



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	26 May 2020	Agenda Item	3.5
Report Title	Health and Care Standards Self-Assessment 2019-2020		
Report Author	Lee Joseph, Corporate Nursing Quality and Safety Team		
Report Sponsor	Gareth Howells, Director of Nursing and Patient Experience		
Presented by	Lee Joseph, Deputy Head of Quality and Safety		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to update the Quality and Safety Committee on the final annual self-assessment against the Health and Care Standards Framework for the 2019-2020 reporting period.		
Key Issues	<ul style="list-style-type: none"> • Note year-end self-assessment scores for each standard – process now complete • This year's self-assessment has seen a reduction from level 4 to level 3 in three of the standards • This year's self-assessment has seen an unchanged score for four of the standards 		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	Members are asked to : <ul style="list-style-type: none"> • APPROVE the report 		

HEALTH AND CARE STANDARDS SELF-ASSESSMENT 2019-2020

1. INTRODUCTION

The purpose of this report is to update the Quality and Safety Committee on the final annual self-assessment against the Health and Care Standards Framework for the 2019-2020 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 used the Welsh Governments’ 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 has enabled local improvement to be progressed as well as identifying areas that need to be strengthened locally, or on an all Wales basis.

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 2019-2020 will be 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 certain areas against the standards;
- SBUHB Improvement priorities for 2019-2020;
- Information provided for the Annual Quality Statement.

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

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

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

3.2 Health and Care Standards Group (HCSG)

The Health and Care Standards Group (HCSG), 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 routinely provided to the Quality & Safety Committee and Executive Board as set out in **Table 1** below.

3.3 Timeline of Events

The timetable was adjusted in April (as reported to QSGG 17 April and Executive Board 13 May 2020) in light of the impact of Covid-19. The only remaining milestone is a presentation to board on the 28 May 2020. The full amended timeline is outlined in **Table 1** below:

Table 1 - Timeline for the Health and Care Standards Self- Assessment 2019-2020

Date	Forum	Required Action
14 August 2019	Executive Team - Completed	Report providing a proposal for the self-assessment methodology for 2019-2020.
22 August 2019	Quality & Safety Committee – Completed	Report providing a proposal for the self-assessment methodology for 2019-2020.
27 September 2019	Quality & Safety Forum – on agenda	Report providing an update of the self-assessment methodology for 2019-2020 and launch of the Quality Improvement team who will lead the Health and Care Standards self-assessment process.
2 October 2019	Health and Care Standards group – (HCSG)	First meeting to outline terms of reference for the work of the group and to agree timescales and tasks to be completed by April 2020.
7 November 2019	Health and Care Standards group – (HCSG)	Second meeting, to monitor progress.
11 December 2019	Executive Team	Report providing a progress update on the self-assessment data analysis for 2019-2020
12 December 2019	Quality & Safety Committee	Report providing a progress update on the self-assessment data analysis for 2019-2020
11 December 2019	Health and Care Standards group – (HCSG)	Third meeting, to monitor progress, review evidence and complete the self-assessment evidence log
21 January 2020	Health and Care Standards group – (HCSG)	Meeting cancelled
24 February 2020	Health and Care Standards group – (HCSG)	Fifth meeting, to monitor progress, review evidence and complete the self-assessment evidence log.

Date	Forum	Required Action	
25 February 2020	Quality & Safety Committee	Report providing a progress update on the self-assessment data analysis for 2019-2020.	
11 March 2020	Executive Team	Draft Health and Care Standards Annual Self-Assessment Report 2019-2020 to be presented for approval.	
Remaining Milestones post CV-19		Original timeframe	Revised date
27 March 2020	Health and Care Standards group – (HCSG)	Sixth meeting, to finalise the self-assessment evidence logs, complete the compliance dashboard and attribute final assessment scores.	Meeting stood down due to operational pressures
9 April 2020	Health and Care Standards Mini Scrutiny Panel - Q3 & Q4		Meeting stood down due to operational pressures. Corporate scrutiny will now take place week commencing 27 April Complete
15 – 25 April 2020	Meetings with Individual Lead Executive Directors for sign off	Meetings with Individual Lead Executive Directors to formally sign off the individual themes.	Will now take place week commencing 4 May and be completed by 15 May Complete
28 April 2020	Quality & Safety Committee	Final Health and Care Standards Annual Self-Assessment Report 2019-2020 to be	Now 26 May Complete

Date	Forum	Required Action	
		presented for approval.	
30 April 2020	Board Development Session	Final Health and Care Standards Annual Self-Assessment Report 2019-2020 to be presented for approval.	Presentation to Board now 28 May

3.4 Lead Executive Sign Off

The final self-assessed scores have been reviewed and validated by the responsible executive for each theme as outlined in **Table 2** below:

Table 2 - Timeline for Executive sign-off by Theme

Theme	Executive Lead	Sign off Date
Staying Healthy	Director of Public Health	5 May 2020 (Complete)
Safe Care	Director of Nursing & Patient Experience	13 May 2020 (Complete)
Effective Care	Executive Medical Director	7 May (Complete)
Dignified Care	Director of Nursing & Patient Experience	13 May 2020 (Complete)
Timely Care	Director of Nursing & Patient Experience	13 May 2020 (Complete)
Individual Care	Director of Nursing & Patient Experience	13 May 2020 (Complete)
Workforce	Director of Workforce & OD	18 May 2020 (Complete)

3.5 Year-end Self-Assessed Scores

This year's self-assessment has seen an unchanged position for four of the standards, and a reduction from level 4 to 3 in three of the standards. The year-end self-assessed score by Theme and Service Delivery Unit (SDU) can be seen in **Figure 2** below:

Figure 2 – Year-End Self-Assessed score by Theme and Unit

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			
	Standard	Singleton		Morrison		Neath Port Talbot		Mental Health & Learning Disabilities		Community & Primary Care		Score
	2018/19	2019/20	2018/19	2019/20	2018/19	2019/20	2018/19	2019/20	2018/19	2019/20	2018/19	2019/20
Staying Healthy	4	3	4	4	4	3	4	4	3	3	4	3
Safe Care	4	3	4	4	4	3	4	4	3	3	4	3
Effective Care	3	3	3	3	3	3	4	4	3	3	3	3
Dignified Care	4	3	4	4	4	4	4	4	3	3	4	4
Timely Care	3	3	3	3	4	3	4	4	3	3	3	3
Individual Care	3	3	4	4	4	4	4	4	3	3	4	3
Staff and Resources	4	3	3	3	3	3	3	3	3	3	3	3

Below is a summary of each standard with year on year comparative score, together with the responsible executive overview statement. A full copy of each theme’s self-assessment is available as an appendix;

Staying Healthy

Score		3. We are developing plans and processes and can demonstrate progress with some of our key areas for improvement	Please see Appendix 1 for full self-assessment
2018/19	2019/20		
4	3		

“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”.

Keith Reid Executive Director of Public Health

Safe Care

Score		3. We are developing plans and processes and can demonstrate progress with some of our key areas for improvement	Please see Appendix 2 for full self-assessment
2018/19	2019/20		
4	3		

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”.

Gareth Howells Director of Nursing and Patient Experience

Effective Care

Score		3. We are developing plans and processes and can demonstrate progress with some of our key areas for improvement	Please see Appendix 3 for full self-assessment
2018/19	2019/20		
3	3		

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".

Dr Richard Evans Medical Director

Dignified Care

Score		4. We have well developed plans and processes can demonstrate sustainable improvement throughout the organisation / business	Please see Appendix 4 for full self-assessment
2018/19	2019/20		
4	4		

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”.

Gareth Howells Director of Nursing and Patient Experience

Timely Care

Score		3. We are developing plans and processes and can demonstrate progress with some of our key areas for improvement	Please see Appendix 5 for full self-assessment
2018/19	2019/20		
3	3		

Lead Executive Overview

“Timely care remained a challenge during the financial year, particularly around the pressures and increased demand on unscheduled care. The position has become more complex in Q4 due to the impact of Covid-19 pandemic, the extent to which will not be fully recognised until later in the 2020/21 performance data.

There has however been recognisable improvements made through the Rapid Access Clinic for USCs in Neath Port Talbot Hospital, setting a gold standard for urgent cancer care, and the introduction of the GP referral process at Singleton. There has been good positive reference to our ‘Hospital to Home’ initiative which supports the safe discharge of patients.

Despite the constant pressures, we have been able to improve our responsiveness to pathways at the front door to help improve hand-over and off-load delays.

MHLD access is broadly good maintaining a level 4, but NPTH’s self-assessment at 3 is not reflective of the positive performance data, and I would score the Unit at level 4. However, as the Health Board remains in targeted intervention for Unscheduled care, RTT and Cancer, the overall score of 3 is reasonable”.

Gareth Howells Director of Nursing and Patient Experience

Individual Care

Score		3. We are developing plans and processes and can demonstrate progress with some of our key areas for improvement	Please see Appendix 6 for full self-assessment
2018/19	2019/20		
4	3		

Lead Executive Overview

“This year has seen more positive work to support ‘Individual Care’, with good development seen around Children’s rights. Units have worked collaboratively across services to ensure the ‘Early Supportive Discharge’, and Enhanced Recovery initiatives are supporting patients. Preventing hospital deconditioning for in-patients features as part of the Health Boards programme of work.

Excellent work around patient, family and staff experience is helping to individualise patient care, and further development of our systems and processes will help us capitalise on patients experience feedback.

Promoting co-production with patients will be key to future improvements in this theme, building on the work around our digitalisation strategy which will see patients have access to their health records.

More strategic work is required to help develop board wide programmes which provide a systematic programme of work, building on past successes such as the ‘Butterfly Scheme and PJ paralysis’.

Overall score of 3 is reasonable, with a clear direction of travel for future improvements”.

Gareth Howells Director of Nursing and Patient Experience

Staff and Resources

Score		3. We are developing plans and processes and can demonstrate progress with some of our key areas for improvement	Please see Appendix 7 for full self-assessment
2018/19	2019/20		
3	3		

Lead Executive Overview

Overall, the score of 3 reflects a fair self-assessment of the Health Boards position. Individually, the units have each made positive progress in different areas, and identified areas for future improvement. Culturally, the Health Board continues to see a significant reduction in the number of employee relation cases being raised.

Helping the units achieve a level 4 will be supported by the Health Boards strategic WF&OD Framework, which has been developed to enable the delivery of the organisational strategy Better Health, Better Care, Better Lives, and the Clinical Services Plan through the alignment of our staff, ensuring we have the right people in the right place at the right time.

‘Compassionate leadership’, and the adoption of a ‘Just and Learning Culture’, and ‘Meet the Executives’ have been major drivers for improvement and will continue to play a crucial role going forward. The ‘Guardian Service’ is well established, supporting staff to independently raise and manage concerns. This year has seen the continued roll-out of technological solutions to support staff deployment and rostering, which has seen positive developments in the effective rostering of staff.

The WF&OD strategic plan will help all units identify individual actions, which in turn will help Units improve their future scores. The framework will support strategic improvement, particularly around staff experience, workforce equality, leadership, career development, recruitment, and compliance with statutory and mandatory training.

Hazel Robinson Director of Workforce and Organisational Development

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 Quality Statement and the Annual Accountability report include 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:

- **AGREE** the report

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	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"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	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"/>
Health and Care Standards		
<i>(please choose)</i>	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"/>
Quality, Safety and Patient Experience		
<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>		
Financial Implications		
<p>There are no direct financial implications arising from this report.</p>		
Legal Implications (including equality and diversity assessment)		
<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 Quality Statement and the Annual Accountability report include reference to compliance with the Health and Care Standards.</p>		
Staffing Implications		
<p>The Health and Care Standards Group (HCSG) will lead and drive forward the self-assessment process which will report to the Quality and Safety Forum. There are no direct staffing implications, however there will be a need to identify suitable staff to be involved in local self-assessment processes where appropriate.</p>		

Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
<p>The Act requires the Health Board to think more about the long term, how we work better with people and communities and each other, look to prevent problems and take a more joined up approach with partners. There will be long term risks that will affect both the delivery of services, therefore, it is important that you use these five ways of working (Long Term Thinking, Prevention, Integration, Collaboration and Involvement) and the wellbeing goals identified in the Act in order to frame what risks the Health Board may be subject to in the short, medium and long term. This will enable The Health Board to take the necessary steps to ensure risks are well managed now and in the future.</p>	
Report History	
Appendices	<p>Appendix 1 Staying Healthy Self-Assessment 2019/20 Appendix 2 Safe Care Self-Assessment 2019/20 Appendix 3 Effective Care Self-Assessment 2019/20 Appendix 4 Dignified Care Self-Assessment 2019/20 Appendix 5 Timely Care Self-Assessment 2019/20 Appendix 6 Individual Care Self-Assessment 2019/20 Appendix 7 Staff & Resources Self-Assessment 2019/20</p>