

**ANNUAL SELF ASSESSMENT
HEALTH AND CARE STANDARDS**

<p align="center">S Situation</p>	<p>Standard: 5.1 Timely Access <i>“All aspects of care are provided in a timely way ensuring that people are treated and cared for in the right way, at the right time, in the right place and with the right staff”</i></p>
<p align="center">B Background</p>	<p>Each of the Clinical Boards has completed a self-assessment of their compliance with the timely access standard:</p> <p>C&W – Meeting the standard (significant progress made in 17/18 but <i>“Getting there”</i> may be a more appropriate assessment given some RTT breaches in Gynaecology and the variable Paediatric PMHSS performance) CD&T – Getting there Dental – Getting there Medicine – Getting there Mental Health – Meeting the standard PCIC - Meeting the standard Specialist - Meeting the standard (significant progress made in Neurosurgery in 17/18 but <i>“Getting there”</i> may be a more appropriate assessment given RTT 36-week breaches remain) Surgery – Meeting the standard (significant progress made again in 17/18 but <i>“Getting there”</i> may be a more appropriate assessment given RTT 36-week breaches remain and GI cancer performance)</p>
<p align="center">A Assessment</p>	<p>Clinical Board submissions had varying levels of evidence to support their self-assessed compliance levels. All Clinical Boards are able to point to numerous examples of actions taken to improved compliance with the standard and it is evident that delivering improvements in this area are a central part of each Clinical Board’s business and high on the agenda.</p> <p>In general the evidence supplied was focused on performance measures and service redesign initiatives. In most cases Clinical Boards are able to demonstrate meaningful improvements for their key performance metrics (relating to timely access) and this builds upon improvements in 2016/17 providing some assurance that this can be sustained and continuous improvement maintained. However, whilst it is an improving picture,</p>

	<p>most of the national access standards are not yet being routinely met.</p> <p>There are fewer examples of Clinical Boards auditing their compliance with pathways and monitoring aspects of timeliness outside of the tier 1 national targets.</p>
<p>R Recommendation</p>	<p>The breadth of the standard means it is not possible to provide assurance on all aspects however it is clear there is demonstrable improvement in most areas.</p> <p>Continued progress should be made through 2018/19 to further improve timely access and minimise the risks to patients associated with unnecessary delays in care. In particular the Clinical Boards will need to pursue service efficiency and redesign initiatives aligned to the UHB's strategy, Shaping Our Future Wellbeing.</p>