

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



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

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