achieve higher scores, I would be looking for evidence of how Service Groups have a well-developed and systematic approach that promotes Staying Healthy by designing it into the work of the

Group; which covers promotion of health literacy, increasing patient activation and removing barriers to healthy lifestyles; and which demonstrates understanding of the workforce skills required and plans to develop these. I am, however, confident that with appropriate support Service Groups will be able to respond positively.

**Lead Executive Sign Off**



**Keith Reid**  
**Executive Director of Public Health**

**Date of review 5<sup>th</sup>/6<sup>th</sup> April 2022**

## Health and Care Standards Year End

## Self - Assessment 2021 - 2022



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## Safe Care

Singleton		Morrison		NPTH		MH & LD		PC & C		Aggregate Score	
20 - 21	21 - 22	20 - 21	21 - 22	20 - 21	NPTSSG 21 - 22	20 - 21	21 - 22	20 - 21	21 - 22	20 - 21	21 - 22
3	Please see NPTSSG score	4	2	3	3	4	3	3	3	3.4	2.75
Executive Score											
			2		3		3		3	Final Score	2.75

## Service Delivery Unit Comments

**Morrison**

It is critical for all healthcare providers that the services they provide are effective and safe. During the COVID-19 response there was an unprecedented evolution in terms of our decision-making and implementation of patient pathways. With some pathways being suspended and others modified to ensure patient safety and to mitigate clinical risk. Examples of this include;

- Service based Patient Pathway development
- Response to changes in clinical practice – notified via CMO/CNO Office
- Application of UK/WG guidance – both clinical and non-clinical

Throughout 2020, 2021 and now into 2022, the importance of maintaining patient safety has been sustained with constant review and assessment.

Areas such as Infection Control have been by nature significantly impacted due to the COVID-19 response and the evolving nature of the disease and the clinical understanding of its transmission and treatment. However, as we evolve into a post-COVID-19 service it is important that we do not forget the other influences and factors within the delivery of safe care.

However the challenges in relation to Infection Prevention & Control and Pressure Ulcer Prevention are still ongoing and whilst there are plans in place - evidence of improvement has yet to emerge and it is for this reason that Patient safety remains at a score of 2.

**Neath Port Talbot Singleton**

The Service Group is committed to providing services which are safe, protected and promoted. However due to the COVID pandemic, the nursing staffing levels across maternity, children & young people and adult services have been at critical levels with risk register ratings up to risk scores of 25. The services can evidence all the actions and monitoring which has taken place to mitigate these risks and provide services. In addition to the challenges due to COVID, the Service Group has been managing the removal and replacing of the cladding systems. This required management of governance and associated risks (mitigation of risks included close working relationships with contractors).

The service group has good evidence to demonstrate progress, this includes a reduction in the number of avoidable hospital acquired pressure ulcers. In relation to medicines management we have shown sustainable improvements, we have sustained processes, plans, set up groups and meetings to maximise shared learning. For example SACT group reviews all incidents involving chemotherapy and share learning.

Controlled drug audits are conducted and improvement plans developed. There has been significant challenge staffing wards to the planned roster which has been further compounded with the requirement to maintain and additional surge capacity during wave 4 of the pandemic. This has meant increased staff unavailability and reliance on temporary staffing which has impacted audit compliance with the expected standards of infection prevention and control.

Improvements in Infection Control (IC) are required, improved compliance in IC mandatory training and hand hygiene is needed. Divisional meetings and HCAI reduction plans are in place.

Further improvements are also required in supporting adult in patients with their nutritional and hydration needs including improving performance in record keeping, referrals to dieticians, risk assessments and weighing patients.

### **Mental Health & Learning Disabilities**

The service group are developing across these areas with strong assurance systems in place through regular Q&S meetings.

### **Primary Community Therapies**

Further work required to provide assurance in health and safety, particularly around estates, and risk management. Plans are in place and being worked through. Risk register workshops and monthly meeting with Heads of Service to continually improve risk management.

Clinical audit register is being developed. Good evidence in some services around sharing lessons learned through Quality and Safety meetings.

## **Scrutiny Feedback**

### **Morrison**

The Service Group provided evidence across all of the standards within this theme. Evidence was provided of a systematic approach to risk review and management. The Service Group reported that all actions from a HSE review of Social Distancing in 2021, had been completed and closed.

With regard to prevention of pressure damage, the Service Group included the outcome of a desk-top exercise undertaken in October 2021 and described the impact that not having a dedicated Tissue Viability Nurse has on this area. The Service group assessed themselves as being at Level 2 on the maturity matrix for this standard.

The Service Group has a falls rate of 6.63 per 1,000 bed days and has commenced a programme of patient education to reduce falls.

Infection, Prevention and Control governance structures was described and reference was made to a positive external review of Sterile Services.

Evidence of a governance system around medication incidents was included and reference was made to a nurse-led review of low level pain relief incidents.

Blood Management is included in the Service Group's annual quality and safety work-plan and twice yearly reporting occurs.

The Service Group included evidence of reports provided to Safeguarding Committee and noted that there is an improvement plan in place to meet the recommendations of the HIW review of Paediatric Accident and Emergency Department.

The Service Group self-assessment for this theme has reduced since the previous year, in recognition of the operational challenges faced during the period.

### **Neath Port Talbot Singleton**

The Service Group provided evidence across all of the standards within this theme. With regard to risk management, the Service Group described an established process of risk review and management encompassing all specialties.

A 'Hot Debrief' tool for pressure ulcer investigation is being trialled and incidents are presented to a scrutiny panel for review.

The Service Group referenced a Falls Scrutiny process in place to reduce the risk of harmful falls and noted the impact of surge capacity on therapy space within wards and the subsequent effect on supporting people with their mobility and balance.

There is a Controlled Drugs and Medication Incident Review Group in place, which identifies 'hot spots' and thematic learning.

Safeguarding training compliance was reported as being on the Service Group risk register, with training being affected by the Covid-19 Pandemic, a training plan was reported to be in place to improve this position. An improvement in performance within a Safeguarding audit in the Minor Injuries Unit was cited. Clear Infection, Prevention and Control reporting and accountability structures were outlined in the submission.

The Service Group submission included evidence from across the services within the Group, however there was limited reference to how Standard 2.5 : Nutrition and Hydration, is applied in services other than Maternity and Children and Young People's Services.

### **Mental Health & Learning Disabilities**

The Service Group provided evidence against all of the standards within this theme. Within the Service Group risks are managed via Senior Management Team review and detail on the highest risk areas was included, namely:-

- i) Patients Absconding and/ or completing suicide
- ii) Admission of 16-18 to adult mental health wards
- iii) Management of Court of Protection cases
- iv) Continuing Health Care overspend

The Service Group described how it has low number of incidents of pressure damage and how this rate can be sustained through the proactive work to motivate patients to be mobile.

There are reducing number of injurious falls within the Service Group. There is a process in place to review the completion of falls risk assessments and there is a regular meeting to review falls prevention and incidents of falls.

The Service Group self assessed as a Level 4 for Infection Prevention and Control, stating that it had a better understanding following the input of the Infection Prevention and control Team during the Covid-19 Pandemic.

The Service Group reported a comprehensive program of ward audits in the nursing matrix that would demonstrate that nutrition and hydration are monitored on the wards.

Medication incidents are reported to the Service Group's Quality and Safety meeting and a group meets quarterly to review Controlled Drugs incidents.

Safeguarding issues are reported to the Quality and Safety meeting within the Service Group on a monthly basis.

In general, there was considerable data provided as part of the submission, but this required distillation into information to support the submission.

### **Primary Community Therapies**

The Service Group provided evidence against all of the standards within this theme. There is a structure to review and manage the risk register in place within the Service Group and monthly meetings are held with each Head of Service to monitor their open risks.

Within the Service Group the District Nursing Team are piloting an app to support consistency in wound classification and treatment. The Service Group is supporting care homes in reducing pressure damage through a special interest group.

Evidence provided included information regarding the multi-disciplinary Falls Response Service, which supports the prevention of injurious falls in the community.

The Service Group reported Infection, Prevention and Control champions in place within each service, including a dedicated role supporting care homes.

Nutrition and Hydration within in-patient settings is monitored through assurance audits. The Nutrition and Dietetic service shared their success in being shortlisted for a good practice award in the Advancing Healthcare Awards Wales 2021.

Evidence of partnership working between Health Visiting and Local Authorities, in order to safeguard and promote the rights of children and young people was cited as evidence. The development of a business case to support the ongoing delivery of the IRIS programme was referenced.

The submission referred to a planned review of quality and safety structures by the end of Quarter 4, this will help to support the Group to put in place clear lines of accountability for quality, safety and improvement.

### **Lead Executive Overview**

All Service Groups evidenced a clear commitment to the delivery of safe care to patients. Within each submission there were examples of practice that others could learn from, including the annual quality and safety work plan in Morriston Service Group and the Quality, Safety and Risk structures within Neath Port Talbot Singleton.

Service Groups demonstrated a critical reflection with regard to their Infection, Prevention and Control arrangements and performance and I support these views. Evidence of a proactive approach to the prevention and management of falls was provided by all Service Groups, as was work to reduce the risk of harm from pressure damage.

I would ask all Service Groups to consider their services and how they reduce the risk of 'blind spots' with regard to quality and safety and how they ensure that they receive assurance regarding care provided in all services, including those provided in other settings such as HMP and care homes.

### **Lead Executive Sign Off**



**Gareth Howells**  
**Executive Director of Nursing and Patient Experience**

**Date of review: 07/04/22**

## Health and Care Standards Year End

## Self - Assessment 2021 - 2022



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Effective Care

Singleton		Morrison		NPTH		MH & LD		PC & C		Aggregate Score	
20 - 21	See NPTSSG 21 - 22	20 - 21	21 - 22	20 - 21	NPTSSG 21 - 22	20 - 21	21 - 22	20 - 21	21 - 22	20 - 21	21 - 22
3		3	3	3	3	4	3	3	3	3.2	3
<b>Executive Score</b>											
		3		3		3		3		Final Score	<b>3</b>

## Service Delivery Unit Comments

### Morrison

The ability to deliver effective care is significantly impacted by the ability to provide timely care. In addition the challenges of an ongoing response to COVID-19 and the need to return to a non-COVID-19 service delivery model have impacted on our ability to deliver against this HCS domain

There has been significant demonstrable improvement in access to "live" operational clinical decision-making information with the introduction of SIGNAL and the introduction of a revised Matron led "Spot Check" Audit process aligned to Fundamentals of Care. It is anticipated that further progress will be made in 2022/23 with the HB wide introduction of the Electronic Nursing Record

### Neath Port Talbot Singleton

The Service Group has introduced a number of key initiatives to improve safe and clinically effective care in hospital processes, e.g. SAFER to support length of stay with clear decision making. There has been improvement in the availability of information for patients in Welsh, notably within cancer services. University links and ARCH initiative regional collaboration are now well established however the COVID pandemic has interrupted some of the Service Group's work with the university and industry partners. The implementation of WNCR has demonstrated improved record keeping compliance.

### Mental Health & Learning Disabilities

This area has scored lower due to the ongoing concerns with access and reliability with the WCCIS system.

### Primary Community Therapies

Some well-developed plans; review of governance arrangements taking place in Q4 to improve assurances.

## Scrutiny Feedback

### Morrison

It is positive to note that the Service group has established a Business Intelligence hub from August 2021 in order to improve its use of information to improve patient care.

No evidence was provided of a Group-wide audit programme, though it is noted that this area is in progress. There was no evidence of engagement in clinical trial, however promotion of research and innovation was noted to be part of the annual quality and safety work programme.

The Service Group did not provide evidence of how language and communication needs are planned for, though it did include reference to a recent HIW inspection of children's Accident and Emergency Department which noted that a Welsh speaking members of staff were available.

### **Neath Port Talbot Singleton**

The Service Group evidenced how patients are supported from avoidable harm through incident review and scrutiny processes.

There was evidence of an annual audit plan within Maternity Services, but there was no reference made to audit activity across the Service group and how learning is shared.

Evidence of how children and young people's information needs was provided, but there was no evidence of how the serviced group ensures that all communication needs are met across the range of its services. There was no evidence provided of records management systems in services other than Maternity and Children and Young People's Services.

The impact of operational pressures on learning and skills training was noted, in particular for NLS, EPLS and PILS training.

### **Mental Health & Learning Disabilities**

The Service Group has provided evidence of a pro-active approach to research and innovation through the establishment of the TRACE programme and the work of the Learning and Development group.

There is a programme of regular audit within the group and these reflect current best practice and guidance.

Issues with the WCCIS system are a risk to effective care and this is referenced within the self-assessment.

### **Primary Community Therapies**

The Service group provided evidence of a breadth of improvement initiatives across community, Primary care and therapies. A clinical audit framework is in the process of being developed within the Group. Documentation audits were noted to be occurring within therapy and District Nursing services.

Evidence of a proactive approach to the application of the Welsh Language Standards.

Evidence of collaboration with Swansea University in relation to developing a non-medical prescribing model with Swansea University was cited.

### **Lead Executive Overview**

Service Groups have demonstrated a number of improvements, including those using digital technology to support Effective Care, resolution of issues with the WCCIS system in the coming year will support us in improving our overall position.

### **Lead Executive Sign Off**



**Dr Richard Evans**

**Executive Medical Director**

**Date of review 4 April 2022**

## Health and Care Standards Year End

### Self - Assessment 2021 - 2022



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**Dignified Care**

Singleton		Morrison		NPTH		MH & LD		PC & C		Aggregate Score	
20 - 21	See NPTSSG 21 - 22	20 - 21	21 - 22	20 - 21	NPTSSG 21 - 22	20 - 21	21 - 22	20 - 21	21 - 22	20 - 21	21 - 22
3		4	3	4	3	4	4	3	3	3.6	3.25
<b>Executive Score</b>											
		3		3		3		3		<b>Final Score</b>	<b>3</b>

## Service Delivery Unit Comments

### Morrison

The restrictions imposed by COVID-19 have in some cases brought about positive opportunities to engage with patients and their families. Technology has adapted and accelerated particularly in the field of digital communication and information exchange. The use of technology has allowed access for families where there might not have been the opportunity previously. This is particularly important in Morrison where a range of regional services are delivered and where daily visiting pre-pandemic was prohibitive. Many of the approaches to the management of dignified care as set out in the standards have been indicated and adopted based on emerging science and national dictated guidance. The health service is still learning how and when to use these technologies for the benefit of patients and this is why there is such significant "room" to develop.

### Neath Port Talbot Singleton

The Service Group considers progress has been made in the key areas for improvement that had been identified. The implementation of the Welsh Nursing Care Record has assisted in evidencing the improvements in areas such as continence care, mouth care, personal hygiene and pain relief. The Service Group identifies all staff members who speak Welsh, staff wear badges. Children and Young People (C&YP) are actively consulted and involved in care, treatment and new opportunities, The Childrens Rights Promise reinforces the inclusion of C&YP in all decisions.

### Mental Health & Learning Disabilities

The Service Group is able to provide evidence of dignified care through the Care Treatment Planning process and evidence from ward performance.

The Service Group is currently working to improve the environment for patients in older peoples and adult mental health services. These plans will ensure that all patients are treated with dignity in an appropriate environment. The service group is also working to ensure that it supports all patients with dignity and respect reducing the restrictive interventions across all service areas.

The Service Group has a focus on developing facilities to maximise patients' autonomy though the provision of information and the reduction of restrictive practices. The Patient Feedback Team work with

individuals to gain a full understanding of the service they have received. Patients are also encouraged to use co-production to develop services.

### **Primary Community Therapies**

There are a number of areas of good practice under this standard such as Expert Patient Programme, Community Reablement Team and HIV Specialist roles, plans are underway to improve this aspect of service delivery, including the priority works team around end of life care planning.

## **Scrutiny Feedback**

### **Morrison**

The Service Group demonstrated that concerns and positive feedback in relation to attitude and communication are monitored and acted upon. The Service Group aims to resolve as many concerns informally as possible with an average of 15% of concerns being resolved within 48 hours. Complaints performance within the Group was over the Welsh Government target for 30 days responses.

Dignity of care is monitored through matron audits and the Service Group sign-posts to other organisations and teams, for example Care After Death Service, who can provide support or onward referral to patients and their families.

The Service Group is acting upon the recommendations of the Community Health Council report into waiting times for elective Orthopaedic and Spinal services - *Is my life worth living? Lived experiences of patients waiting in pain for elective orthopaedic surgery in relation to patients current waiting for Orthopaedic and Spinal Surgery.*

The impact of limitations on visiting to family engagement and the necessity to find new ways of working was noted by the Service Group.

The Service Group did not refer to how it delivers the Active Offer for Welsh speakers, or how the needs of those with speaking, hearing or sight needs are met.

### **Neath Port Talbot Singleton**

The Service Group provided evidence of how the Theme is being delivered through some specialties, in particular Wales Fertility Institute, Maternity Services, Gynaecology, and Children and Young People's Services. Examples cited included feedback to staff as an integral part of complaints action plans within Maternity Services, strong links between Wales Fertility Institute and the Welsh Gender Service and promotion of PALS within Paediatrics.

Support to the Children's Community Nursing Team, via engagement sessions with Organisational Development and Human Resources staff was noted.

The role of the Welsh Clinical Nursing Record in improving compliance with audits in relation to elements of care such as oral care and continence care was noted.

Communication needs within Wales Fertility Institute are supported through provision of the Active Offer. A member of staff within the Children's Ward is being trained in sign language to support communication. Children and Young People's Rights are being promoted through the organisation's Children's Rights Promise.

There was limited evidence provided from some services, including Medicine and Minor Injuries Unit. Whilst work to promote communication needs within some services is worthy of praise, there was no evidence of a Group-wide approach to identifying and meeting communication needs.

### **Mental Health & Learning Disabilities**

The Service Group provided copies of ward assurance audits and cited Care and Treatment Plans as integral evidence of this standard being met.

Governance frameworks of reducing restrictive practices was included as evidence of respecting individuals' rights.

Co-production through a patient experience group was noted as a mechanism to listen to people who use services.

The Group included evidence of a service review to demonstrate how people's needs and views were actively listened to and also noted that there had been no concerns in relation to

Raw data was provided as evidence of the findings of ward assurance processes, this data requires summary in order to be used as evidence. Some of the evidence provided within this theme was over a year old.

### **Primary Community Therapies**

The Service Group provided a range of evidence for this Theme, across the range of services within the Group. Strong evidence was provided of promoting oral health within care homes and also in promoting independence within Paediatric therapy services.

There was evidence provided of how the Service Group has worked proactively to ensure that people's linguistic and communication needs are met, including through the provision of translated material and referral to the Health Access Team.

Evidence of review of needs was provided, referencing process within Therapy Services and Unified Assessment systems.

### **Lead Executive Overview**

It was positive to note the importance that all Service Groups place on patient and family feedback and how they use this in the development and evaluation of their services. I would be eager to see this being built upon, to ensure that we engage with patients and learn from the feedback at every opportunity.

The self-assessment scores provided a good reflection of how we are providing dignified care across the organisation. Morriston Service Group demonstrated a strong commitment to supporting patients in maintaining contact with loved ones using digital technology. Children and Young People's Services provided excellent examples of inclusive practices for children and young people. Mental Health and Learning Disabilities evidenced engagement with the Care and Treatment Plan approach; to be scored at Level 4 I would wish to see evidence of sustained engagement with patients and their families in developing their Care and Treatment Plans and evidence of a sustained reduction in the use of restrictive practices, therefore the scoring has been adjusted. Primary Community and Therapies gave evidence of commendable work to take into account people's linguistic needs.

Within future submissions I would wish to see evidence of how all areas within a Service Group proactively meet people's communication needs, including how they deliver the Active Offer for Welsh speakers. I would also look to see a strategic approach to the provision of dignified care across Service Groups.

### **Lead Executive Sign Off**



**Gareth Howells**  
**Executive Director of Nursing and Patient Experience**

**Date of review : 07/04/22**

## Health and Care Standards Year End

## Self - Assessment 2021 - 2022



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## Timely Care

Singleton		Morrison		NPTH		MH & LD		PC & C		Aggregate Score	
20 - 21	21 - 22	20 - 21	21 - 22	20 - 21	NPTSSG 21 - 22	20 - 21	21 - 22	20 - 21	21 - 22	20 - 21	21 - 22
3	See NPTSSG	2	2	3	2	3	3	3	4	3.2	2.75
		2		2		3		3		Final Score	2.5

## Service Delivery Unit Comments

**Morrison**

Implementation of a post-COVID recovery plans is essential to the delivery of this standard long-term. The Health Board has recognised the critical nature of this planning and the necessity to implement radical thinking in the way that services are organised and located within the Health Board - a Public Consultation process was undertaken in the autumn of 2021, closing on 01/10/2021. Implementation of these plans will be essential to the long-term delivery of the Standard. In the meantime, sadly these plans have not produced significant improvement overall with number of patients waiting failing to reduce in any notable volume. This position is reflected on both the HB and Morrison Risk Register with access to Emergency Care scored at 25 and Access to Planned Care scored at 20 in January 2022. These risks are reflected in the levels of patient experience and feedback with an increasing proportion of negative feedback and complaints received at Morrison relating to service access times. Neath Port Talbot.

**Mental Health & Learning Disabilities**

The Service Group are working to achieve the targets in the Mental Health Measure, as documented in Board report which remains on-track for a positive outcome for 2021 /22.

The Service Group reported that conditions are diagnosed and treated in accordance with clinical need and that Care and treatment Plans are in place for patients.

Achievement of targets in relation to access to services and compliance with the Mental Health Measure is monitored through the Service Group Legislative Committee.

**Neath Port Talbot Singleton**

The Service Group has faced challenges in providing access to timely care in both unscheduled care and planned care. The Divisions have a wide scope and number of recovery plans in place. The Minor Injury Unit (MIU) demonstrated staff were successful in providing care in a timely way.

**Primary Community Therapies**

Whilst there is no doubt that COVID -19 and deficits in resource have impacted on access to certain services and timeliness standards, PCTG has well developed processes to support and sustain timely care. All services prioritise to highest need.

It is recognised that further work needs to be done across the whole group in terms of having digital systems in place to monitor outcomes.

## **Scrutiny Feedback**

### **Morrison**

The Service Group described the challenges faced in the provision of Timely Care over the past 12 months of the Covid-19 Pandemic. The self-assessment describes how the Group is engaged with Planned Care Board and Unscheduled Care Board working across the organisation.

### **Neath Port Talbot Singleton**

The Service Group described the challenges faced in the provision of Timely Care over the past 12 months of the Covid-19 Pandemic. The self-assessment refers to recovery plans in a number of areas and the measures put in place to ensure Timely Care within Maternity Services.

### **Mental Health and Learning Disabilities**

The Group provided evidence of a performance and activity report from January 2022 outlining how it intends to improve performance for Timely Care. This report states that the Service group compliance with Part 2 of the Mental Health Measure was 95% (against a Welsh Government target of 80%) in December 2021 (more recent data not provided), compliance with Part 2 of the Measure for the same period was 80% (below a Welsh Government target of 90%), compliance with Parts 3 and 4 of the measure were 100% for the period.

### **Primacy Community Therapies**

The Service Group provided evidence of initiatives across Primary Care, Community Services and Therapies to increase access and reduce waiting times for services. The Service Group also described the systems in place to prioritise patients according to clinical need.

A Community Escalation Framework has been developed to manage capacity within Community Services.

## **Lead Executive Overview**

Each of the Service Groups have described and provided excellent evidence of how they are working to provide timely care in the context of the Covid-19 Pandemic. New ways of working and processes have been developed to provide access to care for those who need it most. Morrison and Neath Port Talbot Singleton Groups' self-assessments described the increasing pressures and demands on their services and how this has affected their scores; I support this reflection on the issues that they face. Given the challenges to timely care faced by our General Medical Services and Community Services, the score for Primary Community and Therapies has been amended.

I look forward to seeing continued improvement in timely access to our services across the Health Board and the continued embracing of innovative practice to facilitate this.

## Lead Executive Sign Off

A handwritten signature in black ink, appearing to read 'Gareth Howells', written in a cursive style.

**Gareth Howells**  
**Executive Director of Nursing and Patient Experience**

**Date of review: 07/04/22**

## Health and Care Standards Year End

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## Individual Care

Singleton		Morrison		NPTH		MH & LD		PC & C		Aggregate Score	
20 - 21	21 - 22	20 - 21	21 - 22	20 - 21	NPTSSG 21 - 22	20 - 21	21 - 22	20 - 21	21 - 22	20 - 21	21 - 22
4	See NPTSS G	4	3	3	3	4	4	3	3	3.6	3.6
<b>Executive Score</b>											
			3		3		3		2	<b>Final Score</b>	<b>2.75</b>

## Service Delivery Unit Comments

**Morrison**

It is acknowledged that in response to COVID-19 existing process needed to be adapted and modified in order to respond to the unique challenges which developed throughout 2020 and continued into 2021.

There are transparent mechanisms in place within Morrison to ensure that lessons are learnt and shared within the Group and across the Health Board.

Evidence to Support this position:

- In excess of 25,000 patient contacts in support of patient property exchange during restrictions to visiting
- Accelerated use of digital opportunities to ensure patient care and individualised care planning
- Maintenance of 30day response times to formal complaints throughout 2021
- Formal hosting of the chaplaincy services to support patients – particularly important in delivery the cultural needs to both Muslim and Catholic patients
- Appointment of senior lead for the development of bereavement services within the Health Board
- Positive feedback from the independent review process for formal complaints – CRAG
- Positive progress and improvement in the management of WRP cases ensuring that learning is in place and is shared across the Health Board
- Feedback from patients waiting to access services and lived experience as inpatients has been provided by the CHC - responses have been developed with strong action plans in place.

**Neath Port Talbot Singleton**

The Service Group is able to demonstrate progress in key areas for improvement. Areas utilise Language Line and have identified Welsh speaking staff for patient's respect and cultural identity. There have been challenges as in patient visiting has been limited due to COVID

restrictions. However virtual visiting and visiting with a purpose has been encouraged. A key achievement has been the establishment of a Maternity Voice Partnership Group.

### **Mental Health & Learning Disabilities**

Mental Health Services focus on a recovery model which involves each patient learning to manage their symptoms and achieve their goals in the community. The service therefore focuses on community support, positive risk taking and working with the patient and their support networks. All of this reflects in the standard and the methods and environment in which support is provided.

The needs of older adults especially those with cognitive impairments is a focus for the service group. Maintaining social skills and contacts is key. The service group have been involved in national audits that review work opportunities for adults with mental health difficulties. Daily activities in line with individual preferences is a key part of positive behaviour support for those with learning disabilities.

Serious Incident investigators have received training with a focus on the provision of open and honest investigations for families. This is being extended into the investigation of complaints. Learning and action planning are actively pursued with the SG to take forwards improvements. Feedback from patients has been focused and is not available to improve services.

### **Primary Community and Therapies**

There are some well-developed plans and processes in place alongside developing plans to improve services and assurances.

## **Scrutiny Feedback**

### **Morrison**

The Service Group evidenced its commitment to gathering and acting on patient feedback through the PALS service and other mechanisms. There was limited evidence of how the Active Offer is provided within the Service Group and how other language needs are met. The submission referred to pro-active work underway within the Emergency Department to support young people who are moving to adult services. Evidence of partnership work to meet individuals' needs was included, for example the OPAS Service, further development of relationships with the community, for the benefit of patients would be positive to include.

### **Neath Port Talbot Singleton**

The submission includes evidence of good practice to actively engage with patients within Maternity and Children and Young People's Services. The Service Group described how it had arrangements in place to meet the linguistic and cultural needs of patients, but it would be helpful to see how this is audited and how staff are supported in providing culturally competent care. It was positive to note the Service group describing how it engaged with patients as part of care and discharge planning. Looking forward to improvements for the coming year, it would be helpful to understand how the Service Group is assured that care is delivered in partnership with patients across the range of its services.

### **Mental Health & Learning Disabilities**

The submission focussed on the Care and Treatment Plan as the tool by which individualised care is

provided, it would be helpful to see some examples of this and how patients have been supported in accessing services in the wider community. In order to evidence a score of 4, the Service group would need to demonstrate how it is assured that Care and Treatment Plans are effective in meeting individual' needs through triangulation of metrics including audit, feedback, concerns etc. Within the submission there was no current evidence regarding how people's language needs are met, including the requirement of the Active Offer. The establishment of a patient voice group within the Service Group is positive and it will be interesting to see how this group influences the future direction of service delivery.

### **Primary Care & Community**

There was evidence of good practice regarding patient activation within Therapies and Community Pharmacies. There was very limited evidence of how individuals are supported in receiving care that is tailored around their individual needs within nursing and nursing home provision. Some good examples of patient feedback and engagement were provided, in order to demonstrate a score of 3, this would need to be evidenced across the Service Group.

### **Lead Executive Overview**

Service group have provided a range of evidence to demonstrate their commitment to the provision of individualised care. Building on this work, in future self-assessments I would wish to see the inclusion of the work of the Annual Quality Priorities, for example in discussions regarding Advanced Care Planning. There is limited evidence of how we actively promote equality of access to our services and also how we proactively plan for people's language and cultural needs across the organisation.

Looking to the year ahead, I would like each of the Service Groups to ask themselves how can our patients influence the services that they receive and to ensure that there are mechanisms in place to support this.

### **Lead Executive Sign Off**



**Gareth Howells**  
**Executive Director of Nursing & Patient Experience**

**Date of review 08/04/2022**

# Health and Care Standards Year End

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**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

### Staff & Resources

Singleton		Morrison		NPTH		MH & LD		PC & C		Aggregate Score	
20 - 21	21 - 22 See NPTSSG	20 - 21	21 - 22	20 - 21	NPTSSG 21 - 22	20 - 21	21 - 22	20 - 21	21 - 22	20 - 21	21 - 22
3		3	3	3	3	3	3	3	4	3	3.25
<b>Executive Score</b>											
		3		3		3		3		<b>Final Score</b>	<b>3</b>

## Service Delivery Unit Comments

### Morrison

The impact of the response to COVID-19 has highlighted the challenges with regards to recruitment and retention of staff across all professions. This is particularly visible in professions where there is an ageing workforce. Positive progress has been made in Qtr3 in relation to medical and non-registered nursing staff recruitment however the impact of Omicron Variant in January 2022 did slow the impact of changes.

### Mental Health & Learning Disabilities

Comments: performance remains on track for a positive outcome for 2021/22 in line with data presented to Board in Feb 2022. The Service Group have no increased their score due to staffing difficulties due to Covid and medical recruitment.

#### Target achieved

- ESR statutory and mandatory compliance is 85.59%
- Job planning compliance is at 93% in place

#### Areas requiring improvement

- PADR compliance is at 69.87%
- Cumulative sickness is at 7.75%
- Sickness in month has increased to 10%
- Long-term sickness is has risen to 6.67%
- Short-term sickness is continuing to rise at 3.33%

#### Areas to be monitored

- Average Turnover by headcount has decreased and is at 9.52% headcount
- Overall vacancies within the group are currently representative of 12% of the total workforce

## **Neath Port Talbot Singleton**

The Service Group has endeavoured to ensure staff have the right skills and knowledge. There has been the introduction of "Ask the senior team". A number and variety of staff members have been nominated and won awards.

### **Primary Community Therapies**

COVID 19 has had an impact on recruitment, retention and wellbeing of staff across all staff groups. There is an emphasis on staff wellbeing and support across the group. PCTG are reviewing and strengthening our workforce & OD support to continually recognise and value our workforce in order to maximise the potential of all staff members to deliver the best care.

## **Scrutiny Feedback**

### **Morrison**

The Service Group reported multiple risks in relation to staffing on their risk register, which apply to all staff groups, it would be helpful to understand the plans and reporting mechanisms to monitor improvement in this position. The Service Group reported low PADR and mandatory training compliance with limited information included on how it intends to improve this position, the self-assessment score of 3 is accepted, however further progress against key areas for improvement is required in order to maintain this score in future.

### **Mental Health and Learning Disabilities**

The Service Group described robust systems and processes for managing vacancies and absences, how it manages absences that are work-related. Examples were provided of Wellbeing Services being promoted within the Group. It would be helpful to understand the Service Group's approach to professionally developing their work force and increase the proportion of staff who have had a recent PADR.

## **Neath Port Talbot Singleton**

Neath Port Talbot Singleton have provided evidence of a range of listening events to enable senior managers to understand the issues faced by their teams. The Group also included evidence of its approach to increasing PADR compliance. The self-assessment included a number of examples of proactive recruitment and development work streams for nursing staff, there was limited information on how the standard is applied to other professions, including medical staff.

### **Primary Community Therapies**

The Service Group have described their commitment to supporting and developing its workforce, including arrangements to support students and preceptorship programmes. The development of a nursing well-being plan is a positive example of the Service Group pro-actively supporting its staff. The self-assessment could be strengthened by the inclusion of information on how workforce risks are managed dynamically and strategically. Whilst the Service Group has scored themselves as a 4, a score of 3 is more reflective of their position, in particular given the workforce risks within their services.

## **Lead Executive Overview**

During the past year our workforce has shown extraordinary commitment and resilience, particularly given the impact of repeated waves of the Pandemic. We have supported our workforce through an increased focus on the health and wellbeing of our staff.

The demands of the Pandemic have hindered progress we would wish to have seen in areas such

as PADR compliance and compliance with statutory and mandatory training, however we are putting systems in place to support Service Groups in this area.  
I am supportive of the revised score for Primary Community and Therapies, given the challenges faced and all Service groups in relation to staffing.  
Looking forward, it is important for Service Groups to develop their workforce plans in order to ensure that they have the right number and skill mix of staff with appropriately commissioned training and development needs to sustainably care for our patients and service users.

## **Lead Executive Sign Off**

**Debbie Eyitayo**  
**Director of Workforce & OD**



**Date of review 13 April 2022**