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Bae Abertawe
Swansea Bay University
Health Board



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|--|--|-------------------------------------|--------------------------|
| Meeting Date | 27 April 2021 | Agenda Item | 4.6 |
| Report Title | Draft Health and Care Standards Self-Assessment 2020-2021 | | |
| Report Author | Nigel Downes, Head of Quality and Safety | | |
| Report Sponsor | Christine Williams, Interim Director of Nursing and Patient Experience | | |
| Presented by | Nigel Downes, 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 draft annual self-assessment against the Health and Care Standards Framework for the 2020-2021 reporting period. The Committee is also asked to review the draft self-assessment and to provide feedback on the documents. | | |
| 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 an unchanged score for four of the standards | | |
| Specific Action Required <i>(please choose one only)</i> | Information | Discussion | Assurance |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Recommendations | Members are asked to: <ul style="list-style-type: none"> Review, discuss and comment on the report and draft self-assessments (within the appendices). | | |
| Appendices | Appendix 1 Staying Healthy Self-Assessment 2020/21 Appendix 2 Safe Care Self-Assessment 2020/21 Appendix 3 Effective Care Self-Assessment 2020/21 Appendix 4 Dignified Care Self-Assessment 2020/21 Appendix 5 Timely Care Self-Assessment 2020/21 Appendix 6 Individual Care Self-Assessment 2020/21 Appendix 7 Staff & Resources Self-Assessment 2020/21 | | |

DRAFT HEALTH AND CARE STANDARDS SELF-ASSESSMENT 2020-2021

1. INTRODUCTION

The purpose of this report is to update the Quality and Safety Committee on the draft annual self-assessment against the Health and Care Standards Framework for the 2020-2021 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 Government's 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 2020-2021 is 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 2020-2021;
- 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 Working Group (HCSWG)

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

3.3 Health and Care Standards reporting to QSGG

Throughout the first and second waves of the COVID-19 pandemic, the format of QSGG reporting was amended into two main sections: Covid-19; and key Quality & Safety indicators. This has facilitated the QSGG agenda to report on Covid-19 emergency preparedness, and still reflect all key aspects of the quality and safety agenda to measure that the Health Board maintains our focus at this difficult time. Whilst the QSGG agenda template is not currently mapped against Health and Care standards themes, the deviation from the core template accommodates a full discussion and scrutiny on both aspects noted above.

3.4 Timeline of Events

This year's Health and Care Standards cycle has been affected by the COVID-19 pandemic. The pandemic initially caused a delay to the work of the Health and Care Standards Working Group commencing, and has subsequently affected the timetable for Health and Care Standards throughout 2020-21.

The remaining milestones are noted below along with the full amended timeline at **Table 1** below:

Table 1 - Timeline for the Health and Care Standards Self- Assessment 2020-2021

| Date | Forum | Required Action |
|-------------------------|--|--|
| 24 November 2020 | Quality & Safety Committee – completed. | Report providing a proposal for the self-assessment methodology for 2020-2021. |
| December 2020 | Health and Care Standards Working Group. Due to increasing pressures of COVID-19 postponed to January 2021. | Agree timescales and tasks to be completed by April 2021. |
| 22 January 2021 | Quality and Safety Governance Group – completed. | Report providing a progress update on the self-assessment |
| 28 January 2021 | Health and Care Standards Working Group – completed. | Meeting to agree timescales, tasks and monitor progress. |
| February 2021 | Health and Care Standards Working Group. Due to increasing pressures of COVID-19 postponed to March 2021. | Meeting to monitor progress. |

| Date | Forum | Required Action |
|------------------|--|--|
| 18 February 2021 | Quality & Safety Governance Group – completed. | Verbal update and discussion providing a progress update on the self-assessment |
| 16 March 2021 | Health and Care Standards Working Group – completed. | Meeting to monitor progress. |
| 30 March 2021 | Quality & Safety Governance Group – completed. | Verbal update providing a progress update on the self-assessment |
| 9 April 2021 | Health and Care Standards Working Group – completed. | Meeting to submit final self-assessment evidence. |
| April 2021 | Meetings with Individual Lead Executive Directors – ongoing. Meetings have taken place and further evidence required for 4 of the themes: Safe Care Timely Care Individual Care Dignified Care | Meetings with Individual Lead Executive Directors to formally review and sign off the individual themes. |
| 27 April 2021 | Quality & Safety Committee – completed. | Draft Health and Care Standards Annual Self-Assessment Report 2020-2021 to be presented for discussion and review. |
| 9 May 2021 | Quality & Safety Governance Group | Final Draft Health and Care Standards Annual Self-Assessment Report 2020-2021 to be presented for approval. |
| 25 May 2021 | Quality & Safety Committee | Final Draft Health and Care Standards Annual Self-Assessment Report 2020-2021 to be presented for approval. |
| 27 May 2021 | Executive Board | Final Health and Care Standards Annual Self-Assessment Report 2020-2021 to be presented for approval. |

3.5 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. Further evidence is being sought for four of the standards, these being: Safe Care, Dignified Care, Timely Care and Individual Care.

Table 2 - Timeline for Executive sign-off by Theme

| Theme | Executive Lead | Sign off Date |
|------------------------------|--|--|
| Staying Healthy | Director of Public Health | 15 April 2021 (Completed) |
| Safe Care | Director of Nursing & Patient Experience | Awaiting further evidence – 30 Apr 2021 |
| Effective Care | Executive Medical Director | 14 April 2021 (Completed) |
| Dignified Care | Director of Nursing & Patient Experience | Awaiting further evidence – 30 Apr 2021 |
| Timely Care | Director of Nursing & Patient Experience | Awaiting further evidence – 30 Apr 2021 |
| Individual Care | Director of Nursing & Patient Experience | Awaiting further evidence – 30 Apr 2021 |
| Staff & Resources | Director of Workforce & OD | Reviewed 12 April 2021 – awaiting signature (Completed) |

3.6 Year-end Self-Assessed Scores

Below is a summary of the standards that have been completed: Staying Healthy, Effective Care and Staff & resources, 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, which includes summaries of the 4 themes where we are gathering further evidence, these being: Safe Care, Timely Care, Individual Care and Dignified Care.

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 |
|---------|---------|---|---|
| 2019/20 | 2020/21 | | |
| 3 | 3 | | |

“All service groups have engaged with this Standard, in particular with regard to the Public Health

response to the Covid-19 Pandemic.

The Health Board's Covid-19 vaccination programme has been implemented at pace and has been extremely successful in vaccinating the population.

Several key preventative activities have not been described by all Service Groups, including tackling Obesity and Making Every Contact Count. Health literacy has not been reflected in any submissions, neither has meeting the needs of harder to reach groups.

The overall health board score has reduced to reflect the changed priorities that the Pandemic created”.

Keith Reid Executive Director of Public Health

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 |
|---------|----------|---|---|
| 2019/20 | 2020/21 | | |
| 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

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 |
|---------|----------|---|---|
| 2019/20 | 2020/21 | | |
| 3 | 3 | | |

Lead Executive Overview

Overall, the score of 3 reflects a fair self-assessment of the Health Board’s position for 2020-21.

Due to the overall effects of COVID-19, progress has not been made to the level that was previously anticipated. However, despite this major healthcare challenge, individually the Service Groups have each made positive progress in different areas, and identified areas for future improvement.

Service Groups continue to be supported by the Health Boards strategic WF&OD Framework, which enables 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' continue to be major drivers for improvement and will continue to play a crucial role going forward into 2021-22.

As a result of the Covid-19 pandemic, this year has seen an unprecedented roll-out of technological solutions to support staff. This has included a number of roles being adapted to incorporate working flexibly, combining homeworking with attendance at work, which has been very successful in a number of areas across the Health Board. Additionally, part time working is also increasing within the aging Nursing and Clinical support services, with retire and return applications together with supporting work life balance requests.

Finally, the WF&OD strategic plan will continue to assist Service Groups identify individual actions, which will help Service Groups improve their future Health & Care Standard's scores. The framework continues to support strategic improvement, particularly around staff experience, workforce equality, leadership, career development, recruitment, and compliance with statutory and mandatory training.

Kathryn Jones, Interim Director of Workforce & Organisational Development

We are awaiting further evidence from the Service Groups to agree the self-assessment scores and complete the Lead Executive Overviews, for Christine Williams, Interim Director of Nursing and Patient Experience, for the following themes:

Safe Care
Dignified Care
Timely Care
Individual Care

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:

- **Review, discuss and comment** on the report and draft self-assessments (within the appendices).

| Governance and Assurance | | |
|--|--|-------------------------------------|
| Link to Enabling Objectives (please choose) | 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 | | |
| (please choose) | 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 | | |
| 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. | | |
| Financial Implications | | |
| There are no direct financial implications arising from this report. | | |
| Legal Implications (including equality and diversity assessment) | | |
| 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)'. | | |
| 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. | | |
| The Annual Quality Statement and the Annual Accountability report include reference to compliance with the Health and Care Standards. | | |
| Staffing Implications | | |
| 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. | | |

| | |
|---|---|
| | |
| 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 2020/21</p> <p>Appendix 2 Safe Care Self-Assessment 2020/21</p> <p>Appendix 3 Effective Care Self-Assessment 2020/21</p> <p>Appendix 4 Dignified Care Self-Assessment 2020/21</p> <p>Appendix 5 Timely Care Self-Assessment 2020/21</p> <p>Appendix 6 Individual Care Self-Assessment 2020/21</p> <p>Appendix 7 Staff & Resources Self-Assessment 2020/21</p> |



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Health and Care Standards Year End

Self - Assessment 2020 - 2021

Staying Healthy

| Singleton | | Morriston | | NPTH | | MH & LD | | PC & C | | Aggregate Score | |
|-----------------|--------|-----------|--------|---------|--------|---------|--------|---------|--------|-----------------|--------|
| 19 - 20 | 20- 21 | 19 -20 | 20- 21 | 19 - 20 | 20- 21 | 19 - 20 | 20- 21 | 19 - 20 | 20- 21 | 19 - 20 | 20- 21 |
| 3 | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 3 | 3 | 3.6 | 3.6 |
| Executive Score | | | | | | | | | | | |
| | 3 | | 3 | | 3 | | 3 | | 3 | Final Score | 3 |

Service Delivery Unit Comments

Singleton

2020/21 has been a challenging year within the former Singleton Services Delivery Unit including Maternity Services during the COVID-19 pandemic. All essential services have been maintained with some improvement in our overall health initiatives. Over the year the former Delivery Unit carried out significant public engagement under the Public Health programmes.

Morriston

This dimension of the Health & Care Standards is always challenging for secondary care. The Public Health agenda has been unprecedented during 2020/2021 and that need to be reflected in the Health Board wide return. Public engagement has been undertaken on a national basis back with legislation and public commitment and ownership.

Neath Port Talbot

Many of our activities to promote holistic health and wellbeing have had to be suspended due to the Pandemic, where our efforts were focussed on the emergency response, however the Group has supported national work to promote health and wellbeing as part of the Covid-19 response.

Mental Health & Learning Disabilities

There are systems in place which are being developed with key areas for improvement. The work to improve the whole person approach at the core of Care and treatment plans has moved forward in the last year. An in-depth audit was completed in 2020 -21 to log the improvement to date and to focus future development work. Audit findings on the need for increased metabolic screening are the main focus for improvement however the need to protect and support older adults from COVID 19 has been a key area of work in 2020-21.

Suicide prevent work is led by public health but continues to be a key priority for the Service Group.

Community & Primary Care

Covid-19 directly impacted progress due to national/local lockdowns, and physical distancing requirements. As soon as PCTG are able (Covid-19 measures allowing) these areas will be driven forward again.

Scrutiny Feedback

Singleton

The unit has supported national and Health Board efforts to promote Public Health during the Covid-19 Pandemic, including through the sharing of Public Health messages.

Keeping healthy is promoted through midwifery and children services, both for staff and patients. Breast feeding is promoted through maternity services and an infant feeding co-ordinator support parents with this. There has been an increase in breast feeding rates at 10 days from 46% in Oct-Dec 2020 to 54% in July- September 2020. Exclusive breastfeeding at 30 days has increased from 30% pre-Pandemic to 35-36% post Pandemic. BFI reaccreditation was confirmed in January 2021. Smoking cessation support is offered to parents of neonates and children and the Smoking Cessation Action Plan for Midwifery has been updated. A play team support to educate children and their parents about healthy choices. Training for Making Every Contact Count is provided by the Public Health Midwife.

A number of staff within the Children and Young People's service have been trained in 'Taking care, Giving Care.'

A point of care audit of pregnant women in 2021 found that 92.7% of them had been offered the flu vaccine, with 78% uptake. 94.5% of women were offered Petrussis, with 80% uptake.

The unit refers to the work it has undertaken to support the national Public Health campaign in relation to Covid-19. Aside from this there is little evidence of health promotion activities outside of Maternity and Children's Services.

Future submissions could be strengthened by inclusion of information about healthy workplace and output measures from Smoking Cessation services.

Morriston

Work to support Public health during the Pandemic has been a focus of the group, with local bulletins put in place to communicate with staff teams. Dedicated wellbeing areas were created for staff, which included showering and break-out space.

Health promotion work such as smoking cessation was suspended during the Pandemic.

The group has positive examples of how it supported staff wellbeing during the Pandemic through communication, support structures and wellbeing areas.

The submission references uptake of the seasonal flu vaccination programme.

Neath Port Talbot

The unit has supported Public Health and Health Board work in response to the Covid-19 Pandemic, as part of this is promoted the scope of the Minor Injuries Unit, in order to encourage appropriate use of the service.

Whilst therapy services have continued throughout the Pandemic, the unit has recognised the severe limitations on off-ward activities including exercise during the period. Previous partnership working with the Carers' Service to support their wellbeing, has been supported due to the Pandemic.

In order to support the health and wellbeing of staff during the First Wave of the Pandemic, the unit put in place a local wellbeing team comprising of counselling and psychological support. This team worked alongside ward staff to provide accessible ad hoc support. Health Board-wide Wellbeing services were also actively promoted. Public donations of food, toiletries and water also had a positive impact on staff morale and wellbeing.

Whilst the unit has clearly worked to achieve a healthy workplace during the Pandemic, the impact on its ability to promote healthy living amongst its patient group means that an assessment score of 3 is more reflective of its position.

Mental Health & Learning Disabilities

Holistic care plans, that include community support to stay healthy, are in place and were audited in February. Positive findings from this audit were that care plans adopted a person centred approach.

There is a smoking cessation action plan in place, which is overseen by a dedicated workgroup.

Covid-19 vaccination plans have been adapted to reflect the needs of patients with Mental Health and Learning Disabilities.

The group plays a lead role in the delivery of the Public Health Wales Suicide Prevention strategy and a training programme in risk assessment and management for self-harm and suicide has been developed.

Holistic patient care planning that includes factor to promote health and wellbeing is delivered by the unit and there are a number of audits undertaken to ensure the delivery of clinically appropriate care.

The group provided sound evidence of its work in the prevention of suicide and self-harm, which is a Health Board Quality Priority. Excellent work on meeting the needs of BAME patients was included, however this was from 2019 and recent updates and progress would be helpful.

Evidence was provided on how safety in the workplace is promoted, however there was limited information on how health and wellbeing is proactively managed in the workplace, for example through vaccination rates and the work of wellbeing champions.

Whilst there is strong evidence in relation to foster health and wellbeing at a patient care planning level, the submission lacked evidence on how keeping healthy is promoted at a work force level.

Community & Primary Care

The group has supported national and Health Board-wide work to promote public health during the Pandemic. A service group bulletin was put in place to ensure communication during this period. Wellbeing is also a regular part of the group team brief arrangements and posters and information are displayed in visible areas for staff.

GMS patient have been able to access information on their health and condition through digital platforms such as Ask my GP and Attend Anywhere. The Pandemic has had an adverse impact on early intervention schemes, such as the common ailment scheme, whose number of consultation reduced during the year. Fluoride Varnish rates amongst children have also reduced.

Health visiting home visits were suspended early in the Pandemic, but were reinstated in September. 79.5% of Health Visiting staff have been trained in Adverse Childhood Experiences and the remainder have received copies of training slides.

Champions for specific patient groups, such as those with Dementia and people with a Learning Disability are in place.

The flu vaccine is promoted in the unit and over 61% of staff have been vaccinated. Flu vaccination across all patients' groups has increased during the year, though the rates amongst the under 65s who are at risk is below the national target. An action plan, based on HMS Swansea' Health Needs Assessment is being progressed, this includes action to promote a healthy lifestyle.

Despite the impact of Covid-19 the group has been able to progress various projects that promote health and wellbeing amongst staff and patients. There is robust evidence provided and clear indication of priorities to be taken forward. Further evidence of programmes across the group's services could increase the score in future submissions.

Lead Executive Overview

All service groups have engaged with this Standard, in particular with regard to the Public Health response to the Covid-19 Pandemic.

The Health Board's Covid-19 vaccination programme has been implemented at pace and has been extremely successful in vaccinating the population.

Several key preventative activities have not been described by all Service Groups, including tackling Obesity and Making Every Contact Count. Health literacy has not been reflected in any submissions, neither has meeting the needs of harder to reach groups.

The overall health board score has remained the same, and not improved this year, as a reflection of the changed priorities that the Pandemic has created.

Lead Executive Sign Off

Reviewed & Awaiting Signature

Keith Reid
Executive Director of Public Health

Date of review 15 April 2021



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Swansea Bay University
Health Board

Health and Care Standards Year End Self - Assessment 2020 - 2021

Safe Care

| Singleton | | Morrison | | NPTH | | MH & LD | | PC & C | | Aggregate Score | |
|-----------------|---------|----------|---------|---------|---------|---------|---------|---------|---------|-----------------|---------|
| 19 - 20 | 20 - 21 | 19 - 20 | 20 - 21 | 19 - 20 | 20 - 21 | 19 - 20 | 20 - 21 | 19 - 20 | 20 - 21 | 19 - 20 | 20 - 21 |
| 3 | 3 | 4 | 4 | 3 | 3 | 4 | 4 | 3 | 3 | 3.4 | 3.4 |
| Executive Score | | | | | | | | | | | |
| | | | | | | | | | | Final Score | |

Service Delivery Unit Comments

Singleton

There are well-defined governance controls in place to ensure patients health, safety and welfare are vigorously upheld and safeguarded. Risks and incidents are identified, monitored and where possible, reduced or prevented.

Morrison

There have been clear new and exceptional challenges to ensuring patient safety during 2020/2021 as part of the response to COVID-19. Significant work has been undertaken within the Service group to ensure that safety of staff and patients has been a primary focus and that there is assurance that the reporting of and response to safety issues continued throughout the response.

Neath Port Talbot

The Unit made considerable progress with the management of the risk register during the year, this is demonstrated through positive feedback via the Corporate Risk Management Group and excellent compliance with the DATIX risk audits.

The increased use of temporary and deployed staff during the first wave of the Covid-19 Pandemic and their lack of familiarity with the ward environment was a causal factor identified in some incidents of patient harm. Quality indicators were reported on a weekly basis to Silver command throughout this period and revised terms of reference for QSIG were put in place to ensure that the meeting continued to function, but recognised the emergency response which was underway.

Mental Health & Learning Disabilities

The Service group has made significant improvement to its reporting systems into Quality and Safety over the last year ensuring that key patient safety issues have formal written reports in each meeting. The change to the nursing input at service management level has also improved the focus on patient safety

The Service group has had outbreaks of COVID 19 on the wards and has made significant changes to the service to manage infection control. Whilst there has been an increase in hospital infections due to COVID the group has maintained our existing standards for other infections, the Service Group has improved its infection control skills and understanding through this outbreak. Feedback from outbreak meetings has highlighted a strong response from the nursing and clinical teams.

The service group would therefore maintain the level 4 to reflect both the learning in infection control and the maintenance of other safety standards such as falls management, health and safety risk management and safeguarding in challenging times.

Community & Primary Care

Due to Covid-19 challenges we have not been able to progress and strengthen areas as planned due to the change in priorities, deployment of staff. As the covid-19 pressures change, it will provide opportunity to continue progressing to achieve level 4.

Scrutiny Feedback

Singleton

The Quality and Safety Team work with managers to ensure that risks are regularly reviewed and updated. Since the formation of the NPTSSG Service Group the unit has commenced a process of risk review to create a single Service Group register. Within individual services groups have been established in order to galvanize governance arrangements, including a Magnetic Resonance group and a Radiation Governance Team.

Prevention of pressure damage is promoted through weekly validation of reported incidents and shared learning through the Pressure Ulcer Scrutiny process.

Monthly fall scrutiny panels share learning across the ward areas. Within Midwifery an 'Open Curtain' policy has been introduced to reduce the risk of children being dropped. There has been no incident of any babies being dropped on ante-natal wards during 2020/21.

The unit is above trajectory for C-Diff incidents. A 'Bug Stop' campaign has been initiated on site in order to reduce incidents of E. Coli. Within Midwifery the Standard Operating Procedure for assessing Caesarian Section wounds has been updated.

Support with feeding and nutrition through limited access to Speech and Language Therapy is an issue within children's inpatient areas.

Ward 4 is piloting the HEPMA electronic prescribing system.

The unit is supported by 3 Designated Lead Managers and Lead Practitioner training is to be provided to the Matron Team. There have been 13 Deprivation of Liberty breaches in the period 2020/21. An audit of Routine Enquiry for pregnant women found that 95% of women had been asked once and 85% were asked twice regarding domestic abuse.

The former unit provided evidence of how safe care has been delivered, in particular through the Pandemic. There is evidence of systems being in place to review patient safety incidents, though

information on trajectories of harmful incidents and examples of shared learning and mitigating actions was not included.

There is evidence and detail provided on assurance systems and reporting mechanisms of information on patient safety incidents.

Morrison

The group provided evidence of a clear internal system for managing and escalating risks. Health and Safety systems, including reporting and escalation systems are clear and established. In order to gain assurance regarding reporting of patient safety incidents, a retrospective review has been undertaken in order to identify deviations from the norm. The group has processes for reviewing and learning from serious incidents.

Infection prevention and control is monitored through sport check audits and resultant action plans.

The group has mechanisms for a robust understanding of their falls profile including prevalence, harm and falls per 1000 bed days and has actions in place to address these.

As part of its response to the Covid-19 Pandemic, the group undertakes regular review of potential nosocomial cases.

The limitations on visitors has meant that families have not been able to support with feeding in Morrison, as with other hospitals.

There is a system in place to review and monitor medication incidents in order that themes and risks are identified and acted upon, including for the management of Controlled Drugs.

Safeguarding incidents are reported to the group quality and safety structures and examples of actions taken was provided.

Bi-annual 'deep dive' reviews of blood management incidents are undertaken and reported through quality and safety structures.

The group provided evidence of established structures to promote and ensure safe care, as well as clear route of escalation for unmitigated risks.

The group has provided a matrix rationalising their scores against each sub-section of the standard.

Neath Port Talbot

The unit described a clear process for managing new and existing risks internally, stating that the risk register is managed dynamically.

Evidence of managing health and safety matters was provided through reactive incident reporting and proactive planning work. this includes fire compartmentalisation works and health and safety works resultant from the Covid-19 Pandemic. Learning from incidents was demonstrated through the issuing of Local Safety Notices within the organisation.

Systems for monitoring and learning form pressure damage incidents through scrutiny panels are described. Falls resulting in serious harm and repeat fallers are reviewed through scrutiny processes and evidence of thematic learning across the unit was provided.

The unit had 98.4% compliance with infection prevention and control spot checks and 100% compliance with hand hygiene training in Feb 2021. Evidence was provided on how the unit manages the reviews of outbreaks and potential nosocomial deaths.

Whilst the unit had not received any formal concerns relating to nutrition and hydration, it had identified failures as part of a case review and this will be managed under Redress.

The unit has clear and robust arrangements for managing medication and Controlled Drugs incidents, including the development of a Controlled Drugs Assurance Plan.

The former unit described a range of activities and systems to support the delivery of safe care across its services. Examples of assurance systems and methods for identifying and acting upon learning from incidents was described. Work to demonstrate how the unit proactively identifies themes and trends in relation to safe care is needed in order to achieve an assessment rating of 4.

Mental Health & Learning Disabilities

Risks are reviewed monthly and reported into the group quality and safety meeting.

A bimonthly Health and Safety group, which includes staff side representation, reviews and manages health and safety risks, including fire safety.

The group demonstrated knowledge on the thematic learning from incidents of pressure damage and how this was being acted upon. Root cause analysis investigation tools are used to investigate inpatient falls and thematic learning and trends are reported to the group quality and safety group, as well as through a 'Lunch and Learn' programme.

The group has reviewed and revised policies in relation to infection prevention and control in light of the Coronavirus pandemic. There is a process in place to review of patient deaths that are potentially as a result of nosocomial transmission.

Nutrition reports are routinely reported into the group quality and safety meeting, which include updates on access, training and learning.

Monthly medication incident reports are presented to group quality and safety forum.

The group has described an improvement work in its quality and safety reporting systems to ensure that key patient safety issues are received on a monthly basis.

Community & Primary Care

The group put in place a clear risk management and escalation system in relation to Covid-19 and also demonstrated how quality and safety indicators were monitored through the Pandemic.

There is evidence of good practice in the management of safety alerts and how the group gains assurance.

Evidence was provided on the use of the 'Red Bag' scheme in care homes, which is in place to reduce patient safety risks between primary and secondary care. Furthermore, an offloading app is used in District Nursing to reduce the specific risk of pressure damage. Regular falls scrutiny panels consider incidents of falls and lessons learnt.

In response to the Covid-19 Pandemic patient pathways were developed for the field hospitals and Gorseinon Hospital to reduce any infection control risks. Regular Bare Below the elbow and hand Hygiene audits as well as cleaning and mattress audits were also noted as being in use in Gorseinon Hospital.

Lateral flow testing to reduce the risk of Covid-19 outbreaks have been introduced to care homes and HMP Swansea.

In-put is received into the Nursing Quality and safety meeting from Nutrition and Dietetic Service to provide support, advice and learning.

Swallow assessments from SLT are available through the medium of Welsh to vulnerable adults and children. Evidence of training in supported feeding regimes was provided.

Management of Controlled drugs is undertaken through regular audit.

The group has provided evidence of a range of measures to support safe care in different settings. Through providing detail on how all of these measures and systems provide assurance and escalation into group wide forums would enable to group to move to an assessment score of 4 in future.

Lead Executive Overview

Lead Executive Sign Off

Christine Williams
Interim Director of Nursing and Patient Experience

Date of review



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Effective Care

Health and Care Standards Year End

Self - Assessment 2020 - 2021

| Singleton | | Morriston | | NPTH | | MH & LD | | PC & C | | Aggregate Score | |
|-----------------|---------|-----------|---------|---------|---------|---------|---------|---------|---------|-----------------|---------|
| 19 - 20 | 20 - 21 | 19 - 20 | 20 - 21 | 19 - 20 | 20 - 21 | 19 - 20 | 20 - 21 | 19 - 20 | 20 - 21 | 19 - 20 | 20 - 21 |
| 3 | 3 | 3 | 3 | 3 | 3 | 4 | 4 | 3 | 3 | 3.2 | 3.2 |
| Executive Score | | | | | | | | | | | |
| 3 | | 3 | | 3 | | 4 | | 3 | | Final Score | 3 |

Service Delivery Unit Comments

Singleton

The unit described activities to promote effective care and to engage in research activities across different services. This includes the Lymphoedema Service, which is engaged in externally funded research projects to improve patient outcomes. Quality of care within Radiography is promoted through triannual peer group meetings with North Wales, Velindre and the Rutherford Centre. Care of the deteriorating patient is overseen by a RADAR group that reviews the unit position and carries forward any Health Board wide actions.

Some specialities have put in place systems to meet the communication needs of patients. Welsh speaking children and young people are able to be cared for in their first language by Welsh speaking medical and nursing teams. A midwife with a special interest in the field is available to support pregnant women with hearing loss.

There are systems in place to oversee Information Governance and records management within the unit. Radiotherapy have maintained the Entitlement of Duty Holders under IMRER 17 and have ISO9001 Quality Management System assurance until 2024. Radiotherapy continues to assess and develop the Health Boards acquisition of iPassport (Genial Genetics) electronic document management system, for phased implementation into radiotherapy & radiotherapy physics. Within Nursing, documentation training has been rolled out across all teams.

Morriston

The group has noted that their ability to deliver effective care was significantly impacted by their ability to provide timely care. In addition to long-standing issues, the challenges of a national response to COVID-19 have impacted on their ability to progress with regards to this agenda, outside of the immediate clinical response to COVID-19.

There have been significant clinical developments in the care of patients with Covid-19, clinical practice in the group has changed and adapted throughout the year in response to this.

There has been demonstrable improvement in access to “live” operational clinical decision-making information with the introduction of SIGNAL. This has been particularly visible in the clinical decision-making around the management of COVID positive patients.

External reviews, which have been undertaken remotely, have been completed by HIW for IMRER, Orthopaedic Wards, Cardiac Ward and TAVI. A HSE review was undertaken in December 2020.

The group has noted that some of their process for monitoring and assuring effective care have been suspended as a result of the Pandemic, including the ‘First Thursday’ programme.

Neath Port Talbot

The unit has held a reflective event, looking at services changes made as a result of the Covid-19 Pandemic, identifying areas of good practice and lessons to be learnt and adopted in future. These changes include adopting digital technologies to support remote consultations and providing more digital resources.

The unit has met national targets for training compliance for Dementia, Safeguarding and Equality and Human Rights and described work underway, undertaken in partnership with Swansea University, to improve communication with patients, including Welsh speakers.

Discharge summary completeness was highlighted by the unit as an area of poor performance, with plans in place to address this.

Electronic prescribing has been rolled out within the unit in order to aid information sharing and decision making. The introduction of SIGNAL has also been important in providing ‘real time’ patient information.

The unit evidenced appropriate decision making regarding deteriorating patients through 100% accurate completion of NEWS in February 2021.

Mental Health & Learning Disabilities

The group supports people to protect their own health through work-streams including their involvement in the development of suicide prevention strategic and an action plan to improve the quality of Valporate prescribing. The group has undertaken a discharge audit against NICE guidance NC53. A programme of ‘Lunch and Learn’ sessions have been arranged to support professional development and shared learning within the group.

There is a clinical audit group in place and learning from audits is cascaded via a clinical audit newsletter, summarising findings and implications for practice.

Communication needs are met through the provision of bilingual information and the development of co-productions tools. Capacity assessments are in place for people who may lack mental capacity, this includes an assessment for the Covid-19 vaccine.

There is a Quality Improvement Board in place in the group who ensure learning from audit, incidents and guidance. A Learning and Development Committee lead on research and learning and have close ties with universities.

There is an Information Governance Board in place and documentation audits are regularly undertaken.

Community & Primary Care

The group has a robust clinical governance management system in place, which was revised to reflect the impact of the Covid-19 Pandemic. Evidence of clinical leadership systems in GMS services and across other areas of the group has been provided.

Significant clinical developments have emerged as part of the COVID-19 response particularly through the use of IT platforms e.g. Ask My GP, Attend Anywhere and the Virtual Ward. Health. A range of interventions have been put into care homes to support them during the Pandemic, including provision of training and advice.

An article on Catheter Maintenance written by the Community Health Bladder and Bowel Service was published in the Nursing Journal, the service has also introduced Patient Outcome Measures. Community Cardiology has been redesigned to create an integrated care pathway.

There is a robust process for cascading and acting upon safety alerts and guidance which is audited for compliance. Documentation audits are in place within services and Information Governance compliance is 89.2%.

People's communication needs are met through actions including provision of large print material, availability of Welsh resources and staff and provision of information in a range of formats.

Learning and good practice is shared in the unit through newsletters, media articles and team briefings. Examples of research and innovation within the unit include The Community Healthy Bladder and Bowel Service, and Community Cardiac Rehabilitation Team being finalists in the National British Journal of Nursing Awards, also Speech & Language Therapy won the Improving Public Health Outcomes category in this year's Advancing Healthcare Awards Wales for its work in ensuring earlier identification and treatment of speech problems.

Scrutiny Feedback

Singleton

Good evidence was provided as to how communication and information is tailored to the needs of children and young people. However, no evidence was provided on how the communication needs of adult Welsh speakers, people with a learning disability, stroke, dementia or sensory loss being cared for in medical wards was provided as part of the submission.

Information on how the unit systematically ensures compliance with best practice and emerging clinical guidance across all services was not included in the submission and the submission would have benefitted from more evidence across all of the standards.

Given the evidence of good practice in some specialities within the unit, the self-assessment score of 3 is agreed, however more robust evidence of a systematic approach to the delivery of effective care is required to maintain or improve this position in future submissions.

Morrison

The group has a three-year quality strategy in place, but acknowledges the impact that Covid-19 has had on several of its activities. Recognition should be given to the fact the group has delivered effective care during a period of emergency response, often requiring changes in practices as a result of emerging evidence.

Evidence to support the information within the submission could be strengthened in future years and detail on how the group is meeting the communication needs of patients should be included in future submissions.

Given the wide scale impact of Covid-19 on the activities to support effective care in the group, the group has a self- assessment score of 3.

Neath Port Talbot

The former unit provided evidence of progress in terms of introducing electronic prescribing and through NEWS completeness. It also showed a proactive approach to communication, through the joint work with Swansea University. Improvements are required with regard to discharge summary completeness in order to ensure effective communication with Primary Care.

The former unit has a self-assessment score of 3, however evidence of a systematic approach to the delivery of effective care, including how learning from mortality reviews, audit and research are shared is required to maintain or improve this position in future submissions.

Mental Health & Learning Disabilities

The group provided a range of evidence in relation to effective care, including proactive and reactive work to meet patients' needs. Evidence and structures, standards and audits of compliance was submitted which showed well developed plans and processes. Future submissions would be strengthened by more examples of recent evidence being included, and the group has a self-assessment score of 4.

Community & Primary Care

Services have responded to the Pandemic in a reactive and supportive way, undergoing training to support other areas where needed, quality impact assessing which services could be stood down, prioritising patients requiring ongoing assessment and care provision, quality assessing the reactivation of services, and providing services in a different way whilst meeting patient clinical needs.

The submission demonstrates a range of activities to support Effective Care across disciplines and have a self-assessment score of 3. Further improvement in Information Governance compliance, along with further detail on PROMS within services would help to raise future self-assessments to the next level.

Lead Executive Overview

This year's self-assessment includes positive reference to activities to support the delivery of effective care during an unprecedented period of emergency response.

Inspections undertaken by Health Inspectorate Wales have been broadly positive and there have been examples of a turnaround position in comparison with previous inspections (Neath Port Talbot Minor Injuries Unit).

Information Governance assurance is clearly embedded in the work of the Delivery Groups and there is a consistent approach to reporting, investigating and learning from breaches.

Whilst there is evidence of progress against this standard across the service groups, the impact of the response to the Pandemic is also recognised. In view of these factors, this year's score is unchanged from the previous year.

Lead Executive Sign Off

A handwritten signature in black ink, appearing to read 'Richard Evans', with a horizontal line drawn underneath the name.

**Dr Richard Evans
Executive Medical Director**

Date of review: 14 April 2021

DRAFT



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Health and Care Standards Year End Self - Assessment 2020 - 2021

Dignified Care

| Singleton | | Morrison | | NPTH | | MH & LD | | PC & C | | Aggregate Score | |
|-----------------|---------|----------|---------|---------|---------|---------|---------|---------|---------|-----------------|---------|
| 19 - 20 | 20 - 21 | 19 - 20 | 20 - 21 | 19 - 20 | 20 - 21 | 19 - 20 | 20 - 21 | 19 - 20 | 20 - 21 | 19 - 20 | 20 - 21 |
| 3 | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 3 | 3 | 3.6 | 3.6 |
| Executive Score | | | | | | | | | | | |
| | | | | | | | | | | Final Score | |

Service Delivery Unit Comments

Singleton

There was very positive feedback received from HIW tier 1 inspection conducted in January 2021 for Ward 12, Oncology.

Restrictions on hospital visiting during COVID-19 affected overall communications, which included patient's communications with their families and staff communications with patient's relatives. Different ways of communications were established which included the use of donated IT tablets and staff shielding became communication links between wards and relatives.

The former Delivery Unit considers there is sufficient evidence in order to self-assess an improved rating from previous year (2019-2020 rating 3).

Morrison

Whilst Morrison has had to adapt its existing plans with regards to the processes and management of dignified care in line with NHS Wales national guidance there is confidence that they were and are sufficiently robust to maintain and improve in certain areas.

Key Support Evidence:

- Site based visiting protocol in place – in line with National Guidance
- ITU and End of Life visiting protocol in place and operational
- Active multi-faith and spiritual support services in place and active
- Digital communication devices in all ward areas
- Active adoption of digital communication/consultation systems
- Extended PALS resource
- Ongoing improvement of records and Information Governance incidents
- Positive maintenance of mandatory training requirements

Neath Port Talbot

The former unit has had to revise its ways of working to ensure the delivery of dignified care during the emergency response.

At service and ward level this has been achieved through practices such as the donated clothing and laundry swap services to help promote patient dignity and sense of self through wearing their own clothes. We have also proactively sought the views of patients and their families and set up a joint-HB/CHC working group to look at new methods of gathering feedback during the Pandemic, so that patient voices could continue to be heard. Use of digital platforms to provide information on rights and services has been expanded during the pandemic and projects such as the QR information pods have helped with this.

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 Craig process. Ombudsman training was well attended.

The 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.

The funding for the patients' feedback project and other innovative schemes to gain insight into patients' experience have been implemented that now allow full and detailed feedback from patients.

Community & Primary Care

The Group has worked to maintain the delivery of Dignified Care and to plan for its provision in the context of the field hospitals. Whilst standards have been maintained during the year, the emergency response to the Pandemic has limited our ability to progress work in this area, however we continue with our improvement work with an aim of increasing our self-assessment score in future years.

Scrutiny Feedback

Singleton

The Enhanced Supervision Policy has been fully implemented across applicable ward and is monitored through audit.

Within Children's Services preferred language is identified and Welsh speaking staff are identifiable, this is monitored through audit of admission documentation.

The PALS service has continued to support the unit throughout the Pandemic, offering support with patient property and relaying messages to patients from family members. Within Childrens Services age-appropriate questionnaires are used to engage with patients and there is a dedicated Patient Experience Nurse in post.

The Unit acknowledges that the limited cubicle capacity on children's wards means that rest and sleep can be challenging due to noise. End of life care for children and young people is supported through revised guidelines for care and staff education. A Children's Charter is embedded within Childrens' Services and Bay Youth support through conducting 15 Step reviews of services and offering support

with consultation on services. Medical and nursing teams proactively support children and their families through providing opportunities to discuss their care.

Every new patient within the Lymphoedema Service receives leaflets and access to self-help films and the provision of this service is monitored through quarterly reports on the number of films accessed and packs issued. Information packs are given to Haematology patients, who also receive a disease management plan.

100% of pregnant women receive Birth Place Study information during their pregnancy and a link to Bump, Baby and Beyond information packs.

The Unit has provided a range of information in relation to the provision of dignified care within specialities. There is limited information from medical wards and little information on how the Welsh Language Standards in relation to dignified care are being taken forward. In February 2021 90.1% of staff had been trained in the Social Services and Wellbeing Act Wales, 61.5% of nursing staff had been trained in MCA/DOLS.

The Unit has a self-assessment of 4 in relation to this theme.

Morriston

The Group has noted that work to progress the Welsh Language Standards was suspended during the Covid-19 Pandemic and therefore no progress has been made in this area. Patient stores are actively used for learning within the group. The Group has noted a risk in relation to assessment of patients with capacity in unscheduled care settings and how this impacts on their ability to obtain valid consent and assess in line with the MCA. In February 2021 51.8% of nursing staff were trained in MCA/ DOLS and 83.8% of staff were trained in the Social Services and Wellbeing Being Act Wales.

The Group has referenced the impact that restrictions on patient footfall has had on their ability to provide access to information and advice, and the proactive approach taken by the PALS service, which has remained active throughout this time, adapting the services they offer to meet patients' needs.

Spiritual and pastoral care has been supported in the group through the work of the multi-faith chaplaincy team, which has received national press attention for its positive impact. The Group has also led on the provision of compassionate care through supporting in the development of the Care After Death Centre, which incorporate spiritual, emotional and practical support for bereaved families.

Given the evidence provided, the self-assessment score of 4 is agreed.

Neath Port Talbot

The former unit has referenced the impact that the Covid-19 Pandemic has had on the provision of information to patients and families. An example of how services have adapted to provide information on support and self-care was the Therapy Post-Covid Information Pack which provides information for patients on how to manage their symptoms and how to access support. QR digital information pods also provide information to patients on their conditions and support services within the MIU, Physiotherapy and Rheumatology Services.

The PALS services has continued to support patients and families throughout the Pandemic and has also revised its services to provide a laundry collection/ drop off service in order to promote dignity through patients being able to wear their own clothes. The Chaplaincy Service is also mentioned in this

assessment, where they provide support with laundry collection services in order to provide ad-hoc support to families and loved ones.

During the year, the Unit has been involved in the Care After Death Centre work and a Bereavement Office was set up on-site during the First Wave of the Pandemic in order to provide holistic support to patients' families.

Services have up to date lists of Welsh speakers displayed for patients and staff and the profile of the Welsh Language Standards has been raised through a team brief and an internally facilitated training event for nursing students.

The Unit has described how it has adapted working practices to support the delivery of dignified care during the past year, including undertaking new roles and new ways of working. The Unit has also reported that no concerns have been received in relation to privacy or consent during the period.

Awareness of the importance of language in providing compassionate person-centred care has been promoted throughout the year. Training compliance for the Social Services and Wellbeing Act Wales was 90.7% in February 2021. The former unit has provided a self-assessment score of 4.

Mental Health & Learning Disabilities

15 Step walkabouts are used to triangulate information the nursing metrics in relation to factors including comfort, privacy and support to be independent, these were suspended during the Pandemic but were reported as being about to recommence.

The Group has also been involved in the work of the Care After Death Centre and psychological support is offered to bereaved families. In Autumn 2020 an End of Life audit was undertaken within the Group which found that care was compassionate, patient-centred and that staff afforded patients dignity in dying.

An externally funded patient experience feedback project is underway within the group, where patients' views have been proactively sought across all specialities. An interim report from this services was included which outlined an action plan to ensure engagement, recognition and sharing good practice.

A Legislative Operational Group ensures that people's rights are respected. 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. Ombudsman training was well attended.

The 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.

The Group has described several examples of good practice in the provision of dignified care, which include partnership working with other organisations. There are clear actions and reporting mechanisms in place for each of the areas within the theme and clear report.

Compliance with Social Services and Wellbeing Act Wales training was 91.7% in February 2021 and nursing staff training compliance for MCA/ DOLs was 73.54%.

The Service Group has provided a self-assessment score of 4.

Community & Primary Care

Examples of patient feedback from different services is included, including a report on the experience of people using Health Visiting services. Positive feedback from Sexual Health services is also included within the evidence. The Group has reported that the Covid-19 Pandemic has had a significant impact on the rates of patient experience gathered.

Dignity and privacy is upheld within inpatient settings through curtain screens, these were also available within the Bay Field Hospital. The most recent Fundamentals of Care audit for Gorseinon was included to demonstrate how dignified care is provided in this setting.

Evidence of meeting the needs of Welsh speakers within the Occupational Therapy Service was provided.

The Group described how the Unified assessment process is used to plan care in partnership with patients and an example of co-productive work in the prevention of pressure damage was included.

The Group has noted that the Pandemic has hampered some of its progress in this area. 100% of nursing staff were trained in MAC/ DOLS in February 2021 and 94.2% of staff trained in the Social Services and Wellbeing Act Wales. Given the limitations in assurance systems, which have occurred as a result of the Covid-19 Pandemic, the self-assessment score of 3 is considered to be appropriate.

Lead Executive Overview

Lead Executive Sign Off

Christine Williams
Interim Director of Nursing and Patient Experience

Date of review



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Health and Care Standards Year End Self - Assessment 2020 - 2021

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Timely Care

| Singleton | | Morriston | | NPTH | | MH & LD | | PC & C | | Aggregate Score | |
|-----------|---------|-----------|---------|---------|---------|---------|---------|---------|---------|-----------------|---------|
| 19 - 20 | 20 - 21 | 19 - 20 | 20 - 21 | 19 - 20 | 20 - 21 | 19 - 20 | 20 - 21 | 19 - 20 | 20 - 21 | 19 - 20 | 20 - 21 |
| 3 | 3 | 3 | 2 | 3 | 3 | 4 | 3 | 3 | 3 | 3.2 | 2.8 |
| | | | | | | | | | | Final Score | |

Service Delivery Unit Comments

Singleton

Challenges and risks directly related to the COVID-19 pandemic and unscheduled care has influenced the former Delivery Unit's ability to respond to and carry out planned care. The risks in achieving approved local and national targets were escalated by the Unit routinely to Executive Gold command as part of the Health Board COVID-19 response.

Challenges within Ophthalmology continue within the service group. The former Unit's self-assessment for this year remains the same as the previous year.

This self-assessment scoring has considered the rating in recognition that a significant amount of appointments, treatment and routine operations have been delayed due to the Units response to the COVID-19 pandemic. The former Unit concluded the score was correct as the pandemic was beyond the control of the Unit, and the delays were incurred due to the former Unit's compliance with Welsh Government and Public Health Wales' rules and guidance. The former Unit responded appropriately during the times the restrictions were tightened and relaxed.

Morriston

Implementation of a post-COVID recovery plan is essential to the delivery of this standard long-term. At the time of this submission the Service Group are in a recovery phase from the 2nd Wave COVID-19. There are clear standards and expectation in terms of delivery of timely care which are key priorities however progress in delivery to date is slow.

Neath Port Talbot

Covid-19 has impacted on our routine services, many of which have been paused, remodelled and restarted during the year.

Mental Health & Learning Disabilities

There have been delays in the provision of appointments due to the COVID pandemic as well as delays in the investigation of serious incidents in 2020 an increase in resources has enabled a plan for improved performance

Community & Primary Care

Covid-19 affected our services many of which were paused, re-modelled and reactivated. This has affected our ability to see meet the local target for some therapies, whilst Occupational Therapy and Physiotherapy achieved the local target. Restorative Dental and Chronic Pain services are not meeting the national standards. We are working on ways to improve this alongside the vaccination programme.

Scrutiny Feedback

Singleton

Radiotherapy waiting times within the unit have not met national targets. Referral to treatment times to specialities achieved 48.1% compliance with the 26-week target. Evidence has been provided of how specialities are working to reduce waiting times, including a Covid Recovery Plan in Radiotherapy and scrutiny of waiting lists within Lymphoedema. Within Children's Services waiting times for outpatient and surgical appointments are monitored regularly.

The former unit has self-assessed their score as being 3, given the challenges in achieving waiting times.

Morrison

The group has reduced its self-assessment score in comparison to previous years to reflect the impact of the Covid-19 Pandemic on its services. During 2019/2020 the focus of unschooled care shifted from the Emergency Department to the delivery of ITU Capacity to support COVID-19 response. Additional resource was commissioned and created at Morrison through the re-purposing of the Main Entrance Atrium (creating 24 ITU beds) and the Main Outpatient Department (creating 41 ITU Beds), as would be anticipated, this shift in priority has had a negative impact on core services.

Waiting times are below national targets in Accident and Emergency (who saw 61% of patients within 4 hours in February 2021). Ambulance handover times of over one hours within the accident and Emergency Department have reduced from 664 in February 2020 to 215 in February 2021.

Performance against national targets for stroke care have deteriorated and targets not met. With one exception, Single Cancer Pathway work for all cancers have not been met in February 2021. Referral to treatment times have not been met, with three exceptions. The number of patients waiting over 52 weeks has increased and diagnostic targets have not been met.

Neath Port Talbot

The provision of timely care within the unit has been affected by the Covid-19 Pandemic as services have paused and restarted. This has had a particular impact on Wales Fertility Institute, who paused their services in their entirety while staff were deployed to other areas, and on many outpatient clinics.

Waiting times within the Minor Injuries Unit consistently exceeded the target of 95% of patients being seen within 4 hours. Referral to treatment times across the unit were 89.3% for February 2021. Delayed follow up not booked numbers have increased since February 2020 across all specialities.

The former unit has described how it has worked co-productively to ensure that the public make best use of services in order to avoid inappropriate use of services. In view of this and the consistent unscheduled care performance within the unit the former unit has self-assessed as a score of 3.

Mental Health and Learning Disabilities

The group have achieved national targets in relation to timely care across most specialties and have action plans in place to address areas of underperformance. The Service Group has self-assessed as a score of 3.

Primacy Care and Community

Referral to treatment times and waiting list numbers within some services have been negatively impacted by the Covid-19 Pandemic, including Pain Management, Restorative Dentistry, Audiology and Speech and Language Therapy. Increased waiting times within Podiatry in June- August 2020 have been reduced and the service saw 97.8% of patients within 14 weeks in February 2021, in comparison with 9.9% in June 2020. The Nutrition and Dietetic Service saw 77.9% of all referrals within 14 weeks in February 2021 and Occupational Therapy and Physiotherapy saw 100% of their referrals within the 14-week target.

Access to GP practices during core hours, or within 1 hour of core hours has consistently been 97%, surpassing the national target of 95%. The number of patients re-attending a dentist at 6-9 months has reduced significantly due to the changes in services during the Pandemic.

Regional guidance on respiratory pathways for patients whose care crosses health board boundaries, has been developed by the Macmillan GP Cancer Lead.

The Consultant Connect system, which was launched in April 2020 is used within the group to support GPs in discussing individual cases with Secondary Care consultants in a timely way. Evidence of this system being used across practices and clusters was provided

The group have described the impact that the Pandemic has had on timely access to their services. This position is improving within services as they restart. The group has given assurance that there are plans in place to recover these positions within the services affected and there is evidence of waiting times already reducing in some areas. Given the impact on timely access in the past 12 months, the group has a self-assessment score of 3.

Lead Executive Overview

Lead Executive Sign Off

Christine Williams
Interim Director of Nursing and Patient Experience

Date of review



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Health and Care Standards Year End

Self - Assessment 2020 – 2021

Individual Care

| Singleton | | Morriston | | NPTH | | MH & LD | | PC & C | | Aggregate Score | |
|-----------------|--------|-----------|--------|---------|--------|---------|--------|---------|--------|-----------------|--------|
| 19 - 20 | 20- 21 | 19 -20 | 20- 21 | 19 - 20 | 20- 21 | 19 - 20 | 20- 21 | 19 - 20 | 20- 21 | 19 – 20 | 20- 21 |
| 3 | 4 | 4 | 4 | 4 | 3 | 4 | 4 | 3 | 3 | 3.6 | 3.6 |
| Executive Score | | | | | | | | | | | |
| | | | | | | | | | | Final Score | |

Service Delivery Unit Comments

Singleton

In Haematology, the rolling out of Patient Knows Best implementation for chronic diseases has been successful.

Challenges to improving the management of complaints to achieve and sustain performance above 80% response within the 30-day target continues.

HIW undertook a Tier 1 inspection in January 2021 on Ward 12, Oncology there was a lot of positive feedback from the inspection in terms of how the service was managed during COVID-19 and there were no immediate actions. In February 2021, HIW accepted to action plan for areas of improvement.

The former Unit successfully managed and responded to the needs of individuals care delivery during COVID-19 pandemic. This was supported by staff of many disciplines responsiveness to being redeployed to other areas to deal with the added pressures in patients care and treatments the pandemic brought.

Significant work has been undertaken around patient stories, working with bereavement services and learning from staff, patients and families' experiences during the pandemic.

Morriston

It is acknowledged that in response to COVID-19 existing process needed to be adapted and modified in order to respond to the unique challenges which developed throughout 2020.

Recognition of ongoing work with patients and support services to promote and support community based models for patients in order to prevent prolonged stays in secondary care.

Mechanisms in place within the Group to ensure that lessons are learnt and shared within the Group and across the Health Board.

Evidence to Support this position:

- In excess of 20,000 patient contacts in support of patient property exchange during restrictions to visiting
- Accelerated use of digital opportunities to ensure patient care and individualised care planning
- Maintenance of 30day response times to formal complaints throughout 2020
- Increased involvement of chaplaincy services to support patients – particularly important in delivery the cultural needs to both Muslim and Catholic patients
- Appointment of senior lead for the development of bereavement services within the Health Board
- Positive feedback from the independent review process for formal complaints – CRAG
- Positive progress and improvement in the management of WRP cases ensuring that learning is in place and is shared across the Health Board.

Neath Port Talbot

The score has been reduced to reflect the significant impact that the Covid-19 Pandemic has had on our ability to provide individualised care to our patients, through working with families, gathering their feedback and providing them with access to information.

Mental Health & Learning Disabilities

The provision of individual person centred care via Care and Treatment plans, Positive Behavioural Support and the Newcastle model to develop independence through individualised plans is core to mental health and learning disability services.

The understanding of meeting people's rights through the mental health act, the reduction of restrictive practices and the implementation of the Mental Capacity Act are core functions of the Delivery Unit

A range of innovative systems to support learning from feedback from patients have been implemented in 2020-21 as documented above.

Primary Care & Community

Due to covid-19 restrictions we have not been able to progress to a 4. The challenges around no visiting, and the reduced numbers of feedback and the pausing/reactivating of services has affected our progress.

Scrutiny Feedback

Morriston

The overall self-assessed score for the Service Group remains at level 4.

Throughout the COVID-19 pandemic, the Service Group has continued to actively seek patient experience feedback.

On a monthly basis a Patient Story is shared at the beginning of Group Q&S meetings, to actively learn/improve in relation to individual care.

Additionally, the Service Group's complaints responses have remained over 85%.

Singleton

The former Unit have achieved last year's targets of improving concerns management timeframes, which has also had a positive outcome on identifying areas of improvement across the year.

The former Unit has also responded well to the needs of individuals care during the COVID-19 pandemic.

The local PALS team have also received training to undertake patient stories, which they utilise as a way of learning/improving individual care.

The former unit has provided a self-assessment score of 4.

Neath Port Talbot

During the year the former Unit has seen a significant drop in the number of Friends and Families returns, however these remain at 88% positive. The Unit has proactively sought to increase the number and range of feedback received during this period.

Mental Health & Learning Disabilities

The overall self-assessed score for the Service Group remains at level 4. Individual care is paramount to this area, which evidenced throughout. The Service Group are also developing a Patient Experience group to ensure learning is co-ordinated and shared.

Primary Care & Community

The Service Group have remained at level 3. Further use of any trends and themes arising from complaints/concerns will help improve the evidence base and target improvements to help increase overall score.

Lead Executive Overview

Lead Executive Sign Off

Christine Williams
Interim Director of Nursing & Patient Experience

Date of review



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

Health and Care Standards Year End Self - Assessment 2020 - 2021

Staff & Resources

| Singleton | | Morriston | | NPTH | | MH & LD | | PC & C | | Aggregate Score | |
|-----------------|---------|-----------|---------|---------|---------|---------|---------|---------|---------|-----------------|---------|
| 19 - 20 | 20 - 21 | 19 - 20 | 20 - 21 | 19 - 20 | 20 - 21 | 19 - 20 | 20 - 21 | 19 - 20 | 20 - 21 | 19 - 20 | 20 - 21 |
| 3 | 4 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| Executive Score | | | | | | | | | | | |
| 3 | | 3 | | 3 | | 3 | | 3 | | Final Score | 3 |

Service Delivery Unit Comments

Singleton

Clinical Support Services successfully recruited an Accelerator Engineer to provide extended day cover during the working week, routine maintenance at weekends, cover for leave etc.

Recruitment and retention of staff continues to be a significant challenge for numerous disciplines and specialities. The nursing workforce position has improved with the recruitment of Assistant Practitioner Band 4 roles and Clinical Academic Band 5 posts to support nursing staff.

The former Unit has maintained and improved on mandatory training compliance.

Significant work has been undertaken and immense effort made to support staff in various ways through the COVID-19 pandemic. This has included psychological support, refresher training and wellbeing at work advice and signposting.

The former Unit self-assessment considers there is evidence to improve the score to a 4 in 2020-2021.

Morriston

Challenges with regards to recruitment and retention continue to present risk in relation to workforce planning. Nursing staffing risk currently being reported at a risk score of 25.

Plans in relation to expanding overseas recruitment are in place.

Neath Port Talbot

The former DSU has scored itself as being at level 3 (developing plans and processes), this is the same level as the previous submission.

The Covid-19 Pandemic has meant that staff have been deployed across the unit to support with changes in demand and in patient profile. They have received support in training to undertake new roles and to refresh their skills as they returned to their substantive roles.

During the Pandemic the unit provided a programme of training and learning events for student nurses in order to enhance their experience of working within the unit. Furthermore, the unit has been actively engaged with the Volunteering Service to develop volunteer roles both during the Pandemic and beyond.

Mental Health & Learning Disabilities

The MH&LD Service Group has continued to focus on the recruitment of staff to vacancies and the management of sickness and PDR (70.33% at 28 Feb 2021). The Service Group has maintained good levels of compliance with mandatory training (overall compliance of 85.49% at 28 Feb 2021).

Work continues in supporting staff across the Service Group in relation to the COVID-19 pandemic. This has meant that previously a number of face-to-face support/interventions now take place remotely.

Community & Primary Care

The Service Group have assessed that they remain at Level 3, rather than progressing to Level 4. The Group have reported an improvement in vacancy levels compared with the previous submission. Evidence of a Group-wide approach to ensuring PADR and Mandatory training compliance was provided. PADR compliance within the Group was 77% in January 2021. Mandatory training compliance was reported as being 88.7% in Jan 2021.

Good practice was noted in terms of an induction pack for new members of staff in the Group, developed in recognition of the diverse nature of its services. Evidence was also provided of effective communication systems between operational teams and the Group leadership teams.

Scrutiny Feedback

Singleton

Clinical Support Services successfully recruited an Accelerator Engineer to provide extended day cover during the working week, routine maintenance at weekends, cover for leave etc.

Recruitment and retention of staff continues to be a significant challenge for numerous disciplines and specialities. The nursing workforce position has improved with the recruitment of Assistant Practitioner Band 4 roles and Clinical Academic Band 5 posts to support nursing staff.

The former Unit has maintained and improved on mandatory training compliance.

Significant work has been undertaken and immense effort made to support staff in various ways through the COVID-19 pandemic. This has included psychological support, refresher training and wellbeing at work advice and signposting.

The former Unit self-assessment considers there is evidence to improve the score to a 4 in 2020-2021.

Within the Unit the Covid-19 Pandemic has required significant work in terms of support staff during deployment and return to their substantive roles, well-being support and training.

There were no lapses in nursing registration and the nursing workforce is now supported through increased capacity via the recruitment of Band 4 Assistant Practitioner and Band 5 Clinical Academic posts.

Service sustainability with Laboratory Medicine is being achieved through having a workforce plan in place to promote working at top of license and workforce planning.

Extended cover within the working week, as well as support for routine maintenance at weekends has been created within Clinical Support Services through the recruitment of an Accelerator Engineer.

Midwifery staffing ratios remain compliant with Birth-rate Plus.

There are strong examples of sustainable improvement within services in the former unit, however this is not presented on a unit wide basis. It would also be helpful to understand any specific risks in relation to this standard.

PADR compliance, taken from the Performance Score Card, within the former unit in February 2021 was 63.39%, this is a reduction from 72.34% in February 2020 and is below the national target of 85%. This reduction could reasonably be attributed to the pressure within services as a result of the Covid-19 Pandemic.

Mandatory training compliance for Level 1 competencies are 84.47% this is an improvement on 82.5% compliance in February 2020, the unit should be commended for being close to achieving the national target of 85% compliance.

In month sickness for January 2021 is 6.26%, this is a deterioration on the February 2020 position of 6.11%. Vacancy levels within the unit have reduced to 143.06 in February 2021, compared to 182.98 in February 2020.

Workforce metrics show a generally improving position and the submission includes examples of good practice in relation to workforce and organisational development.

The former unit self-assessment score was 4.

Morriston

The Service Group has continued to highlight recruitment as a continuing risk and Robust Service Group governance arrangements are in place for the management of all vacancies. The Service Group also holds a bi-monthly Vacancy Panel.

The Service Group risks in relation to workforce pressures are clearly articulated within the Service Group Risk Register and as part of the Service Group monthly Risk Exception Report.

Focused work has also been completed in relation to Service Group compliance with the Nurse Staffing Levels (Wales) Act 2016, with updates being provided to the Health Board and Service Group Management Board, including within the Risk Register to reflect the risk in relation to current gaps.

This year's self-assessed score has remained at 3.

Neath Port Talbot

Whilst evidence has been provided of improvement in relation to mandatory training compliance, there has been a marked deterioration in PADR compliance. There is limited evidence of good practice with the former unit or of a strategic overview of workforce and organisational development at a leadership level.

PADR compliance within the unit has deteriorated to 51.99% in February 2021, compared to 75.29% in February 2020. Mandatory training compliance has reduced to 85.4% in February 2021, from 89.1% in February 2020. It does however, represent an achievement of the national target of 85%.

Vacancy levels have increased to 45.51 in February 2021, compared to 24.5 in February 2020.

In month sickness for January 2021 is 9.03%, compared to 5.12% in February 2020.

Future submissions would also benefit from reference to how risks in relation to workforce and organisational development are being managed and information regarding workforce planning at a strategic level within the Service Group.

Workforce metrics within the unit show a deteriorating position compared to the previous year, recognising that mandatory training compliance does achieve the national target, therefore improvement action is required in order to maintain the self-assessment score of 3 in future.

Mental Health and Learning Disabilities

Throughout the COVID-19 pandemic, the Service Group's overall PADR compliance has reduced from 78.18% (2019-2020) to 70.33% (2020-2021). However, the mandatory and statutory training compliance has remained stable at 85.49% (2020-2021) compared to 85.71% (2019-2020).

As a result of Covid-19 a number of roles have been adapted to incorporate working flexibly combining homeworking with attendance at work, which is noted as being successful in Psychology, psychotherapy and for Nurses to engage with Community patients. Part time working is also increasing within the aging Nursing and Clinical support services with retire and return applications together with supporting work life balance requests.

Psychology recruitment across services has improved significantly in the last 12 months due to introducing grow-your-own scheme and preceptorship but remains challenging. However, retention issues remain, which are linked to educational development through pay scale bandings and availability of promotion opportunities.

The Service Group's self-assessed score is 3.

Community & Primary Care

The Group have provided evidence of a strategic approach to workforce and organisational Development across services, including evidence of strong performance in relation to PADR compliance and mandatory training. There is limited reference to how individual services are implementing the Standard, however it should be recognised that Therapies for example, only moved to the Group mid-year.

The Service Group's self-assessed score is 3. Given the strength of the evidence provided by the Group in particular the evidence of leadership and accountability in relation to workforce and organisational development, achievement of Level 4 should be easily achievable if the Group maintains

these areas of good practice and achieves compliance with all areas of mandatory training in the coming year.

Lead Executive Overview

Overall, the score of 3 reflects a fair self-assessment of the Health Board's position for 2020-21.

Due to the overall effects of COVID-19, progress has not been made to the level that was previously anticipated. However, despite this major healthcare challenge, individually the Service Groups have each made positive progress in different areas, and identified areas for future improvement.

Service Groups continue to be supported by the Health Boards strategic WF&OD Framework, which enables 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' continue to be major drivers for improvement and will continue to play a crucial role going forward into 2021-22.

As a result of the Covid-19 pandemic, this year has seen an unprecedented roll-out of technological solutions to support staff. This has included a number of roles being adapted to incorporate working flexibly, combining homeworking with attendance at work, which has been very successful in a number of areas across the Health Board. Additionally, part time working is also increasing within the aging Nursing and Clinical support services, with retire and return applications together with supporting work life balance requests.

Finally, the WF&OD strategic plan will continue to assist Service Groups identify individual actions, which will help Service Groups improve their future Health & Care Standard's scores. The framework continues to support strategic improvement, particularly around staff experience, workforce equality, leadership, career development, recruitment, and compliance with statutory and mandatory training.

Lead Executive Sign Off

Reviewed & Awaiting Signature

Kathryn Jones
Director of Workforce and Organisational Development

Date of review