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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	7 th June 2018	Agenda Item	6b
Report Title	<i>Health and Care Standards Annual Audit 2017/2018</i>		
Report Author	Alyson Charnock Corporate Matron Quality & Safety		
Report Sponsor	Helen Griffiths, Interim Corporate Head of Nursing		
Presented by	Angela Hopkins, Interim Director of Nursing and Patient Experience		
Freedom of Information	Open		
Purpose of the Report	The 2017/2018 Annual Health & Care Standards Audit was undertaken between 1 st October 2017 and 30 th November 2017. The Annual Audit 2017/2018 report provides a summary of the key findings and recommendations for improvement. The audit report provides key areas within the standards for improvement as well as highlighting key areas that have improved.		
Key Issues	The report outlines the findings in relation to the overall Health Board and has generated detailed information to measure the quality of care delivered. Local clinical areas and Service Delivery Units will need to use their specific findings to triangulate with other relevant information and monitor and measure compliance and the effects of improvements by using their local action plans to improve outcomes. The Service Delivery Units will be responsible for providing assurance to the Quality and Safety Committee by providing updates as part of their Quality and Safety presentations. The audit results can support the information required for the Health & Care Standards scrutiny panel.		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			✓
Recommendations	The Quality & Safety Committee are asked to note the findings and recommendations of the Health & Care Standards audit set out in the detailed report attached.		

1. INTRODUCTION

The 2017/2018 Annual Health & Care Standards Audit was undertaken between 1st October 2017 and 30th November 2017. The Annual Audit 2017/2018 provides a summary of the key findings and recommendations for improvement. The audit report provides key areas within the standards for improvement as well as highlighting areas that have improved.

2. BACKGROUND

In line with most other Health Boards across Wales Abertawe Bro Morgannwg University (ABMU) Health Board has undertaken the full Operational Health and Care Standards Audits and, as an alternative to the user surveys, it was agreed to encourage the increase in the uptake of the existing Friends and Family and All Wales Patient Experience audits. The Health Board has not completed the Staff Survey element of the audit as there are plans to complete a staff survey across the Health Board later in 2018; this decision was taken to prevent duplication. **The results from this audit are only one method by which quality of care is monitored and information from the audit needs to be triangulated with other user experience, performance and outcome data.** The full report is attached as an appendix.

3. GOVERNANCE AND RISK ISSUES

Findings from user (patient) experience

Patient experience surveys are undertaken across ABMU Health Board on a regular basis. 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 Health and Care Standards patient surveys. The Overall Satisfaction Score for the All Wales Patient Survey across the Health Board for the period of the audit 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 combined results for all user experience survey questions demonstrates that the patients who responded 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 during the period of the Annual Health and Care Standards Audit, patients gave the organisation a **rating of 95%**. The survey also demonstrates that we often do not get it right and the feedback obtained is essential to improve practice.

It should be noted that there was no increase in the number of Friends and Family or Patient Experience Surveys during the period of the audit.

Findings from the Operational Audit

The 2017 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%**. The breakdown of scores for the last four years is shown in the table below. It should be noted that there have been some slight changes and additions to the question set since 2015.

Year	2015	2016	2017
Overall Score	↑92%	↓90%	↑91%

The Health and Care Standards are mapped to the seven themes which are; Staying Healthy, Safe Care, Effective Care, Dignified Care, Timely Care, Individual Care and Staff and Resources. The full Health and Care Standards Audit report provides information in relation to all standards within the themes and the full report is attached.

Standard 2.4 Infection Prevention and Control

The overall compliance score for Infection Prevention and Control is 98% which is a 1% improvement from the previous year as evidenced in the standard below table 8.

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

Standard 2.4 Infection Prevention and Control (IPC) and Decontamination (Patient Care Environment)	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 an 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 PPE 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 measures and environmentally focussed, and reflect the standard that patients are cared for in an environment in which the risk of healthcare-associated infections (HCAI) is kept as low as possible. The audit is a once only spot check and can only reflect the situation in the clinical area on a given day.

The audit questions, and associated compliance scores, are distinct from the outcome measures used in Welsh Government's Infection Reduction Expectations. The latter relates to performance in reducing *Clostridium difficile* infection, *Staph. aureus* bacteraemia and *E. coli* bacteraemia. The Health Board failed to achieve the infection reduction expectations in 2017/18, and this is an improvement area for the Health Board within the Targeted Interventions.

Standard 2.5 Nutrition and Hydration

The overall compliance score for Nutrition & Hydration is 93% which remains the same as 2016.

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). Performance against this standard is seen below in Table 3.

Table 3. Standard 2.5 Nutrition and Hydration	2015	2016	2017
During a 24 hour period, are a minimum of 7 beverage rounds are carried out within your clinical area?	70%	68%	74%
Are water jugs changed 3 times daily?	65%	70%	74%
Does a Registered Nurse co-ordinate every meal time?	76%	80%	85%

Standard 2.6 Medicines Management

The overall compliance score is 99% which is a 1% improvement from the previous year as evidenced in the standard below table 4.

There is evidence to suggest that there is good compliance in relation to the standards below in table 4. Medicines Management is also monitored on a monthly basis across the Health Board and Wales using the Health and Care standards electronic monitoring system, this audit is undertaken by the pharmacists who provide feedback on compliance to the ward staff.

Table 4 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%

Standard 3.5 Record Keeping

The overall compliance score is 91% which is a 1% increase from the previous year.

The standard specifies that, 'Good record keeping is essential to ensure that people receive effective and safe care. There are elements of standards of record keeping that need improvement as indicated in table 5 below. For example the findings demonstrate that improvements are required in relation to signing of food and fluid charts. This is monitored locally and 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 improved.

Table 5. Standard 3.5 Record Keeping	2015	2016	2017
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%
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 weekly fluid chart, is signed by a registered nurse for each 24 hour period?	69%	63%	66%

Standard 4.1 Dignified Care

The overall compliance score is 91% which is a 2% increase on the previous year.

This Standard specifies people's experience of health care is one where everyone is treated with dignity, respect, compassion and kindness and which recognises and addresses individual physical, psychological, social, cultural, language and spiritual needs. A number of improvements have been identified as seen below in table 6.

Table 6. 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%
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, 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 been assessed using an evidence based oral health tool with respect to their oral health needs?	82%	89%	85%
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%
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%

Summary

The Health & Care Standards annual audit has engaged with our patients/carers/service users/staff and volunteers and has identified compliance scores against operational standards and user experience.

This report outlines the key findings in relation to the overall Health Board and has generated detailed information to measure the quality of care delivered. Local clinical areas and Service Delivery Units will need to use their specific findings to triangulate with other relevant information and monitor and measure compliance and the effects of improvements by using their local action plans to improve outcomes. The Service Delivery Units will be responsible for providing assurance to the Quality and Safety Committee by providing updates as part of their Quality and Safety presentations. The audit results can support the information required for the Health & Care Standards scrutiny panel. The 2017 audit has shown that there have been some improvements since the 2015 audit in many areas. Patients have expressed high levels of satisfaction with the standard of care they have received within ABMU Health Board.

4. FINANCIAL IMPLICATIONS

None

5. RECOMMENDATIONS

The Quality & Safety Committee are asked to note the findings and recommendations of the Health & Care Standards audit set out in the detailed report attached.

Governance and Assurance							
Link to corporate objectives (please ✓)	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability		Embedding effective governance and partnerships
			✓				
Link to Health and Care Standards (please ✓)	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources
	✓	✓	✓	✓	✓	✓	✓
Quality, Safety and Patient Experience							
The Health and Care Standards 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.							
Financial Implications							
None							
Legal Implications (including equality and diversity assessment)							
None							
Staffing Implications							
None							
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)							
None							
Report History	Previous versions of this report are available from Corporate Administration.						
Appendices	Attached – Health and Care Standards Full Report						