

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



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

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

**Dignified Care**

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

## Service Delivery Unit Comments

### Singleton

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

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

### Morriston

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

### Neath Port Talbot

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

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

### Mental Health & Learning Disabilities

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

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

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

### **Community & Primary Care**

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

## **Scrutiny Feedback**

### **Singleton**

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

### **Morrison**

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

### **Neath Port Talbot**

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

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

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

### **Community & Primary Care**

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

## **Lead Executive Overview**

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

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

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

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

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

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

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

### **Lead Executive Sign Off**



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

**Date of review** 13 May 2020