

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



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
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