

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



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

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