Health and Care Standards

Measurement for Improvement

Health & Care Standards

Annual Audit Report

Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg University Health Board

2018

Contents

Contents

Annual Report

Part 1

1.1 Executive Summary

Abertawe Bro Morgannwg University Health Board (ABMU Health Board) Quality Strategy (2015-2018) is defining excellence, identifying whether we are delivering excellence and always trying to improve the quality of what we do to embrace our values of 'caring for each other, working together and always improving'.

NHS Wales published the new **Health and Care Standards** in April 2015, following the Ministerial review of the 26 standards for Health Services in Wales (Doing Well Doing Better) and the 12 Fundamentals of Care Standards.

This year, Abertawe Bro Morgannwg University Health Board has undertaken the Operational element of the audit and has encouraged the uptake of the Friends and Family and All Wales Patient Experience audits. The report will present the findings, emergent themes to inform the actions for improvements.

Feedback from patients confirms the high standards of care provided across the Health Board with an overall patient satisfaction rate of 94%.

The operational audit findings have confirmed an **overall Health Board score of 91% for 2017** which is slightly higher than 2016 where the compliance was 90%.

A number of key areas for improvement include the following;

Standard 1.1 Health Promotion, Protection and Improvement

- Compliance around providing information in relation to smoking cessation
- Compliance around a plan of care where there is a problem with alcohol intake
- Compliance around a plan of care where there is a problem with illicit drug use

Standard 2.1 Managing Risk and Promoting Safety

- In Maternity and Neonatal units, the compliance around Security doors and cameras being free from obstruction

Standard 2.2 Preventing Pressure and Tissue Damage

- Compliance around care plan for babies skin integrity

Standard 2.3 Falls Prevention

- Compliance around care planning the risk of falls

Standard 2.4 Infection Prevention and Control and Decontamination

- Compliance around undertaking WHO hand washing audits in general wards.

Standard 2.5 Nutrition & Hydration

- Compliance around providing at least 7 beverages in 24 hours for patients.
- Compliance around changing of water jugs 3 times a day (Improvement from previous year)
- Compliance around a registered nurse co-ordinating every meal time

Standard 2.7 Safeguarding Children and Adults at Risk

- Compliance with POVA training for adults, particularly in Morriston Hospital (Dyfed Ward)

Standard 3.1 Safe and Clinically Effective Care

- Evidence that best interest decisions have been documented

Standard 3.1 Safe and Clinically Effective Care

- Compliance around assessing carers needs
- Evidence that a parents needs have been considered
- Compliance around Carers needs assessment
- Within midwifery informing women of the role of the supervisor

Standard 3.5 Record Keeping

- Food and fluid charts to be signed by a registered nurse
- Evidence that patients have a care plan in relation to a swallowing problem

Standard 4.1 Dignified Care

- Documentation around spiritual needs
- Compliance around single sex accommodation & single sex toilet and washing facilities (Improvement from previous year)
- Quiet room for patient's to spend time with their visitors

- Sleep issues identified (Improvement from previous year)
- Foot & nail care (Improvement from previous year)
- Care planning in relation to oral health & hygiene

Standard 4.2 Patient Information

- Compliance around consent to sharing information (Improvement from previous year)

Standard 6.1 Planning Care to Promote Independence

- Compliance in relation to evidence of a care plan for patients with cognitive impairment
- Compliance in relation to evidence of an assessment for learning disabilities, up to date Learning Disabilities passports and use of the Learning Disabilities bundle
- Compliance with written evidence that the family/carer has been involved in discharge planning

Standard 6.3 Planning Care to Promote Independence

- Evidence that clinical areas allow parents to be involved in the planning and development of service improvements

Key Improvements include;

Standard 2.1 Managing Risk & Promoting Health & Safety

- Improved compliance where women are receiving the Bump Baby and Beyond Book
- Improved evidence of the team brief and de brief being undertaken

Standard 2.5 Nutrition & Hydration

- Improved availability of snacks available for patients who have missed a meal or who are hungry between meals
-

Standard 3.1 Safe and Clinically Effective Care

- Improved documented evidence that where a patients liberty has been restricted, a Deprivation of Liberty Safeguard application was made
- Improved documented evidence that an assessment of the carer's needs has been considered

Standard 3.5 Record Keeping

- Improved compliance with patient's demographic details clearly recorded on all patient documentation
- Improved documented evidence that each plan of care has been assessed and discussed with the patient or advocate
- Improved compliance with a plan of care following all episodes of care throughout the pregnancy and postnatal period
- Improved evidence that the patient's preferred language is clearly indicated in the nursing documents

Standard 4.1 Dignified Care

- Improved compliance where staff are aware of how to access Welsh speaking staff
- Improved compliance where the patient's demographic details clearly recorded (and where required, has a photograph) on all the patient's documentation
- Improved evidence that each plan of care has been assessed and discussed with the patient or advocate
- Improved evidence of a clear plan of care following all episodes of care throughout the pregnancy and postnatal period
- Improved evidence that the patient's preferred language clearly indicated in the nursing documents
- Improved evidence that where the baby has had an identified problem with comfort there is an up to date plan of care, which is being implemented and evaluated and has been reviewed within the last 24 hrs

Standard 4.2 Patient Information

- Improved compliance with informing parents that information regarding their baby may be shared with other professionals to ensure appropriate care

Standard 6.1 Planning Care to Promote Independence

- Improved evidence that all patients have written evidence of a discharge assessment and plan
- Improved evidence that the mother is shown parent craft skills prior to going home

Standard 7.1 Workforce

- Improved compliance with all clinical staff wearing staff identification badges?

Thank you to all patients and staff involved with the 2017 Health and Care Standards electronic audit and for giving assurance of where we are providing excellent standards, and for identifying where we need to focus our continuous quality improvement during 2018.

Professor Angela Hopkins

Interim Director of Nursing & Patient Experience

Part 1

The All Wales Health and Care Monitoring System (HCMS) (formerly the Fundamentals of Care System) complies with the requirements set out in Safe Care, Compassionate Care (A National Governance Framework to enable high quality care in NHS Wales 2013) and with the NHS Wales National Clinical Audit and Outcome Review Plan (2013/14). The findings from the Francis Enquiry (2013) and the Trusted to Care report (2014) emphasise the importance of organisations focusing on quality through measuring patient outcomes, as well as improving efficiencies and resource management.

Introduction

The Health and Care Standards were published on 1st April 2015.

The Health and Care Standards are the core standards for the NHS in Wales and bring together and update the expectations previously set out in "*Doing Well Doing Better Standards for Health Services in Wales",* and the *"Fundamentals of Care"* in conformity with the Health and Social Care (Community Health and Standards) Act 2003.

The twenty-two Health and Care standards were designed to fit with the seven quality themes identified in the NHS Outcomes and Delivery Framework which were developed through engagement with the public, patients, clinicians and stakeholders. Each theme includes a number of standards which have been mapped against the NHS Outcomes and Delivery Framework measures, and measures relating to the fundamental aspects of care and specific areas that comply with legislation and guidance.

The Health and Care Standards provide the framework for how services are organised, managed and delivered on a day-to-day basis. They establish a basis for improving the quality and safety of healthcare services by providing a framework which can be used in identifying strengths and highlighting areas for quality improvement.

The annual audit for 2017 will be measured for improvement against the twenty-two Health and Care standards. This provides a mechanism which:

Enables patients/carers to:

- Share their views and experiences on what we do well and where we need to improve, which will be used to help improve the services we provide
- Have a voice in the quality of the care they receive

Empowers staff to:

- Make a difference and ensure ownership of their practice
- Identify areas of good practice and highlight issues for concern
- Develop action plans to monitor change

Enables organisations to:

- Have a mechanism to monitor/measure the quality of care
- Develop organisational policies and procedures
- Identify key themes for improvement
- Adopt a culture of openness and transparency with the quality standards

The results of the Audit provide an opportunity for staff, and the Health Board to reflect on:

- What are we doing well?
- What do we need to improve?
- How can we improve the experience of our patients and staff?

Undertaking the Health & Care Standards Audit 2017

The time scales for staff to complete the Audit was 1st October – 30th November 2017. The Audit recommended a sample size of 15 patients for the 2017 audit per ward/department/team in relation to the user perspective, which was the same as previous audits. No Staff survey was

undertaken this year as there are plans to undertake a staff survey in 2018 across the Health Board. All inpatient units including those in Mental Health and Learning Disabilities were included in the audit together with a small pilot sample of Primary Care teams who also completed the audits in a small number of areas in 2015.

Interpreting the Results

The results from the Health and Care Standards Audit is only one method by which we monitor the quality delivered and therefore only part of the wider picture. The results need to be triangulated with other user experience, performance and outcome measures to help the organisation understand if it is doing the right things well and providing care which is dignified, safe and effective to meet the needs of individuals.

Part 2

2. 1 Assessment

Calculation Method Used

Below is a table which shows the criteria for the Red, Amber, Green scoring.

RAG Key	
RED	50% or less
AMBER	51 to 84%
GREEN	85% and over

Overall Summary

The changes made in 2014 made it possible to look at the audit data aligned to the new Health and Care Themes and Standards. It is important to note however that further changes have been made to the audit tool questions following feedback from the 2016 audit. This year the findings include 2015, 2016 and 2017 data.

The findings from the 2017 Annual Health and Care Standards Operational audits, and User (Patient) surveys for ABMU Health Board are now presented. This is a different approach to previous years when the Patient Surveys embedded in the Health and Care Standards framework have been used. The 2017 audit used the existing Friends and Family Surveys alongside the All Wales Patient Surveys and, where possible, ward staff were encouraged to increase the uptake of these surveys. Work is ongoing to align the All Wales Survey with the questions within the Health and Care Standards audits to improve consistency and reduce duplication.

The Community audit was completed in a limited number of areas this year following a number of changes to make the Primary Care audit set more applicable to the client group. No Staff survey was undertaken this year as there are plans to undertake a staff survey in 2018 across the Health Board.

2.2 User (patient) Experience

Understanding the experiences of patients, their relatives and carers is a key priority for the Health Board. The Health Board developed a Quality Strategy which provides a clear direction to everyone who works for, or on behalf of ABMU Health Board and demonstrates the importance we

place on quality and the experience of our patients. The Health Boards Strategic aims are the following;

- Healthier Communities
- Excellent Patient Outcomes and Experiences
- Sustainable and Accessible Services
- A fully engaged and skilled workforce
- Strong partnership
- Effective governance

The Health and Care Standards annual audit is only one method by which we can monitor the standard of care provided and better understand the patient experience.

Patient experience surveys are undertaken across ABMU Health Board on a regular basis however during the audit period October 1st until November 30th 2017 a decision was made by the Health Board Nursing and Midwifery Board to encourage an increase in the use of the Friends and Family surveys and the All Wales Patient Questionnaire rather than use the Heath and Care Standards patient surveys.

All Wales Survey

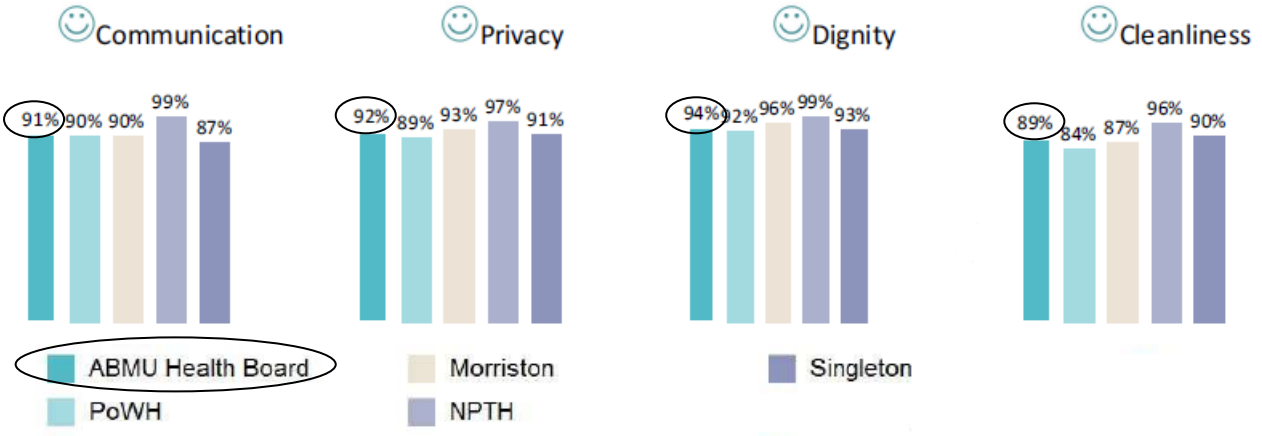
The All Wales Survey was developed by the National Service User Experience (NSUE) Group to be used across all care settings, to ensure a consistent approach to determining service user experience across Wales. All NHS organisations are expected to use the core questions to complement their patient feedback methods, based on the Framework for Assuring Service User Experience four quadrant approach. It is mandated that information gained from the questions and resulting service improvements should be included in patient experience reports to Boards and the Annual Quality Statement.

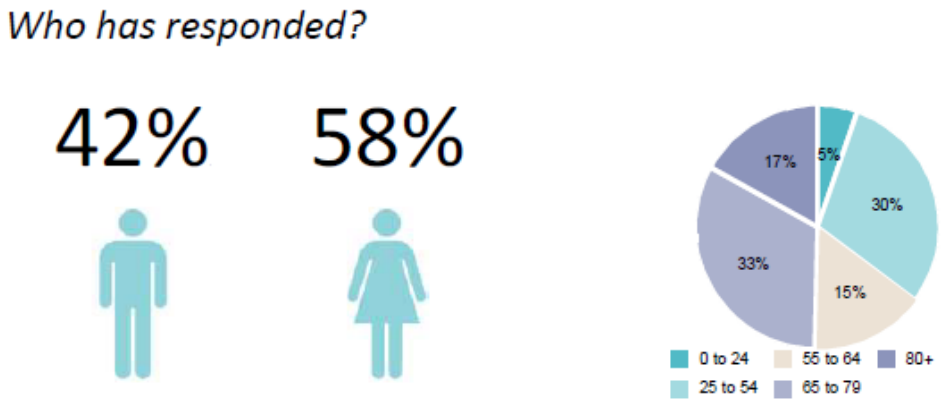
The results of the combined figures for October and November 2017 for the All Wales Patient Survey are displayed in the table below:

Summary: All ABMU	Number of respondents	Number 'positive'	Score
Communication	438	397	91%
Cleanliness	706	629	89%
Dignity	681	642	94%
Privacy	693	639	92%
Overall satisfaction	702	585	83%

The overall satisfaction score for this period was **83%.**

The survey measures elements of the care delivered but it should be recognised that this is not as comprehensive as the Health and Care Standards Patient Surveys, the results are displayed in the table below. The first column in bright blue is the overall Health Board score which can be seen as scoring **91%** for Communication, **92%** for Privacy, **94%** for Dignity and **89%** for Cleanliness.



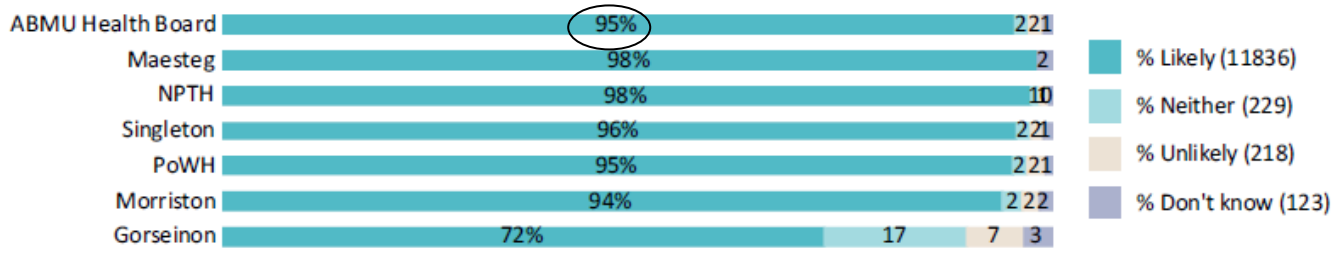


Friends and Family Test Feedback

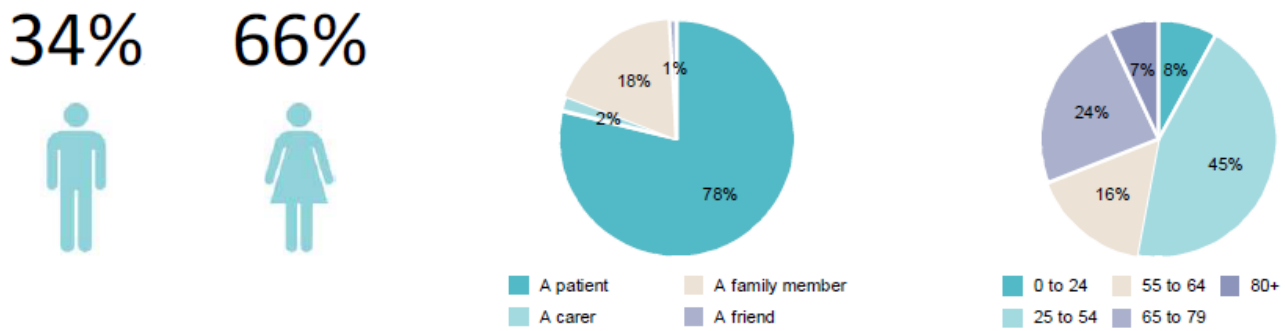
The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether their patients are happy with the service provided, or where improvements are needed. It is a quick and anonymous way to give your views after receiving care or treatment across the NHS. Since its launch in 2013, more than 25 million pieces of patient feedback have been submitted. The FFT has been rolled out across most NHS services, including community care, hospitals, mental health services, maternity services, GP and dental practices and emergency care.

The combined results for all user experience survey questions demonstrates that the patients surveyed were satisfied with the standards of care that they received across ABMU Health Board.

When specifically asked to rate their overall satisfaction with the care provided to them and their families they gave the organisation a **rating of 95%** as highlighted below. The survey also demonstrates that we often do not get it right and the feedback obtained is essential to improve practice. The graph below shows the overall score and each Service Delivery Unit will look at their own specific areas for improvement.



Who has responded?



2.3 Operational Questions

The 2017 National Health Care Standards Audit results for the 203 areas audited across ABMU Health Board demonstrate that for the operational questions for the 22 standards the organisation achieved 91% which is slightly higher than 2016 where the compliance was 90% but lower than 92% in 2015. The audit was undertaken as a peer review process.

The next pages contain table 3 which indicates scoring against the standard sets. Areas of the scoring table in white indicate where there were no previous questions in that section.

Table 3

Operational Audit Overall Theme Summary		2015 RAG %	2016 RAG %	2017 RAG %
Staying Healthy				
1.1	Health Promotion, Protection and Improvement	100%	88%	89%
Safe Care				
2.1	Managing Risk and Promoting Health and Safety	93%	93%	94%
2.2	Preventing Pressure and Tissue Damage	93%	95%	94%
2.3	Falls Prevention	95%	95%	93%
2.4	Infection Prevention and Control (IPC) and Decontamination	96%	97%	98%
2.5	Nutrition and Hydration	92%	93%	93%
2.6	Medicines Management	95%	98%	98%
2.7	Safeguarding Children and Safeguarding Adults at Risk	98%	98%	95%
2.8	Blood Management	100%	100%	100%
2.9	Medical Devices, Equipment and Diagnostic systems.	90%	96%	97%
Effective Care				
3.1	Safe and Clinically Effective Care		92%	93%
3.2	Communicating Effectively	89%	91%	92%
3.3	Quality Improvement, Research and Innovation		100%	100%
3.4	Information Governance and Communications Technology			100%
3.5	Record Keeping	89%	90%	91%
Dignified Care				
4.1	Dignified Care	88%	89%	90%
4.2	Patient Information	90%	91%	93%
Timely Care				
5.1	Timely Access			100%

Operational Audit Overall Theme Summary		2015 RAG %	2016 RAG %	2017 RAG %
Individual Care				
6.1	Planning Care to Promote Independence	89%	90%	88%
6.2	Peoples Rights	97%	91%	100%
6.3	Listening and Learning from Feedback	96%	95%	96%
Staff and Resources				
7.1	Workforce	91%	88%	92%

The report below will present the Themes which are further broken down into Standards.

The principle of staying healthy is to ensure that people in Wales are well informed to manage their own health and wellbeing. This is a key priority for the Health Board.

Standard 1.1 Health Promotion, Protection and Improvement

People are empowered and supported to take responsibility for their own health and wellbeing and carers of individuals who are unable to manage their own health and wellbeing are supported. Health services work in partnership with others to protect and improve the health and wellbeing of people and reduce health inequalities.

Operational Audit Narrative

The following tables show a further breakdown in relation to the questions which are realigned to the Health and Care Standards. The figures show the overall Health Board compliance.

There are a number of new questions added for the 2017 audit, where there was only one question in 2016, which was specifically in relation to Maternity Services. All staff asked were aware of this initiative and scored 100% in both years. The overall score can therefore not be compared. There are three areas that are amber and need further improvement work, these questions are asked as part of the nursing assessment in general areas.

The table below relating to Health Promotion and Improvement shows the compliance scores

Table 4 (*Blank areas represent where there have been no previous questions.)*

Standard 1.1 Health Promotion, Protection and Improvement	2016	2017
Are all staff aware of Baby Friendly initiatives?	100%	100%
Has the patients smoking habits been assessed?	94%	91%
Is there documented evidence that where the patient is a smoker, that they have been provided with information in relation to smoking cessation?	77%	82%
Is there evidence that the patient's weight has been measured?	90%	92%
Is there documented evidence that where the patients weight is unhealthy that they have been provided with information in relation to a healthy diet?	87%	88%
Has the patient's alcohol intake been assessed?	94%	91%
Where the patient has an identified problem with their alcohol intake, is there an up to date plan of care, which is being implemented and evaluated and has been reviewed within the agreed timescale?	73%	84%
Where the patient has an identified problem with their alcohol intake, is there documented evidence that they have been provided with information on the support/services available?		100%
Has the patient's illicit substance use been assessed?	90%	87%

Where the patient has an identified problem with illicit substance use, is there an up to date plan of care, which is being implemented and evaluated and has been reviewed within the agreed timescale?	79%	82%
Where the patient has an identified problem with illicit substance use, is there documented evidence that they have been provided with information on the support/services available?		100%
Are health promotion resources available to patients whilst waiting for assessment or treatment?		100%
Are patient information leaflets regarding treatment and management of the injury given to patients on discharge?		100%
Are health promotion information boards displayed within the clinical area, to inform and empower CYP & their parent/carer to take responsibility for their health and well being?		100%
Are staff able to signpost CYP & their parent/carer to services for information, advice and support?		100%

Safe Care

Below are the standards within safe care

The principle of safe care is to ensure that people in Wales are protected from harm and supported to protect themselves from known harm.

Standard 2.1 Managing Risk and Promoting Health and Safety

People's health, safety and welfare are actively promoted and protected. Risks are identified, monitored and where possible, reduced or prevented.

ABMU Health Board performed strongly in many elements of this standard. Excellent compliance in a number of areas specifically relating to midwifery services including;

- 100% compliance in relation to women having access to general information about the birth centre/midwife led unit prior to admission or on arrival.
- An increase from 91% to 97% compliance around ensuring that women are receiving the Bump, Baby and beyond book or giving information on how to access this on line. Following focus work this has improved from 73% in 2015

  The findings have also shown improvement in the following;
- An increase from 88% to 100% in compliance around the WHO checklist (Theatre Staff)
- An increase from 75% to 100% in compliance with team brief and de brief in Endoscopy areas

The table below shows a breakdown of compliance scores relating to Managing Risk and Promoting Health and Safety

Table 5 *(Blank areas represent where there have been no previous questions)*

Standard 2.1 Managing Risk and Promoting Health and Safety	2015	2016	2017
Do all patients wear an identification band which states their first and last name, date of birth and NHS number?	91%	94%	95%
Do women have access to general information about the maternity services?	93%	100%	100%
Is there evidence that women have access to the Bump, Baby and beyond Book or know how to access it online?	73%	91%	97%
Is the patient's identity checked visually and verbally prior to undertaking a procedure?	99%	98%	99%
For this episode of care, is there documented evidence that the patient has an up to date manual handling risk assessment?	96%	94%	94%
For this episode of care, where the patient has an identified manual handling risk, is there evidence that there is an up to date plan of care which is being	90%	91%	91%

implemented and evaluated and has been reviewed within the agreed timescale?			
If a patient has been assessed as requiring bed rails, is there an up to date risk assessment in place?	92%	94%	92%
Is the Child/Young Person in an age appropriate bed with cot sides/bed rails in situ?	100%	97%	95%
Within the clinical area, are all fire restraint doors free from obstruction or closed if not automatic self closing?	88%	87%	91%
Are the security doors and cameras operating effectively?	100%	100%	83%
Are entrances to the Birth Centre/Midwife Led Unit/Obstetric Unit visible both day and night?	100%	100%	100%
Is there evidence of the team brief and de brief being undertaken?	100%	75%	100%
Is there evidence that the department is compliant with the WHO checklist?	100%	88%	100%
Are bed/trolley rails used on patients requiring a trolley for completion of a procedure?			100%
Are wheelchairs available to all patients who are unable to weight bear due to nature of minor injury?			100%

Standard 2.2 Preventing Pressure and Tissue Damage

People are helped to look after their skin and every effort is made to prevent people from developing pressure and tissue damage.

ABMU Health Board performed strongly in many elements of this standard. Excellent compliance in relation to baby's skin assessment again this year at 100%.

Compliance around care planning in relation to adult patients has increased this year from 89% to 92% and was previously 96% in 2014. Local areas will need to continue to monitor compliance with ongoing documentation audits. There is continued improvement around compliance with documented evidence of skin condition.

Healthcare acquired pressure ulcers are reported monthly into the national nursing dashboard and also at a local level. There is further work ongoing nationally to agree a standardised approach of reporting pressure ulcers; this will be reported via the Datix system.

The Health Board has continued to identify and drive priorities for the Health Board's agenda in pressure ulcer prevention in response to the Tier 1 targets and external reports such as the Flynn

report (2015). The Health Board has a multi-disciplinary Pressure Ulcer Prevention Group which is currently undertaking a review of the Pressure Ulcer Prevention Action Plan in conjunction with a senior member of the Welsh Risk Pool. The group has also provided direction for the Scrutiny Panels which meet in each Service Delivery Unit to discuss each falls incident and share learning from the incidents across the Health Board.

Table 6 below relates to Preventing Pressure and Tissue Damage and shows a breakdown of compliance scores.

One score indicates a significant decrease in this years audit:

The score relating to having an up to date plan of care where baby has an issue with skin integrity decreased from 100% to 50%. The Head of Midwifery has provided assurance that observations conducted on newborn babies include checking a number of visual checks two of which would be

- Colour of the skin – i.e. is the baby jaundiced
- Marks on the skin which could be due to birth trauma, physical disorders like a clotting problem or due to non accidental injury.

Table 6

Standard 2.2 Preventing Pressure and Tissue Damage.	2015	2016	2017
For this episode of care, is there documented evidence that the patient's skin condition has been assessed and discussed with the patient or advocate?	95%	97%	94%
For this episode of care, where the patient has been identified as requiring assistance with looking after their skin, is there evidence that there is an up to date plan of care, which is being implemented and evaluated and has been reviewed within the agreed timescale?	89%	92%	95%
For this episode of care, is there documented evidence that the baby's skin integrity has been assessed?	100%	100%	100%
For this episode of care, where the baby has been identified as requiring assistance with looking after their skin integrity, is there evidence that there is an up to date plan of care, which is being implemented and evaluated and has been reviewed within the last 24 hours?	100%	100%	50%

Standard 2.3 Falls Prevention

People are assessed for risks of falling and every effort is made to prevent falls and reduce avoidable harm and disability.

ABMU Health Board performed strongly in many elements of this standard. Evidence suggests that falls prevention can reduce the number of falls by between 15% and 30% and well organised

services, based on National Standards and evidence-based practice guidelines, can prevent falls and reduce death and disability from fracture (1,000 lives Plus). Identifying patients at risk is key, the nursing documentation asks if patients have fallen in the previous 12 months and suggests a full risk assessment. The Health Board has a multi-disciplinary Falls Prevention Group which has recently completed a further revision of the Inpatient falls policy. The group has also provided direction for Scrutiny Panels which meet in each Service Delivery Unit to discuss each falls incident and share learning from the incidents across the Health Board.

Table 7 below relates to Falls Prevention and shows a list of compliance scores.

Table 7

Standard 2.3 Falls Prevention	2015	2016	2017
For this episode of care, is there documented evidence the patient's mobility has been assessed and discussed with the patient or advocate?	96%	97%	97%
For this episode of care, where the patient has been identified as requiring support and/or assistance with mobility, is there evidence that there is an up to date plan of care, which is being implemented and evaluated and has been reviewed within the last within the agreed timescale?	90%	94%	92%
For this episode of care, is there documented evidence the patient's risk of falls has been assessed and discussed?	98%	97%	93%
For this episode of care, where the patient has been identified as being at risk of falls, is there evidence that there is an up to date plan of care, which is being implemented and evaluated and has been reviewed within the agreed timescale?	94%	92%	84%

Standard 2.4 Infection Prevention and Control (IPC) and Decontamination

Effective infection prevention and control needs to be everybody's business and must be part of everyday healthcare practice and based on the best available evidence so that people are protected from preventable healthcare associated infections.

ABMU Health Board performed well in this standard.

Local areas will need to address where patients are not offered the opportunity to wash their hands before meal times although it should be noted that there has been an increase in the score over the audit undertaken in 2016.

The table below relating to Infection Prevention and Control and Decontamination shows a breakdown of compliance scores.

Table 8 *(Blank areas represent where there have been no previous questions)*

Standard 2.4 Infection Prevention and Control (IPC) and Decontamination	2015	2016	2017

Are staff able to give examples of the correct procedure for infection control?	98%	100%	100%
Are staff able to give examples of the correct procedure for isolating patients?	100%	99%	99%
Are baby baths cleaned after each use and stored dry?	100%	100%	100%
Are all patients given the opportunity to wash or cleanse their hands with hand wipes prior to eating food?	91%	92%	94%
Can staff demonstrate the safe and hygienic handling and storage of breast milk?	100%	100%	100%
Is there evidence that equipment that is `not in use` is stored according to infection control policy and there is documented evidence to show that it has been cleaned?	100%	100%	100%
Is there evidence that each patient clinical cot space has a alcohol gel dispenser for individual patient hand hygiene use?	100%	100%	100%
Is hand Gel available within the clinical area?			100%
Is hand Gel available within the clinical area? Is PPI equipment (gloves, aprons, masks etc) available within the clinical area?			100%
Has a monthly WHO Hand washing audit for the unit been undertaken?			87%

It should be noted that the Infection Control questions included in the audit are process and environmentally focussed and do not directly reflect any issues in terms of infection control performance measures, however, there will be an indirect effect from compliance with these standards. The audit is a once only spot check and can only reflect the situation in the clinical area on a given day.

Standard 2.5 Nutrition and Hydration

People are supported to meet their nutritional and hydration needs, to maximise recovery from illness or injury.

ABMU Health Board performed strongly in many elements of this standard. Meeting the nutritional needs for all patients,' remains a priority for the Health Board. The Health Board continues to have strong multidisciplinary working in relation to this standard. There are continued achievements in relation to the implementation of the All Wales Nutrition and Catering Standards for food and fluid provision for hospital inpatients (2011). The Menu Planning Group which is a sub group of the Nutrition Steering Group has worked closely with the All Wales Menu Planning Group and has continued to make a number of achievements in this area.

Compliance against the All Wales Standards shows that the Health Board is meeting the following;

- A slight decrease to 97% compliance around allowing family/friends to assist with meal times
- A decrease to 94% compliance where there is evidence that there are systems in place to enable staff to identify patients with special eating and drinking requirements are being implemented and their effectiveness evaluated
- A slight decrease to 97% of the clinical areas confirming that fresh drinking water is available for patients
- A further improvement from 65% in 2015 to 70% in 2016 to 74% in 2017 around compliance of water jugs being changed 3 times daily, noting that further work is required around compliance. Local areas will need to continue to monitor this.
- This year there is a further slight increase in compliance from 70% in 2015, 68% in 2016 to 74% in 2017 in relation to the provision of 7 beverages to patients in 24 hours.
- Further discussion is also required around the registered nurse coordinating the meal time service. Although there is an improvement this year, compliance is still only 85% and we need to understand why there is poor compliance in some individual areas. There is 99% compliance where patients required assistance to be moved into a suitable position prior to meal times. This information will be discussed and points for action agreed in the Health Boards Nutritional forums.

The table below relating to Nutrition and Hydration shows a breakdown of compliance scores.

Table 9 *(Blank areas represent where there have been no previous questions)*

Standard 2.5 Nutrition and Hydration	2015	2016	2017
Prior to eating, are patients that require help, assisted into a suitable position?	100%	100%	99%
Prior to meal service, are bed tables and communal areas cleared and tidied prior to eating?	97%	98%	98%
Are patients meals placed within easy reach?	100%	99%	99%
Is there evidence that the systems in place to enable staff to identify patients with special eating and drinking requirements are being implemented and their effectiveness evaluated?	99%	100%	94%
Are water jugs changed 3 times daily?	65%	70%	74%
Is fresh drinking water available for patients?	98%	98%	97%
Are drinking water jugs and glasses within the patient's reach?	99%	96%	100%
During a 24 hour period, are a minimum of 7 beverage rounds are carried out within your clinical area?	70%	68%	74%

Does a Registered Nurse co-ordinate every meal time?	76%	80%	85%
Is there evidence that all members of the nursing team are engaged in the mealtime service?	90%	96%	92%
Is a range of snacks available for patients who have missed a meal or who are hungry between meals?	99%	98%	100%
Is there a system in place to allow family/friends to assist with meal times?	100%	100%	97%
Have all women had their Body Mass Index recorded at booking?	100%	100%	100%
Is there evidence in the nursing documentation that the babies nutritional needs have been assessed within 24 hours of their admission?	100%	100%	100%
Is there a system in place to allow parents to feed their babies at feeding times?	100%	100%	100%
Is there documented evidence of IV fluid administration as prescribed for the surgical procedure?			100%
Do patients have access to healthy snacks or drinks?			100%
Is there access to hot meals for patients that are awaiting for inter hospital transport or referral to other specialty?			100%

Standard 2.6 Medicines Management

People receive medication for the correct reason, the right medication at the right dose and at the right time.

There is evidence to show that there is good compliance in relation to these standards below. Medicines management is also monitored on a monthly basis across the Health Board and Wales by the Care indicators, this audit is undertaken by the pharmacists who provide immediate feedback to the nurse in charge. Further work is needed to look at local area compliance around completion of medication chart although compliance around this area has further improved from 90% to 94%.

The table below relating to Medicines Management shows a breakdown of compliance scores

Table 10 *(Blank areas represent where there have been no previous questions)*

Standard 2.6 Medicines Management	2015	2016	2017
Are all medication charts completed with the following information: patient demographics, weight and allergies, and it is clear whether there is more than one medication chart?	80%	90%	94%
Is the patient's identity checked visually and verbally prior to giving medication?	98%	98%	99%
Are all medications checked by two qualified nurses prior to administration?	100%	100%	100%

Has the nurse witnessed the patient taking the medication given to them?	99%	99%	100%
Is there evidence that medication is taken in a timely manner and is not left on lockers/around patient beds?	97%	99%	99%
Are all drug cupboards/trolleys locked and secure as per local policy?	97%	98%	99%
Are patient group directions (PGDs) administered and documented correctly?			100%
Are staff compliant with the medication omissions form as per medication management policy?			100%
Has a Medication Safety Audit been conducted and action plan feedback?			100%

Standard 2.7 Safeguarding Children and Safeguarding Adults at Risk

Health services promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time.

ABMU Health Board performed strongly in all areas of this standard with the exception of the training compliance..

The table below relating to Safeguarding children and Safeguarding adults at risk shows a breakdown of compliance scores. The score relating to POVA training appears to be related to staff on Childrens wards.

Table 11

Standard 2.7 Safeguarding Children and Safeguarding Adults at Risk	2015	2016	2017
Can staff demonstrate they know the procedure if a safeguarding concern is identified?	98%	98%	97%
Are babies securely and appropriately labelled?	100%	100%	100%
Are all staff aware of what to do in the event of a baby abduction?	100%	100%	100%
Within the clinical area, babies are safe and secure while on the unit and parents are informed of security arrangements on admission?	100%	100%	100%
Are all staff within the unit compliant with safeguarding training for children?			100%
Are all staff within the unit compliant with POVA training for adults?			38%
Can staff demonstrate they know the safeguarding lead nurse for their area and how to contact them?			100%

Standard 2.8 Blood Management

People have timely access to a safe and sufficient supply of blood, blood products and blood components when needed.

This question is only asked in the Neonatal specialty where they are fully compliant.

The table below relating to Blood Management shows the compliance score as there is only one question relating to this standard.

Table 12 *(Blank areas represent where there have been no previous questions)*

Standard 2.8 Blood Management	2015	2016	2017
All staff involved in direct nursing care should have been trained in Blood Transfusion Administration.	100%	100%	100%
Can staff demonstrate they know the safe administration of blood, blood products and blood components?			100%

Standard 2.9 Medical devices, Equipment and Diagnostic Systems

Health services ensure the safe and effective procurement, use and disposal of medical equipment, devices and diagnostic systems.

ABMU Health Board performed well in many elements of this standard although there are improvements in two areas.

The table below relating to Medical devices, Equipment and Diagnostics System shows a breakdown of compliance scores

Table 13 *(Blank areas represent where there have been no previous questions)*

Standard 2.9 Medical devices, Equipment and Diagnostic Systems	2015	2016	2017
Are any Manual Handling aids and slings regularly checked for wear and tear?	97%	98%	98%
Are any Developmental Care aids regularly checked for wear and tear?	100%	100%	100%
Is all equipment used up to date with maintenance and calibration?	98%	94%	97%
Do nursing staff have access to weighing scales in good working order?	98%	100%	100%
Staff have access to height measuring equipment			100%
Are staff able to demonstrate they know what action to take in the event that medical equipment is faulty/ unsafe?			100%

Effective Care

Below are the standards within Effective Care.

The principle of effective care is that people receive the right care and support as locally as possible and are enabled to contribute to making that successful.

There are a number of questions that have been added for the 2017 audit, local areas will need to look at their compliance and take appropriate action to improve and raise awareness.

Table 14

Standard 3.1 Safe and Clinically Effective Care	2015	2016	2017
For this episode of care, where there is doubt about the patients' capacity to make decisions, an assessment of capacity has been undertaken and there is documented evidence of this?		92%	94%
Where it has been identified that the patient lacks capacity to make decisions, is there evidence that best interest decisions have been documented and that the patient, their families and an advocate has been involved?			80%
Where it has been identified that the patient lacks capacity, is there evidence that there is an up to date plan of care, which is being implemented and evaluated and has been reviewed within the agreed timescale?		90%	88%
For this episode of care, is there documented evidence that where a patients liberty has been restricted, that a Deprivation of Liberty Safeguard application has been made?		90%	97%
Where it has been identified that the patients liberty is being restricted/deprived, is there evidence of an up to date plan of care, which is being implemented and evaluated and has been reviewed within the agreed timescale?		97%	94%
Are staff able to demonstrate they are aware of the Paediatric Best Practice" guidelines and how to access this document?			100%

Standard 3.2 Communicating Effectively

In communicating with people health services proactively meet individual language and communication needs.

ABMU Health Board performed well in many elements of this standard. There has been a decrease in compliance around the role of supervision in maternity services from 54%.

Assessment and care planning has made a further improvement. Further re enforcement is required and will be monitored as part of local action plans.

In July 2013 the Carer's Measure was launched in the Health Board in conjunction with Local Authority partners. Most carers have a legal right to an assessment of their own needs.

Compliance had decreased in 2016 to 77%, however this has now improved to 82% in 2017. Ongoing audits will need to be maintained to drive this improvement and awareness at a local level. This will be discussed at the Health Board nurse Documentation group.

The table below relating to Communicating Effectively shows a breakdown of compliance scores.

Table 15 *(Blank areas represent where there have been no previous questions)*

Standard 3.2 Communicating Effectively	2015	2016	2017
For this episode of care, is there documented evidence that the patient's ability to achieve effective communication has been assessed and discussed with the patient or advocate?	96%	98%	96%
For this episode of care, where the patient requires assistance to achieve effective communication, is there evidence that there is an up to date plan of care, which is being implemented and evaluated and has been reviewed within the agreed timescale?	87%	90%	90%
For this episode of care, is there documented evidence that the parent's ability to achieve effective communication has been assessed?		100%	100%
For this episode of care, where the parents requires assistance to achieve effective communication, is there documented evidence that support being implemented and evaluated?	100%	100%	100%
Is a nurse present to support the patient during formal senior contact between healthcare professionals (for Paeds) doctors/consultants/GPs and patients?	94%	96%	97%
Is there evidence that women are informed of the role of supervision and how they can access a supervisor of midwives?	28%	54%	25%
For this episode of care, is there documented evidence that an assessment of the carer's needs has been considered?	83%	77%	82%
For this episode of care, is there documented evidence that an assessment of the parent's needs i.e. emotional, social, financial and psychological have been considered?	90%	100%	80%

Do Deaf patients have access to working hearing loop equipment?			50%
Are there pathways to fast track patients with dementia/Alzheimer's/learning difficulties?			100%

Standard 3.3 Quality Improvement, Research and Innovation	2015	2016	2017
Is there evidence that the clinical area completes the Bliss Baby Charter Audit Tool on an annual/bi-annual basis?			100%
Are staff supported and engage in regular audits?			100%

Standard 3.3 Quality Improvement, Research and Innovation	2015	2016	2017
Is there evidence that the clinical area completes the Bliss Baby Charter Audit Tool on an annual/bi-annual basis?			100%
Are staff supported and engage in regular audits?			100%

Standard 3.3 Quality Improvement, Research and Innovation

Services engage in activities to continuously improve by developing and implementing innovative ways of delivering care. This includes supporting research and ensuring that it enhances the efficiency and effectiveness of services.

Standard 3.4 Information Governance and Communication Technology

Health services ensure all information is accurate, valid, reliable, timely, relevant, comprehensible and complete in delivering, managing, planning and monitoring high quality, safe services.

Health services have systems in place, including information and communications technology, to ensure the effective collection, sharing and reporting of high quality data and information within a sound information governance framework.

investigation?			

Standard 3.5 Record Keeping

Good record keeping is essential to ensure that people receive effective and safe care. Health services must ensure that all records are maintained in accordance with legislation and clinical standards guidance.

ABMU Health Board performed well in many elements of this standard and overall the audit suggests that good practice is being observed. There continues to be 100% compliance in two of the Neonatal Questions.

There are a number of areas that have changed this year and require further improvements as indicated below;

- Compliance around signing of food charts by a registered nurse increased from 73% in 2016 to 80% in 2017.
- Compliance around signing of the 24 hour fluid charts by a registered nurse increased slightly from 63% in 2016 to 66% in 2017.
- Compliance around fluid balance charts being kept up to date and evaluated reduced further from 90% in 2016 to 88% in 2017.

  This information is re enforced as part of the e -learning module for the All Wales food and fluid charts, compliance around this also needs to be monitored for inprovement.

The Health Board eveloped a Nurse Record Keeping policy in 2016 which is in line with the NMC Code: Professional Standards of Practice and behaviour for nurses and midwives (2015) and clearly outlines the expectation and accountability of the individual, regular audits need to be continued to ensure that staff are working within these policies.

The table below relating to Record Keeping shows a breakdown of compliance scores

Table 16 *(Blank areas represent where there have been no previous questions)*

Standard 3.5 Record Keeping	2015	2016	2017
For this episode of care, are the patient's demographic details clearly recorded (and where required, has a photograph) on all the patient's documentation?	96%	96%	99%

For this episode of care, is there documented evidence that each plan of care has been assessed and discussed with the patient or advocate?	87%	83%	90%
Is there a clear plan of care following all episodes of care throughout the pregnancy and postnatal period?	87%	97%	100%
For this episode of care, are the contact details of the first point of contact recorded in the patient's documentation?	98%	98%	99%
Is the patient's preferred language clearly indicated in the nursing documents?	87%	88%	91%
Does the patient's documentation capture their preferred name and/or title?	92%	93%	93%
For this episode of care, where the patient has an identified swallowing problem, is there evidence that there is an up to date plan of care which is being implemented and evaluated and has been reviewed within the agreed timescale?	92%	92%	83%
Have the baby's dependency needs been individually assessed within the last 24 hours?	100%	100%	100%
Have the babies? Dependency needs been staffed according to their levels of care?	100%	100%	100%
For patients who require a food chart, is there evidence that they are being kept up to date.	93%	94%	94%
For patients who require a food chart, is it signed by a registered nurse for each 24 hour period?	78%	73%	80%
For patients who require a fluid chart, is there evidence that they are kept up to date and evaluated?	92%	90%	88%
For patients who require a weekly fluid chart, is signed by a registered nurse for each 24 hour period?	69%	63%	66%
Is there documented evidence that , where indicated, the presence of a chaperone has been considered?			88%
Does the nursing documentation show that the following information has been completed, name of CYP, DOB, CRN/ NHS number and that each entry includes the date & time of entry, and the name, signature, designation of person making entry in records?			98%

Dignified Care

Below are the standards within Dignified Care.

The principle of dignified care is that the people in Wales are treated with dignity and respect and treat others the same. Fundamental human rights to dignity, privacy, and informed choice must be protected at all times and the care provided must take account of the individual's abilities and wishes.

Standard 4.1 Dignified Care

People must receive full information about their care which is accessible, understandable and in a language and manner sensitive to their needs to enable and support them to make an informed decision about their care as an equal partner.

ABMU Health Board performed well overall in many elements of this standard .There are a number of key areas that have improved over the past year;

- Compliance around knowing how to access welsh speaking staff has improved from 95% in 2016 to 98% in 2017.
- Compliance around oral health and hygiene risk assessment decreased slightly from 82% 2015 & 89% in 2016 and 85% in 2017. Staff need to ensure they are completing the update All Wales Oral Health Care assessment. Training Sessions are available for staff.
- Compliance in relation to foot and nail care assessment, has continued to improve from 72% in 2015, 74% in 2016 76% in 2017. Podiatry staff have undertaken competency training in a number of areas. Nursing documentation also highlights the need to carry out a foot assessment. Units will need to understand which of their areas are non compliant and require training and re- enforcements.
- Compliance in relation to baby's comfort has improved from 83% in 2016 to 100% in 2017.
- Compliance around suitable washing and bathing facilities has increased from 87% in 2016 to 92% in 2017.
- Compliance around noise level at the cot-sides has scored 50%, an increase from 0% last year, this is in relation to the Neonatal services and will need to be addressed specifically within this area. The Service now provides earphones for the parents of children to wear.

- The provision of single sex facilities, in relation to single sex bays and washing facilities increased slightly to 81%.

The table below relating to Dignified Care shows a breakdown of compliance scores.

Table 17 *(Blank areas represent where there have been no previous questions)*

Standard 4.1 Dignified Care	2015	2016	2017
If a patient's language of need is Welsh, do staff know how to access a Welsh speaking member of staff?	91%	95%	98%
If a patients language is not English, do staff know how to access a interpreter?			100%
For this episode of care, is there documented evidence that the patient's cultural needs have been assessed and discussed with the patient or advocate?	85%	86%	86%
For this episode of care, is there documented evidence that the patient's spiritual needs has been assessed and discussed with the patient or advocate?	84%	83%	83%
Is there a facility for patients to talk in private to staff (e.g. a quiet room or office)?	96%	97%	94%
Is there a quiet room for patients to spend time with their visitors away from their bedside?	76%	74%	75%
Are there facilities to preserve a mother's dignity if she wishes to express or feed at the cotside i.e. patient screens?	100%	100%	100%
Within the clinical area, are all the bays single sex bays?	77%	77%	79%
Do all patients have access to single sex toilet and washing facilities?	78%	77%	81%
Is there a facility to preserve patient's dignity by communicating to others that care is in progress?	91%	93%	95%
Within the clinical area are there facilities to meet hygiene needs, which are suitable for all patients including those that are disabled?			100%
Within the clinical area, are washing and bathing facilities suitable for all Patients?	91%	87%	92%
Within the clinical area, are toilet facilities suitable for all service users?	93%	88%	96%
Does the clinical area allow patients to bring in personal items to assist with patient orientation/familiarity?	99%	100%	100%
For this episode of care, is there documented evidence that the patient's normal sleep pattern and needs have been assessed and discussed with the patient or advocate?	90%	92%	92%
For this episode of care, where the patient has an identified sleep issue or sleep has been recorded as poor/disrupted is there evidence that there is an up to date plan of care, which is being implemented and evaluated and has been reviewed within the agreed timescale?	78%	84%	84%
Does the clinical area allow for a period of 'quiet time' during the day to	100%	100%	100%

ensure that babies have a period of rest/sleep period?			
Does the clinical area allow for the noise levels to be controlled at the cot-side especially during periods of rest and sleep?	50%	0%	50%
Does the clinical area allow for the lighting particularly during periods of rest and sleep to be individually controlled at the cotside?	100%	100%	100%
Are lights in sleeping areas, other than the over the bed night lights, switched off or dimmed at night?	100%	98%	100%
Where applicable are baby changing facilities available?			100%
For this episode of care, is there documented evidence that the patient's pain has been discussed and assessed using an appropriate pain assessment tool?	95%	96%	96%
For this episode of care, where the patient has an identified problem with pain is there evidence that there is an up to date plan of care, which is being implemented and evaluated and has been reviewed within the agreed timescale?	88%	88%	86%
For this episode of care, is their documented evidence that the baby's comfort has been discussed and assessed using a developmental care tool?	100%	100%	100%
For this episode of care, where the baby has been an identified problem with comfort is their evidence that there is an up to date plan of care, which is being implemented and evaluated and has been reviewed within the last 24 hrs?	43%	83%	100%
For this episode of care, is there documented evidence that the patient's concerns/anxieties or fears has been assessed and discussed with the patient or advocate?	92%	93%	92%
For this episode of care, where the patient has expressed concerns, anxieties or fears, is there evidence that there is an up to date plan of care, which is being implemented and evaluated and has been reviewed within the agreed timescale?	88%	87%	87%
For this episode of care, is there documented evidence that the patient's hygiene needs have been assessed and discussed with the patient or advocate?	98%	94%	98%
For this episode of care, where the patient's hygiene needs have been identified is there evidence that there is an up to date plan of care which is being implemented and evaluated and has been reviewed within the agreed timescale?	96%	95%	94%
Are patients given the opportunity to go to the toilet before eating?	99%	98%	98%
For this episode of care, is there documented evidence that the patient's foot and nail condition has been assessed, and discussed with the patient or advocate?	72%	74%	76%
For this episode of care, where the patient has an identified risk or requires assistance with foot or nail care, is there evidence that there is an up to date plan of care which is being implemented and evaluated and has been reviewed within the agreed timescale?	65%	68%	70%
For this episode of care, is there documented evidence that the patient has	82%	89%	85%

been assessed using an evidence based oral health tool with respect to their oral health needs?			
For this episode of care, where the patient has an identified risk or requires assistance with oral health, is there evidence that there is an up to date plan of care which is being implemented and evaluated and has been reviewed within the agreed timescale?	88%	78%	81%
For this episode of care, is there documented evidence that the patient's toilet needs/continence has been assessed and discussed with the patient or advocate?	95%	95%	93%
For this episode of care, where the patient has been identified as requiring assistance with their toilet/continence needs, is there evidence that an appropriate assessment has taken place with an up to date plan of care, which is being implemented and evaluated and has been reviewed within the agreed timescale?	92%	90%	88%

Standard 4.2 Patient Information

People must receive full information about their care which is accessible, understandable and in a language and manner sensitive to their needs to enable and support them to make an informed decision about their care as an equal partner.

ABMU Health Board performed well overall in many elements of this standard.

- There has been a significant increase in relation to the Neonatal specific question in relation to sharing of information where compliance has improved from 33% to 100%.
- There has been a slight increase, to 84%, in compliance with written evidence of the patient's consent to the sharing of information with others.

The table below relating to Patient Information shows the compliance scores.

Table 18 *(Blank areas represent where there have been no previous questions)*

Standard 4.2 Patient Information	2015	2016	2017
Is there evidence to demonstrate that patient identifiable information is treated in a confidential and secure manner?	99%	98%	100%
For this episode of care, is there written evidence in the patient's clinical notes that the patient's consent to the sharing of information with others has been obtained?	79%	83%	84%
Does your unit inform parents that information regarding their baby may be shared with other professionals to ensure appropriate care?	50%	33%	100%
Is there evidence of information available for women and their families on infant feeding?	100%	100%	100%

Does the clinical area offer translation services and/or professional interpreters to parents?	100%	100%	100%
Does the clinical area have written information available in a language and format appropriate to their local community?	100%	100%	100%
In the clinical area, is there information available regarding unit facilities, local amenities, parking, visiting, local support groups and arrangements for going home?	50%	100%	100%
Are Parents provided with information on how to access further information, including useful websites i.e. Bliss, local Neonatal services and the Wales Neonatal Network?	100%	100%	100%
Is the CYP/parent/carer aware of the named nurse who is responsible for the patients care during their stay?			100%

Timely Care

Below is the compliance for the standards within Timely Care.

The principle of timely care is that people have timely access to services based on clinical need and are actively involved in decisions about their care. Not receiving timely care can have a huge impact on individuals' experience of health services and their ability to achieve the best health outcomes. To ensure the best possible outcome people's conditions should be diagnosed promptly and treated according to clinical need.

Standard 5.1 Timely Access

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.

Standard 5.1 Patient Information	2015	2016	2017
Is there evidence that the Child or Young Person has been correctly triaged on admission?			100%

Individual Care

Individual Care

Below are the standards within Individual Care.

The principle of individual care is that people are treated as individuals, reflecting their own needs and responsibilities. All those who provide care have a responsibility to ensure that whatever care they are providing includes attention to basic human rights. Where people are unable to ensure these rights for themselves, when they are unable to express their needs and wishes as a result of a sensory impairment, a mental health problem, learning disability, communication difficulty or any other reason, access to independent advocacy services must be provided. Every person has unique needs and wishes. Individual needs and wishes vary with factors such as age, gender, culture, religion and personal circumstances and individual needs change over time, respecting people as individuals is an integral part of all care.

Standard 6.1 Planning Care to Promote Independence

Care provision must respect people's choices in how they care for themselves as maintaining independence improves quality of life and maximises physical and emotional well being.

ABMU Health Board performed well overall in many elements of this standard:

- For patients with no known diagnosis of dementia, delirium or other cognitive impairment at admission, there has been a slight increase in compliance that there is documented evidence that within 72 hours of admission, the screening question was asked. This is a new standard so there is no data to compare from previous audits.
- There has been a slight decrease in compliance of evidence that there is an up to date plan of care for the above screening standard, from 85% in 2016 to 82% in 2017.
- Where appropriate do all patients have written evidence of a discharge assessment and plan? Compliance has increased from 82% in 2016 to 88% in 2017.
- Where appropriate, is there written evidence that the patient's family/carer has been involved in discharge planning? Compliance has increased slightly from 78% in 2016 to 81% in 2017.

A Quality Assurance framework Tool Kit has been developed which can be used to provide a fully comprehensive audit 'A deep dive' or can be broken down into single units to provide assurance of improvements where areas of concern are identified, i.e. Safe Care, Dignified Care. There are also a series of Spot check audit tools for a quick in / out monitoring of progress against certain indicators. The toolkit is aligned to the Health and Care Standards Themes, NMC Code of Conduct (2015), the Health Board's Values, Older Person's Standards, Older Person's Commissioner for Wales Key recommendations and also the Quality Checks in Health Care. Following the successful pilot in Morriston Hospital, the framework has now been rolled out for use across the Health Board. An application has been submitted to develop the tool-kits into an App which will feed into the Ward to Board Quality Dashboard.

The table below relating to Planning Care to Promote Independence shows a breakdown of compliance scores.

Table 19 *(Blank areas represent where there have been no previous questions)*

Standard 6.1 Planning Care to Promote Independence	2015	2016	2017
For patients with no known diagnosis of dementia, delirium or other cognitive impairment at admission, there is documented evidence that within 72 hours of admission, the following screening question has been asked, Have you/has the patient been more forgetful in the past 12 months to the extent that it has significantly affected your/their daily life?	83%	86%	86%
For this episode of care, where the patient has an identified care need in respect of cognitive impairment, is there evidence that there is an up to date plan of care, which is being implemented and evaluated and has been reviewed within the agreed timescale?	91%	85%	82%
For patients with no formal diagnosed learning disabilities, is there documented evidence that the patient has been assessed for a formal diagnosed learning disability?			74%
For this episode of care, where the patient has been identified as having a formal diagnosed learning disability, is there evidence that there is an up to date learning disability passport?			63%
For this episode of care, where the patient has been identified as having a formal diagnosed learning disability, is there evidence that the learning disabilities care bundle is being implemented and evaluated?			69%
For this episode of care, where the patient has been assessed under the Mental Health Measure to be a relevant patient, has a Care Treatment Plan been completed?	96%	98%	98%
For this episode of care, is there written evidence in the CYP's clinical notes that the CYP/ parent / carer has been given an E discharge letter and the discharge arrangements explained?			100%
For this episode of care, is there documented evidence that the baby has an up to date Developmental Care assessment?	100%	100%	100%

Where appropriate, do all babies have written evidence of a discharge plan from the point of admission and are continually reviewed, involving both parents and a multidisciplinary team?	100%	100%	100%
For this episode of care is there an individual Positive Behaviour Plan in place prescribing individual restrictive practices that can be used to support the patient if need be.			94%
Are there quiet areas for CYP to complete schoolwork if applicable?	67%	71%	
For this episode of care is there an individual Positive Behaviour Plan in place prescribing individual restrictive practices that can be used to support the patient if need be.	88%	88%	94%
For this episode care, is there documented evidence that the patient's level of independence has been assessed and discussed with the patient or advocate?	95%	96%	91%
For this episode of care, where the patient has been identified as requiring support and/or assistance to maximise independence, is there evidence that there is an up to date plan of care, which is being implemented and evaluated and has been reviewed within the agreed timescale?	93%	95%	90%
Where appropriate, do all patients have written evidence of a discharge assessment and plan?	92%	82%	88%
Where appropriate, is there written evidence that the patient's family/carer has been involved in discharge planning?	89%	78%	81%
For this episode of care, is there documented evidence that the mother is shown how to make feeds and sterilise bottles and teats prior to going home?	100%	100%	100%
For this episode of care, is there documented evidence that the mother is shown parent craft skills prior to going home?	100%	90%	100%
Does the clinical area allow for parents to room in with their baby prior to going home?	100%	100%	100%
Does the clinical area have access to mirrors for patients to use?	86%	94%	91%
Does the clinical area have supplies of toiletries for patients who have been admitted without them?	97%	96%	98%
Does the clinical area have access to appropriate baby clothes for babies who have been admitted without them?	100%	100%	100%
Does the clinical area have supplies of nappies and baby toiletries for babies who have been admitted?	100%	100%	100%
For this episode of care, where required, is there written evidence that the CYP developmental needs have been assessed/discussed with the CYP or advocate?			100%

Standard 6.2 Peoples Rights

Health services embed equality and human rights across the functions and delivery of health services in line with statutory requirement recognising the diversity of the population and rights of individuals under equality, diversity and human rights legislation.

ABMU Health Board performed well overall in this standard, which is specialty specific.

The speciality will need to look at the findings specifically around age appropriate playrooms to understand why compliance has deteriorated this year.

The table below relating to People's Rights shows a breakdown of compliance scores

Table 20 *(Blank areas represent where there have been no previous questions)*

Standard 6.2 Peoples Rights	2015	2016	2017
For this episode of care, is there documented evidence that mothers who require breastfeeding support and/or assistance has been assessed and discussed?	90%	96%	100%
For this episode of care, where the mother has been identified as requiring support and/or assistance to establish breastfeeding on the unit, prior to going home, is there evidence that there is an up to date plan of care, which is being implemented and evaluated and has been reviewed within the last 24 hours?	100%	96%	100%
Are there age appropriate playrooms for children/young people?	100%	71%	100%
Does the clinical area allow CYP/family/carers to bring in personal items to assist with CYP's orientation/familiarity/anxiety?	100%	100%	100%
For this episode of care, is there documented evidence that the CYP and their parents/carers have been involved in the decision making process regarding the CYP care?			100%

Standard 6.3 Listening and Learning from Feedback

People who receive care, and their families, must be empowered to describe their experiences to those who provided their care so there is a clear understanding of what is working well and what is not, and they must receive an open and honest response.

Health services should be shaped by and meet the needs of the people served and demonstrate that they act on and learn from feedback.

Further work is needed in relation to parent's involvement, which is specific to the Paediatric area, which has shown an improvement in compliance from the previous year.

The table below relating to Listening and Learning from feedback shows a breakdown of compliance scores.

Table 21 (*Blank areas represent where there have been no previous questions)*

Standard 6.3 Listening and Learning from Feedback	2015	2016	2017
In the clinical area, is there accessible information regarding how patients/relatives/advocates can raise a formal or informal concern?	97%	95%	98%
Does the clinical area allow parents to regularly feedback their experience of the service?	100%	100%	100%
Does the clinical area allow parents to be involved in the planning and development of service improvements?	50%	67%	0%
Do the patients have access to patient satisfaction questionnaires and/or written or verbal feedback mechanisms?			100%

In relation to the 0% score above Singleton Neonatal Unit have commented that the Bliss baby charter in future will allow parent input for future design. Family integrated care allows partnership in care to develop over time and Bliss champions in future will promote this.

Staff & Resources

Below are the standards within Staff and Resources.

The principle is that people in Wales can find information about how their NHS is resourced and make a careful use of them. Health Services in Wales have a clear responsibility to secure the efficient and economic use of resources, and people in Wales need to understand how the resources, are used and how they can be improved.

Standard 7.1 Workforce

Health services should ensure there are enough staff with the right knowledge and skills available at the right time to meet need.

ABMU Health Board performed well overall in this standard. Compliance has improved in relation to both standards but further work is required to maintain and increase compliance to 100%.

Staff continue to undertake the models for improvement and Improving Quality Together (IQT). A number of staff have also undertaken both external and internal Coaching and Leadership programmes across the Health Board. Schwartz Rounds have been successful during 2016/17, the rollout has continued and is now open to all staff from all areas whilst hosted on the four main general hospital sites. Staff are sharing, in a facilitated environment, their experiences of working within the NHS and discussing the emotions involved in their work. The evaluations are telling us that this activity is valued and allows a greater understanding of the roles, feelings and fears of others.

The table below relating to Workforce shows a breakdown of compliance scores.

Table 22

Standard 7.1 Workforce	2015	2016	2017
Are all clinical staff wearing staff identification badges?	85%	82%	89%
Are all clinical staff complying with the All Wales Dress Code?	96%	93%	96%

Recommendations

Part 3

3.1 Conclusion and Recommendations

The Annual Health and Care Standards audit has generated detailed information to measure the quality of care delivered. The audit has engaged with our patients/carers/service users/staff and volunteers and has identified compliance scores against operational standards and user experience. .

Local areas and Delivery units will need to use their specific findings to monitor and measure compliance and the effects of improvements by using their local action plans. The audit results provide the Health Board with an opportunity to celebrate the excellent care provided and positive experience reported by patients and service users. On the whole patients have expressed high levels of satisfaction with the standards of care they have received within ABMU Health Board. Service Delivery units will need to look at local findings and also utilise any comments from user experiences to further take forward improvements as well as sharing areas of good practice.

Monitoring and Assurance

- This report will be presented at the Health Board Quality and Safety Committee in April 2018.
- The report will be presented at the Health Board Nursing and Midwifery Board in March.
- Implementation of action plans will be monitored and supported by senior nurses and reported via Service Delivery unit committees to ensure work is completed within an expected time frame or escalated for appropriate management. The Health and Care Standards audit compliance scoring matrix provides a guide for the management and monitoring of actions.
- The Health and Care Standards audit supports ABMU Health Board Quality Strategy with assurance. The data should be used alongside other information to ensure triangulation.

References

1. **1000 Lives+ (2013)** Improving Quality Together

2. **Francis, R (2013)** Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry

3. **Keogh, B (2013)** Review into the quality of care and treatment provided by 14 hospital trusts in England

4. **Trusted to Care** (May 2014) An independent Review of the Princess of Wales Hospital and Neath Port Talbot Hospital at Abertawe Bro Morgannwg University Health Board

5. **Using the Gift of Complaints** (June 2014) Keith Evans review of complaints and concerns across NHS Wales

6. **Welsh Government (2011).** All Wales Nutrition & Catering Standards for Food and Fluid Provision for Hospital Patients (http:/www.cymru.gov.uk)

7. **NMC The code**: Professional standards of practice and behaviour for nurses and midwives (2015)

8. **Welsh Government**: Hospital Accommodation Policy Guidance Welsh Government (2010)

Matrix

Standard of Compliance	Level of Control	Level of Control Descriptors		Suggested Actions
0-10%	No Awareness	Failure to demonstrate awareness/compliance with any of the requirements set by the standards.	IMMEDIATE ACTION REQUIRED	1. Review by Executive Nurse Director, Assistant Director of Nursing and Lead Nurse responsible for the area - **within 10 days of report** 2. Appraise the Ward Manager - **to be undertaken within 2 weeks of report** 3. Carry out Root Cause Analysis using the 10 steps Triangulation framework [see reverse]- **within 24-48 hrs of report** 4. Set Clear Objectives with supportive measures using PDSA improvement methodology - **will be reviewed on a weekly basis**
11-30%	Minimal Awareness	A low degree of awareness/compliance with the requirements set by the standards, but no approaches have been developed to address them		
31-50%	Moderate Awareness	There is recognition of the key issues to be addressed and there is a range of options identified to address them.		
51-60%	Responding	Steps are being taken to address the key issues with evidence of practical application. In the very early stages of compliance	REVIEW IN 2-3 MONTHS	1. Carry out Root Cause Analysis using the 10 steps Triangulation framework [see reverse]- **within 10 days of report** 2. Set clear objectives using PDSA improvement methodology- **will be reviewed on a fortnightly basis**
61-84%	Developing	Demonstrable evidence that work is ongoing to achieve compliance.		
85-90%	Practicing	There are well-developed plans being implemented that address the key issues with evidence of evaluation and benchmarking leading to continuous improvement. **High level of compliance**	REVIEW IN 8 MONTHS	1. Carry out Root Cause Analysis using the 10 steps Triangulation framework [see reverse]- **within 10 days of report** 2. Set clear objectives for ongoing monitoring using PDSA improvement methodology – **should be reviewed on a monthly basis**
91-100%	Leading	There is evidence of innovative practice, which is being shared across and beyond the organisation to others. They are further developing their approaches to ensure long term sustainable improvement. **Full compliance**		