

3.2 Health & Care Standards Fundamentals of Care Audit 2019

*Presenter: Mandy Rayani*

Item 3.2 Health & Care Standards Fundamentals of Care Audit 2019

Appendix 1

HCSFOC 2019 presentation for QSEAC



**PWYLLGOR ANSAWDD, DIOGELWCH A SICRHAU PROFIOD  
QUALITY, SAFETY AND EXPERIENCE ASSURANCE COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	07 July 2020
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Health Care Standards Fundamentals of Care 2019 Annual Audit Report
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Mandy Rayani, Executive Director of Nursing, Quality & Patient Experience
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Sharon Daniel, Assistant Director of Nursing, Workforce and Professional Standards.

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

The 2019 Health & Care Standards Fundamental of Care (HCSFOC) Annual Audit was undertaken in 137 areas across Hywel Dda University Health Board (HDdUHB) between 1<sup>st</sup> October and 30<sup>th</sup> November 2019. The 2019 report is being presented to QSEAC to inform the Committee of the results of the University Health Board 2019 Health & Care Standards Fundamentals of Care Annual Audit exercise and to highlight the audit findings in relation to key areas of practice. The report provides an overview of HDdUHB findings and makes some comparisons to the results from the previous audits and highlights where compliance has increased or decreased. The narrative also highlights the areas of good practice identified and the areas requiring improvement.

QSEAC are asked to note the Health & Care Standards Fundamentals of Care audit findings (2019) which are presented within this report.

Unless indicated otherwise, the compliance levels are given as percentages, rounded up to the nearest one percent.

**Cefndir / Background**

Since 2009, the NHS in Wales has undertaken a national audit of care and service delivery. The standards set in the 'Fundamentals of Care: guidance for health and social care staff' (2003) were the basis for the 2009-2014 audits. However, since 2015, the annual audit has been undertaken using the standards set in the Health and Care Standards (2015) document. The Health and Care Standards are the core standards for the NHS in Wales and brings together and updates the expectations previously set out in "*Doing Well Doing Better Standards for Health Services in Wales*", and the "*Fundamentals of Care*" Standards 2003. 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.

Between 2009 and 2014 the Chief Nursing Officer (CNO) for Wales mandated that the three elements of the audit should be undertaken, in all applicable clinical areas, and all Health

Boards (HB) were expected to submit a report of the findings to the CNO office. In 2015, the CNO mandated that each HB/Trust would undertake the patient survey element to gather patients' views on their experience of receiving care and this element would be the only element reported to Welsh Government. Since 2016, the CNO has not mandated that any element of the audit needed to be undertaken, however, the Senior Nursing and Midwifery Team within HDdUHB made the decision that all applicable clinical areas would continue to undertake all three elements of the audit.

## Asesiad / Assessment

### The 2019 Report

The Health & Care Standards Fundamental of Care Annual Audit is included as Appendix 1.

The three elements to the audit, are as follows:

- **Patient experience** (Section 4.4 of the report) – 1508 patients/carers completed the patient survey across HDdUHB (a decrease of 24 patients when compared to the number of patients who took part in the 2018 survey).
- **Operational questions** (Section 4.5 of the report)– 671 patients' records including 411 medication charts, 165 food charts, 187 daily fluid charts and 122 weekly fluid charts were reviewed as part of the audit.
- **Our staff** (Section 4.6 of the report) – 992 staff completed the staff survey (19 less than last year).

The summary findings are set out below:

**Patient Experience (page 6-11 of the report):** 1508 patients/families/carers participated in the general patient survey and when asked to rate their satisfaction with their overall experience, using a 1-10 rating score, with 1 being very bad and 10 being excellent, patients gave us a rating of **9.3 out of 10 (93%)** ensuring that Hywel Dda University Health Board achieved a RAG rating of green, in accordance with the All Wales Fundamentals of Care audit criteria, for a six consecutive year. The table below gives a breakdown per year:

<b>Overall satisfaction with Overall experience, using a 1-10 rating score (with 1 being very bad and 10 being excellent), Breakdown per year.</b>				
Year	Number of patients	Score	RAG rating	
2013	642	9.1 out of 10 (91%)	Green	
2014	1018	9.3 out of 10 (93%)	Green	↑
2015	1256	9.2 out of 10 (92%)	Green	↓
2016	1637	9.3 out of 10 (93%)	Green	↑
2017	1672	9.4 out of 10 (94%)	Green	↑
2018	1534	9.3 out of 10 (93%)	Green	↓
2019	1508	9.3 out of 10 (92%)	Green	↔

In addition to the patient satisfaction question, patients were asked 26 core questions. The data shows that we achieved a green RAG rating for 25 of the 26 of the core questions (85% or above). Where there is comparable data, four questions have seen an increase in percentage compliance compared to previous year, twelve have seen a decrease in percentage compliance and ten remain unchanged on last year's position.

24 of the 26 questions showed compliance scores of above 90%, however 11 have seen a decrease in the percentage compliance when compared to last year's data (between 1-2%).

Two aspects of care scored between 85-90%.

- 88% of the patients who responded stated that they were able to speak Welsh to staff if they needed to (↑4% on last year's position) and although the RAG rating for this question has changed from amber to green there is still work to do to ensure that all Welsh speaking patients have the opportunity to speak Welsh if they need to.
- Only 81% of the patients who responded felt they were able to get enough rest and sleep (↓3% on last year's position and ↓6% on the 2017 position). Rest & Sleep remains the lowest scoring aspects of care from a patient's perspective.

The overall patient experience scores for the previous five audit cycles and the 2019 findings are presented in table 8 on page 8-9 of the report, with a number of responses received included below:.

*My experience has been first class, all staff from doctors to domestics have been pleasant, courteous and professional. They are all a credit to themselves and the health board.*

*I have been seen by the district nurses since Feb following an operation and second operation in August on a daily basis all nurses are truly amazing. Always polite, helpful, they explain what they are doing and why regarding the wound. They are always very supportive with my care/medical needs.*

*The staff are very supportive of your choices and help you take care of your baby*

*Each of my experience with my Health Visitor have been positive ones. They are always approachable and happy to discuss any concerns or questions I have. Always friendly and supportive. The service has always been great.*

*My EXPERIENCE HAS BEEN WONDERFUL, STAFF HAVE BEEN GREAT.*

*The staff were brilliant, looked after 24/7. I can't say enough about the care received.*

*Sometimes one or two staff that are not so good and make it a little inconsistent in delivering good care to patients*

*More information about discharge and making a plan together and sticking to the plan. Rather than suddenly changing the plan.*

*This ward is excellent. Some others are less so. (Not as life threatening perhaps) but they still need to treat the WHOLE person not just the symptom.*

**Operational (pages 11-13 of the report):** The 2019 national audit results demonstrate:

- That of the 22 standards included in the audit, HDdUHB achieved 85% or above in 17 of the standards with the remaining five achieving amber RAG ratings (scores between 50-85%).
- Where previous data is available, the 2019 show an increase in compliance for seven standards, a decrease in compliance for twelve standards with three showing an unchanged position.
- Standard 1.1 has seen an increase when compared to last year's position (↑4%) but the RAG rating remain amber.
- Standard 2.8 has seen a decreased in compliance compared to the 2018 position (↓5%). This standard only has specialty specific questions.
- Standard 3.1 has seen an increase when compared to last year's position (↑3%) but the RAG rating remains amber.
- Standard 6.1 has seen a decrease when compared to last year's position (↓4%) and the RAG rating has now changed from green to amber.
- Standard 7.1 has seen a decrease when compared to last year's position (↓7%) and the RAG rating has changed from green to amber.

Operational questions: Overall Standard Summary		2013 RAG %	2014 RAG %	2015 RAG %	2016 RAG %	2017 RAG %	2018 RAG%	2019 RAG%	
Staying Healthy									
1.1	Health Promotion, Protection and Improvement	n/a	n/a	100%	79%	78%	77%	81%	↑
Safe Care									
2.1	Managing Risk and Promoting Health and Safety	94%	91%	92%	92%	95%	94%	92%	↓
2.2	Preventing Pressure and Tissue Damage	93%	88%	88%	93%	93%	92%	89%	↓
2.3	Falls Prevention	96%	85%	86%	90%	89%	88%	89%	↑
2.4	Infection Prevention and Control (IPC) and Decontamination	89%	99%	96%	97%	99%	98%	98%	↔
2.5	Nutrition and Hydration	93%	91%	92%	93%	94%	94%	92%	↓
2.6	Medicines Management	88%	91%	92%	98%	96%	95%	95%	↔
2.7	Safeguarding Children and Safeguarding Adults at Risk	96%	98%	97%	96%	93%	98%	97%	↓
2.8	Blood Management	n/a	n/a	100%	80%	73%	83%	78%	↓
2.9	Medical Devices, Equipment and Diagnostic Systems	92%	90%	90%	96%	96%	95%	99%	↑
Effective Care									
3.1	Safe and Clinically Effective Care	n/a	n/a	n/a	82%	90%	81%	84%	↑
3.2	Communicating Effectively	84%	86%	86%	88%	86%	88%	85%	↓
3.3	Quality Improvement, Research and Innovation	n/a	n/a	n/a	94%	85%	89%	95%	↑
3.4	Information Governance and Communications Technology	n/a	n/a	n/a	n/a	100%	100%	98%	↓
3.5	Record Keeping	94%	86%	89%	90%	90%	89%	87%	↓
Dignified Care									
4.1	Dignified Care	80%	84%	86%	86%	84%	87%	87%	↔
4.2	Patient Information	80%	87%	87%	91%	89%	90%	91%	↑
Timely Care									
5.1	Timely Access	n/a	n/a	n/a	n/a	100%	100%	97%	↓
Individual Care									
6.1	Planning Care to Promote Independence	86%	87%	87%	87%	88%	88%	84%	↓
6.2	Peoples Rights	n/a	81%	93%	92%	85%	93%	96%	↑
6.3	Listening and Learning from Feedback	91%	96%	96%	98%	96%	97%	93%	↓
Staff and Resources									
7.1	Workforce	78%	76%	88%	86%	90%	90%	83%	↓

**Staff Survey:** When asked to rate their overall satisfaction with the care provided to patients and relatives, staff gave the organisation a satisfaction rating of 8.0 out of 10 (80%) which, in accordance with the All Wales FoC Steering Group compliance matrix, is an amber RAG rating. This has seen a decrease of 1% on last year's position, with a number of responses received included below:

Compliance Score when staff were asked to rate their overall satisfaction with the care that you provide to your patients and their families								
	2013	2014	2015	2016	2017	2018	2019	
Overall satisfaction with the care that you provide to your patients and their families.	76%	84%	73%	81%	80%	81%	80%	↓1%

*I feel the continuity of care that we are able to provide gives me great satisfaction in the level of care I can provide*

*I work within an excellent team of hard working individuals*

*Sometimes you wish you had more time to speak with patients without rushing to complete tasks*

*We try very hard to provide excellent care but with the service demands and staffing sometimes we find this difficult and this can be very upsetting for us.*

*I always provide the best care possible, however, sometimes go home feeling disappointed that I could not do more.*

When asked to rate their overall satisfaction with the organisation, staff gave the organisation a satisfaction rating of 7.2 out of 10 (72%), which, in accordance with the All Wales FoC Steering Group compliance matrix, is an amber RAG rating (this is decrease of 1% on last year's position), with a number of responses received included below:

Compliance Score when staff were asked to rate their overall satisfaction with the organisation								
	2013	2014	2015	2016	2017	2018	2019	
Overall satisfaction with the organisation		67%	73%	73%	72%	73%	72%	↓1%

*Sister is a fantastic ward sister, great support, passionate about the hospital all staff think she's fab.*

*I thoroughly enjoy working at my local hospital and take pride in my work.*

*I feel that although the health board talks about values, this is not followed through in practice*

*Senior managers are conspicuous by their absence*

Staff were also asked to respond always, usually, sometimes, never to further 16 questions and the results show that there has been an increase in percentage compliance for six questions, a decrease for six of these questions, whilst four questions are unchanged from last year. Four of the 16 questions show a green RAG rating (one less than last year) and the remaining 11 questions show an amber RAG rating. A breakdown per questions is included on page 15 of the report.

Learning from the 2019 audit: Each service/directorate will use their specific findings to highlight the areas of good practice identified and the areas requiring improvement and develop and monitor their action plans to improve outcomes. Each service/directorate is responsible for providing assurance to their respective Quality, Safety, Experience and Assurance Sub-Committees by providing updates as part of their Quality and Safety presentations.

**Looking forward to 2020:** Wards/teams/services within HDdUHB have been undertaking the Health Care Standards Fundamentals of Care audits since 2009. The plan for 2020 is currently being discussed and Senior Nursing Management Team (SNMT) are giving consideration to suspending the operational element of the audit, in its current format, as there are concerns that it does not provide the assurance required by the Health Board around the fundamental aspects of care and that a review of our assurance processes takes place with the aim of developing an assurance process that focuses on how improvement can be implemented. The factors influencing this proposal include:

- The feedback received on the 2019 audit from a number of services, who have highlighted that the specialty audit tools need to be updated to reflect the current standards and practices for these specialties.

- The increasing number of national audits that specialties are required to undertake which also focus on aspects of fundamentals of care and patient experience.
- The current All Wales nursing documentation digitalisation work stream and how this work aligns with the HCSFOC audit.
- The review being undertaken regarding the role and function of the Health Care Monitoring Group, which oversees the audit on behalf of the Nurse Directors, and the proposed changes to the terms of reference for this group.

It is proposed that we continue with the patient experience and staff survey.

### Argymhelliad / Recommendation

QSEAC are asked to:

- Accept the Health & Care Standards/Fundamentals of Care (2019) audit findings which are presented in this report.
- Note the proposal for the 2020 annual audit.

<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	5.22 Assure the Board in relation to its compliance with relevant healthcare standards and duties, national practice, and mandatory guidance.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply All Health & Care Standards Apply
Nodau Gwella Ansawdd: Quality Improvement Goal(s):	Focus On What Matters To Patients, Service users, Their Families and Carers, and Our Staff
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners.
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives



Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	The themes within the Fundamentals of Care Audit are derived from multiple research studies (as well as narrative reports) which inform the aspects of care that patients identify to be of importance to meeting their core care needs.
Rhestr Termiau: Glossary of Terms:	None
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Sicrhau Profiod: Parties / Committees consulted prior to Quality, Safety and Experience Assurance Committee:	Public Board 28 <sup>th</sup> May 2020

Effaith: (rhaid cwblhau) Impact: (must be completed)	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	It is recognised that good quality care will cost less, than poor quality care, although showing this in cash releasing terms is known to be very difficult. However, this report recognises that standards of care can still be improved in key areas. If areas of local improvement work are supported and prioritised there remains potential to both improve the care experience and also deliver greater efficiencies.
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	<p>The report provides an assurance that the care delivered within the University Health Board continues to achieve a high level of satisfaction amongst patients, whilst also identifying areas of improvement work.</p> <p>The audit enables <b>patients</b>/carers:</p> <ul style="list-style-type: none"> <li>• To share their views and experiences on what we do well and where we need to improve, which will be used to help improve services that we provide,</li> <li>• To have a voice in the quality of care they receive and it ensures an openness and transparency with the quality standards.</li> </ul> <p>It empowers <b>staff</b>:</p> <ul style="list-style-type: none"> <li>• To make a difference and ensures ownership of their practice.</li> <li>• To have a voice in the care that they provide and ensures the focus is on essential elements of care and caring.</li> <li>• To identify areas of good practice and issues for concern.</li> </ul> <p>To develop action plans which enables them to monitor change</p>



<b>Gweithlu: Workforce:</b>	Attention is draw to the staff survey section of the report which aimed to ascertain staff's views about the organisation in relation to key aims and not on any one standard. Many of the findings of this survey reflect those of the NHS Staff Survey (2018) and previous Fundamentals of Care annual audit reports and there needs to be further investigation into all of the domains explored within the audit to ensure that our staff are at the forefront of what we do.
<b>Risg: Risk:</b>	<p>The report provides a measure of the standard of fundamental care identified in the Health &amp; Care Standards delivered to University Health Board patients and thus offers an assessment of the risk (or otherwise) posed by the care delivered to our hospital in-patient population</p> <p>Areas for improvement have been identified and will be included as part of the service specific reports and action plans currently being written.</p>
<b>Cyfreithiol: Legal:</b>	N/A
<b>Enw Da: Reputational:</b>	N/A
<b>Gyfrinachedd: Privacy:</b>	No patient identifiable information has been included in the report.
<b>Cydraddoldeb: Equality:</b>	The Health & Care Standards Fundamentals of Care Audit 2019 report assesses the care standards delivered to all patients in our care. No significant inequality issues were identified through the audit although work to improve aspects of care for all patients is reflected in the action plan developed in response to the audit and which forms part of the report.

## Health & Care Standards Fundamentals of Care Annual Audit Report



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

Pawb yn gwrtais a  
serchog fel arfer.

The staff were  
outstanding, friendly  
helpful and  
approachable. They  
made my stay a  
positive one



All staff are excellent  
efficient, friendly,  
thorough and  
attentive



I've found all members  
of staff to be  
exceptionally kind,  
helpful, respectful and  
homely. Really  
Excellent!



My relative has built a  
very good relationship  
with the staff.... He is  
treated with dignity and  
respect at all times and as  
a family we could not ask  
for more. Diolch yn fawr

My experience has  
been first class, all staff  
from doctors to  
domestics have been  
pleasant, courteous  
and professional.



All the staff that I encountered  
were both helpful, kind and  
reassuring, not just to me but  
my family. Nothing was ever  
too much trouble for them  
even under great pressure. I  
have the greatest respect for  
the dedication that was shown

# 2019



# Health & Care Standards

## 1. Situation

The 2019 Health & Care Standards Fundamentals of Care annual audit was undertaken in 134 clinical wards/units/services across Hywel Dda University Health Board (H DUHB) between 1<sup>st</sup> October and 30<sup>th</sup> November 2019. The areas that took part were:

**Table 1: breakdown of areas from Acute Services who participated in the annual audit**

	Bronglais General Hospital	Glangwili General Hospital	Prince Philip Hospital	Withybush General Hospital	Total
General medical wards.	4	6	6	4	20
General surgical wards.	2	5	2	3	12
Critical Care	1	1	1	1	4
Cardiac Care	0	1	1	1	3
Outpatients Departments	2	1	2	3	8
Endoscopy Units.	1	1	1	1	4
Day Surgery Units	1	2	1	1	5
Medical Day Units	0	1	1	1	3
Theatres	1	1	1	1	4
Pre-Assessment Units	1	1	1	1	4
Rheumatology	-	-	1	-	1
Accident & Emergency/Clinical Decision units/Acute Medical Admissions Unit/Minor Injuries Unit	1	2	2	2	7
<b>Total</b>	<b>14</b>	<b>22</b>	<b>20</b>	<b>19</b>	<b>75</b>

**Table 2: breakdown of areas from Women and Children Services who participated in the annual audit**

	Bronglais General Hospital	Glangwili General Hospital	Prince Philip Hospital	Withybush General Hospital	Total
In patient ward	-	1	-	-	1
Maternity.	1	1	-	1	3
Neonatal Care.	-	1	-	-	1
Paediatrics.	1	3	-	1	5
<b>Total</b>	<b>2</b>	<b>6</b>	<b>-</b>	<b>2</b>	<b>10</b>

**Table 3: breakdown of areas from Mental Health & Learning Disabilities Services who participated in the annual audit**

	Ceredigion	Carms Glangwili	Prince Philip	Pembs	Hafan Derwen site	Total
Mental Health – inpatient	1	1	2	2	2	8
Learning Disabilities	-	-	-	-	1	1
<b>Total</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>3</b>	<b>9</b>

**Table 4: breakdown of areas from Community Services who participated in the annual audit**

	Ceredigion	Carmarthenshire	Pembrokeshire	Total
Adult inpatient areas	1	2	2	5
Palliative Care Unit	-	1	-	1
Day Units	-	-	1	1
Outpatient departments	2	-	-	2
Minor Injuries Units	1	-	1	2
District Nursing Teams	6	8	8	22
<b>Total</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>33</b>

**Table 5: breakdown of areas from Health Visiting who participated in the annual audit**

# Health & Care Standards

	Ceredigion	Carmarthenshire	Pembrokeshire	Total
Generic teams	1	2	2	5
Flying Start	1	1	-	2
Total	2	3	2	7

The HB findings from the 2019 Annual Health and Care Standards operational audits, patient survey and staff survey are presented in this report which makes some comparisons to the results from the previous audits and will highlight where compliance has increased or decreased. Each service/directorate will use their specific findings to highlight the areas of good practice identified and the areas requiring improvement and develop and monitor their action plans to improve outcomes. Each service/directorate is responsible for providing assurance to their respective Quality, Safety, Experience and Assurance sub-committees by providing updates as part of their Quality and Safety presentations.

The audit results are local measurement to inform quality improvement and to share and celebrate good practice and the results should not be used to compare services/directorates within the HB. It must be recognised that there are limitations in making summative comparisons as the number of areas undertaking the audit has increased year on year.

Unless indicated otherwise, the compliance levels are given as percentages, rounded up to the nearest one percent.

# Health & Care Standards

## 3. Background

The NHS in Wales has undertaken a national audit of care and service delivery since 2009 and the audit has included three elements:

- Patient Experience Survey – where we asked patients about their experiences of care.
- Operational – This included a retrospective examination of patient records to measure compliance against the standards and triangulation of information and observation of clinical practice.
- Staff Survey – where we asked staff about their experience of working within the organisation.

The standards set in the 'Fundamentals of Care: guidance for health and social care staff' (2003) were the basis for the 2009-2014 audits. However, since 2015, the annual audit has been undertaken using the standards set in the **Health and Care Standards (2015)** document. The Health and Care Standards are the core standards for the NHS in Wales and brings together and updates the expectations previously set out in "*Doing Well Doing Better Standards for Health Services in Wales*", and the "*Fundamentals of Care*" Standards (2003). 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.



It is recognised that the audit:

*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.
- Have a voice in the care that they provide and ensure the focus is on essential elements of care and caring.
- 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 nursing care.
- Develop organisational policies and procedures.
- Identify key themes for improvement.
- Adopt a culture of openness and transparency with the quality standards.

The audit is no longer mandated by the CNO; however HBs/Trust continue to undertake the audit to complete the audit as it provides a mechanism to monitor/measure the quality of nursing care provided within our organisations, whilst giving patients and staff an opportunity to share their views and experience.

## 4. Assessment

**4.1 Undertaking the Fundamentals of Care Audit 2019** – As in previous years, the time scale for staff to complete this year's audit was 1<sup>st</sup> October - 30<sup>th</sup> November 2019. The senior nursing and midwifery team agreed that, as in previous years, all three elements of the audit (user experience, staff survey and operational audits) would be undertaken in all the relevant clinical wards/services/units within the HB. This is in line with most other HBs/Trusts across Wales who are undertaking at least one or more elements of the audit.

**4.1.1 Patient Survey:** For the 2019 patient survey, it was agreed that the sample size would be 15 patients on the ward/department/case load on a given day. It was agreed that teams could choose any day between the 1<sup>st</sup> October and the 31<sup>st</sup> October 2019. Patients from 127 wards/units/services participated in the audit (theatres were excluded from this element of the audit and three other wards/units/services did not complete this element of the audit).

**4.1.2 Staff Survey:** The survey was available as an online survey or staff could complete a paper version if they wished. The online version of the survey was available from the 1<sup>st</sup> November to the 4<sup>th</sup> December 2019. As in previous years, the primary focus of the staff survey was nursing staff but any member of the multidisciplinary team could complete the survey if they wished.

**4.1.3 Operational:** 130 clinical wards/units/services completed this element of the audit. The Senior Nursing and Midwifery Team agreed that the 2019 audit would be undertaken as a peer review audit and each service lead was asked to arrange this within their service. A number of approaches were used for the 2019 audit and these will be reviewed to determine the best approach for the 2020 audit. The approaches included:

- Self audit by teams/wards/departments;
- One auditor identified for all the service who completed the audit for each area within that service (this was either a senior nurse or an identified registered nurse from within the service);
- One auditor identified who supported the teams/wards/departments within that service to undertake the audits;
- Team of auditors identified and the standards divided up between the team (each auditor completed the audits on the same standards across the service).

**4.1.4 Compliance Matrix** – the agreed compliance matrix for all elements of the audit is set out in diagram 1.

Diagram 1: Compliance Matrix
>85%
50%-85%
<50%

**4.2 Triangulation of data** –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.

**4.3 Health & Care Standards Fundamentals of Care Results:** The results from the Health & Care/Fundamentals of Care Audit can be found in the following pages and incorporates the results from the following service areas:

- Medical wards.
- Surgical wards.
- Theatres.
- Outpatients Departments.
- Endoscopy Units.
- Day Surgery Units.
- Unscheduled Care.
- Mental Health.
- Maternity.
- Neonatal Care.
- Paediatrics.
- Learning Disabilities.
- District Nursing Teams.

The list of the wards/teams/services who participated in the audit are included in appendix 1.

As stated previously, there were three elements to the audit:

- **Patient experience** (Section 4.4)– 1508 patients/carers completed the patient survey across the HB (a decrease of 24 patients when compared to the number of patients who took part in the 2018 survey).
- **Operational questions** (Section 4.5)– 671 patients' records including 411 medication charts, 165 food charts, 187 daily fluid charts and 122 weekly fluid charts were reviewed as part of the audit.
- **Our staff** (Section 4.6)– 992 staff completed the staff survey (19 less than last year).

#### 4.4.1 Source of the data – the source of the data in this report is taken from the Health & Care Monitoring System.









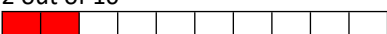


**4.4 Patient Experience: Overall Patient Satisfaction:** 1508 patients/families/carers participated in the general patient survey and when asked to rate their satisfaction with their overall experience, using a 1-10 rating score, with 1 being very bad and 10 being excellent, patients gave us a rating of **9.3 out of 10 (93%)** ensuring that Hywel Dda University Health Board achieved a RAG rating of green, in accordance with the All Wales Fundamentals of Care audit criteria, for a six consecutive year. The table below gives a breakdown per year:

<b>Table 6: Overall satisfaction with Overall experience, using a 1-10 rating score (with 1 being very bad and 10 being excellent), Breakdown per year.</b>				
Year	Number of patients	Score	RAG rating	
2013	642	9.1 out of 10 (91%)	Green	
2014	1018	9.3 out of 10 (93%)	Green	↑
2015	1256	9.2 out of 10 (92%)	Green	↓
2016	1637	9.3 out of 10 (93%)	Green	↑
2017	1672	9.4 out of 10 (94%)	Green	↑
2018	1534	9.3 out of 10 (93%)	Green	↓
2019	1508	9.3 out of 10 (92%)	Green	↔



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Table 7 shows the breakdown per score and shows that 62.5% of the patients who responded gave the HB a 10 out of 10 rating (2 patients less than last year). However, 40 patients gave the HB a rating of 5 out of 10 or below (an increase of 5 patients).

<b>Table 7: Overall satisfaction with Overall experience, using a 1-10 rating score (with 1 being very bad and 10 being excellent), Breakdown per score.</b>								
	2013	2014	2015	2016	2017	2018	2019	
10 out of 10 	58.4% n=377	64.7% n=659	59.73% n=742	62.18% n=1018	63.04% n=1054	62.17% n=955	62.53% n=953	↓
9 out of 10 	20.6% n=133	18.7% n=190	19.77% n=246	18.45% n=302	19.92% n=333	18.95% n=291	18.64% n=284	↓
8 out of 10 	13.8% n=89	9.2% n=94	12.94% n=161	12.95% n=212	11% n=184	11.52% n=177	12.01% n=183	↑
7 out of 10 	5.6% n=36	3.9% n=40	3.46% n=43	3.30% n=54	2.87% n=48	3.06% n=47	3.28% n=50	↑
6 out of 10 	0.6% n=4	1.7% n=18	1.77% n=22	1.28% n=21	1.14% n=19	1.89% n=29	0.92% N=14	↓
5 out of 10 	0.8% n=5	0.9% n=10	1.45% n=18	1.16% n=19	0.90% n=15	1.50% n=23	1.84% n=28	↑
4 out of 10 	0.2% n=1	0.4% n=4	0.16% n=2	0.12% n=2	0.06% n=1	0.20% n=3	0.20% n=3	↔
3 out of 10 	0% n=0	0.1% n=1	0.08% n=1	0.37% n=6	0.12% n=2	0.26% n=4	0.26% n=4	↔
2 out of 10 	0% n=0	0% n=0	0% n=0	0.12% n=2	0.06% n=1	0.13% n=2	0% n=0	↓
1 out of 10 	0.2% n=1	0.1% n=1	0.56% n=7	0.06% n=1	0.18% n=3	0.20% n=3	0.33% n=5	↑
0 out of 10 	0% n=0	0.1% n=1	0.08% n=1	0% n=0	0.06% n=1	0% n=0	0% n=0	↔

In addition to the patient satisfaction question, patients were asked 26 core questions. The data shows that we achieved a green RAG rating for 25 of the 26 of the core questions (85% or above). Where there is comparable data, four questions have seen an increase in percentage compliance compared to last year, twelve have seen a decrease in percentage compliance and ten remain unchanged on last year's position.

24 of the 26 questions showed compliance scores of above 90%, however 11 have seen a decrease in the percentage compliance when compared to last year's data (between 1-2%).

Two aspects of care scored between 85-90%.

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- 88% of the patients who responded stated that they were able to speak Welsh to staff if they needed to (↑4% on last year's position) and although the RAG rating for this question has changed from amber to green there is still work to do to ensure that all Welsh speaking patients have the opportunity to speak Welsh if they need to.
- Only 81% of the patients who responded felt they were able to get enough rest and sleep (↓3% on last year's position and ↓6% on the 2017 position). Rest & Sleep remains the lowest scoring aspects of care from a patient's perspective.

The overall patient experience scores for the previous five audit cycles and the 2019 findings are presented in table 8. In addition to the core questions there are specialty specific patient questions and these are included in the relevant service/directorate reports.

<b>Table 8: overall results/core questions/HB</b>								
<b>Summary/Indicator</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	
<b>First and Lasting Impressions</b>								
Patients felt that they were treated with dignity and respect	98%	99%	98%	99%	99%	98%	98%	↔
Patients felt they were given enough privacy	99%	99%	98%	97%	99%	97%	98%	↑
Patients felt that people were polite to them				98%	99.5%	99%	99%	↔
Patients felt that if they asked for assistance they got it when they needed it	95%	96%	97%	96%	98%	97%	97%	↔
Patients felt they received help quickly and discreetly to use the toilet	95%	97%	97%	96%	95%	96%	95%	↓
Patients felt they were kept informed regarding delays		93%	92%	90%	91%	92%	90%	↓
Patients felt that they were able to speak Welsh to staff if they needed to					86%	84%	88%	↑
<b>Receiving care in a safe, supportive, healing environment</b>								
Patients felt safe	99%	99%	98%	98%	99%	99%	98%	↓
Patients felt they were made to feel comfortable	96%	98%	97%	98%	99%	98%	98%	↔
Patients felt they were kept, as far as possible, free from pain	96%	97%	96%	96%	98%	96%	96%	↔
Patients felt they were provided with water and drinks	96%	97%	97%	98%	98%	97%	98%	↑
Patients felt that the clinical area was kept clean and tidy	98%	99%	99%	99%	99%	99%	98%	↓
Patients felt they were provided with nutritious snacks	93%	93%	95%	93%	93%	95%	95%	↔
Patients felt that staff were kind and helpful				99%	99%	99%	99%	↔
Patients felt they were given help with feeding if needed it	96%	98%	97%	96%	94%	93%	96%	↑
Patients felt they were able to get enough rest and sleep	84%	88%	85%	83%	87%	84%	81%	↓

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Summary/Indicator	2013	2014	2015	2016	2017	2018	2019	
Patients felt that they had their hygiene needs met	98%	99%	98%	98%	98%	98%	97%	↓
Patients felt they were given help with their mouth care	91%	97%	95%	94%	88%	93%	91%	↓
Patients felt that were given help and advice on how to prevent damage to your skin				97%	90%	88%	87%	↓
<b>Understanding and Involvement in Care</b>								
Patient felt that they were given full information about their care	95%	96%	95%	95%	97%	97%	97%	↔
Patients felt that things were explained to them in a way that they could understand					93%	96%	96%	↔
Patients felt that they understood what was happening in their care					97%	96%	95%	↓
Patients felt that they were given help to be as independent as possible	98%	98%	98%	97%	97%	97%	97%	↔
Patients felt that they were listened to				96%	97%	97%	96%	↓
<b>Summary/Indicator</b>								
Patients felt that they were involved as much as you wanted to be in decisions about their care					96%	95%	94%	↓
Patients felt that they were involved as much as they wanted to be in decisions about their discharge				90%	90%	91%	89%	↓

A detailed breakdown of each question is included as appendix 2.

**Who completed the survey:** Teams were advised to randomly select the patients who were given the questionnaire as it is important that patients who are frail and vulnerable and who might not be able to complete the questionnaire independently are not excluded from having the opportunity to provide feedback about their care. 71% of the questionnaires were completed by the patient (↓3% on last year), 20% were completed by family/carer/friend on behalf of the patient (↑5% on last year) and 9% were completed by health care professional on the patient's behalf (↓2% on last year).

The data shows that the majority of patients who completed the survey were independent enough to complete the questionnaire on their own; however, 29% (n=439) of the patients who were included in the survey required the support of someone else to complete the survey (↑2.5% on last year). Where the questionnaires were completed by family/carer/friend or healthcare professional, the individual completing the questionnaire was asked to document the reason why so that we could better understand the reasons why the patients needed support to complete the survey. Where the family or healthcare professional had responded to this question, the main reasons the patients required support were, in order of frequency:

- Vision– 53 patients required support as they were unable to complete the questionnaire because they could not see to read it either because of a visual impairment or because they had left their glasses at home. (↑9 compared than last year).

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- Clinical Condition – 48 patients required support to complete the questionnaire because of their clinical condition as they were too unwell to complete it themselves (↑3 patients on last year).
- Ability to write - 41 noted that they were either unable to write or had lost the ability to write because of an illness or had lost the dexterity to hold a pen. This was nine more patients than last year.
- Cognitive impairment – the number of patients who required support due to cognitive impairment e.g. dementia, memory loss remains low (N=18) considering that a growing number of patients admitted to hospital have a cognitive impairment (↓1 patient on last year).
- Ability to read - A small number of patients (n=7) required support as they were unable to read the questions or the print was too small for them to read.

61% of the patients (n=898) who complete the survey were aged 60 year and above (↓2% on last year). The table below gives a breakdown of the number of patients who completed the patient survey per age group:

Table 9: Breakdown per age group.								
	0-18	18-29	30-39	40-49	50-59	60-69	70-79	80 Plus
Number of patients	70	116	148	94	146	243	339	316
Percentage per age group	4.76%	7.88%	10.05%	6.39%	9.92%	16.51%	23.03%	21.47%

\*36 patients chose not to answer this question.

## What does the Fundamentals of Care Patient Experience Survey tell us?

**First & Lasting Impressions:** The survey shows that most of the time we do provide a positive patient experience and a good standard of care, however, there are occasions when this isn't always the case and we need to ensure that all staff maintain the HB's organisational values of treating people with dignity and respect.

*My experience has been first class, all staff from doctors to domestics have been pleasant, courteous and professional. They are all a credit to themselves and the health board.*

*My EXPERIENCE HAS BEEN WONDERFUL, STAFF HAVE BEEN GREAT.*

*The staff were brilliant, looked after 24/7. I can't say enough about the care received.*

*Sometimes one or two staff that are not so good and make it a little inconsistent in delivering good care to patients*

The number of staff on the wards/departments remains a concerns for patients with a number commenting on the staffing levels on the wards/departments and the need for "more staff".

**Receiving care in a safe, supportive, healing environment:** The survey shows that patients feel that, most of the time, they receive care in a safe, supportive, healing environment but we don't get it right for everyone.

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*I have been seen by the district nurses since Feb following an operation and second operation in August on a daily basis all nurses are truly amazing. Always polite, helpful, they explain what they are doing and why regarding the wound. They are always very supportive with my care/medical needs.*

*The staff are very supportive of your choices and help you take care of your baby*

*Each of my experience with my Health Visitor have been positive ones. They are always approachable and happy to discuss any concerns or questions I have. Always friendly and supportive. The service has always been great.*

*More information about discharge and making a plan together and sticking to the plan. Rather than suddenly changing the plan.*

*This ward is excellent. Some others are less so. (Not as life threatening perhaps) but they still need to treat the WHOLE person not just the symptom.*

Car parking facilities remains a concern for patients with one stating that “parking is nightmare” and a number of patients stating that more car parking is required.

**Understanding and Involvement in Care:** The survey shows that the majority of patients understand and are involved in their care but there are examples when we could do better,

*Very informative and understanding.*

*Very many thanks to everyone who advised, were friendly - even more so helped me to understand what was going on and more importantly why I was there.*

*Inform patients beforehand if they require a 'flow test' or scan before they arrive at the hospital.*

*Personally I think some more time could be spent explaining patients conditions to them.*

*I feel that there is improvement to be made by the way patients are booked in on certain days, as it can be frustrating when you don't understand who is talking to you on the desk as not everything is clear.*

**4.5 Operational Findings** – Table 10 provides the overall total percentage compliance for the operational questions, per standard for each ward/department included. A comparison between the audit results for the previous audit cycles has been provided to show where improvements have been noted. There are limitations to making comparisons and it is important to note that each standard includes additional specialty specific questions and for some standards, only specialty specific questions were asked and the report highlights where this applies.

It must also be noted that although there are 22 standards in the Health & Care Standards (2015) document, there were no operational questions included for two of the standards (Standard 3.4 Information Governance and Communications Technology and Standard 5.1: Timely Access) prior to the 2017 audit. For the 2017, 2018 and 2019 audits the two standards only have specialty specific questions.

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Table 10: Operational questions: Overall Standard Summary		2013 RAG %	2014 RAG %	2015 RAG %	2016 RAG %	2017 RAG %	2018 RAG %	2019 RAG %	
Staying Healthy									
1.1	Health Promotion, Protection and Improvement	n/a	n/a	100%	79%	78%	77%	81%	↑
Safe Care									
2.1	Managing Risk and Promoting Health and Safety	94%	91%	92%	92%	95%	94%	92%	↓
2.2	Preventing Pressure and Tissue Damage	93%	88%	88%	93%	93%	92%	89%	↓
2.3	Falls Prevention	96%	85%	86%	90%	89%	88%	89%	↑
2.4	Infection Prevention and Control (IPC) and Decontamination	89%	99%	96%	97%	99%	98%	98%	↔
2.5	Nutrition and Hydration	93%	91%	92%	93%	94%	94%	92%	↓
2.6	Medicines Management	88%	91%	92%	98%	96%	95%	95%	↔
2.7	Safeguarding Children and Safeguarding Adults at Risk	96%	98%	97%	96%	93%	98%	97%	↓
2.8	Blood Management	n/a	n/a	100%	80%	73%	83%	78%	↓
2.9	Medical Devices, Equipment and Diagnostic Systems	92%	90%	90%	96%	96%	95%	99%	↑
Effective Care									
3.1	Safe and Clinically Effective Care	n/a	n/a	n/a	82%	90%	81%	84%	↑
3.2	Communicating Effectively	84%	86%	86%	88%	86%	88%	85%	↓
3.3	Quality Improvement, Research and Innovation	n/a	n/a	n/a	94%	85%	89%	95%	↑
3.4	Information Governance and Communications Technology	n/a	n/a	n/a	n/a	100%	100%	98%	↓
3.5	Record Keeping	94%	86%	89%	90%	90%	89%	87%	↓
Dignified Care									
4.1	Dignified Care	80%	84%	86%	86%	84%	87%	87%	↔
4.2	Patient Information	80%	87%	87%	91%	89%	90%	91%	↑
Timely Care									
5.1	Timely Access	n/a	n/a	n/a	n/a	100%	100%	97%	↓
Individual Care									
6.1	Planning Care to Promote Independence	86%	87%	87%	87%	88%	88%	84%	↓
6.2	Peoples Rights	n/a	81%	93%	92%	85%	93%	96%	↑
6.3	Listening and Learning from Feedback	91%	96%	96%	98%	96%	97%	93%	↓
Staff and Resources									
7.1	Workforce	78%	76%	88%	86%	90%	90%	83%	↓

A detailed breakdown per question is included as appendix 3.

## What does the operational findings tell us?

The findings show:

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- That of the 22 standards included in the audit, the HB achieved 85% or above in 17 of the standards with the remaining five achieving amber RAG ratings (scores between 50-85%).
- Where previous data is available, the 2019 show an increase in compliance for seven standards, a decrease in compliance for twelve standards with three showing an unchanged position.
- Standard 1.1 has seen an increase when compared to last year's position (↑4%) but the RAG rating remain amber.
- Standard 2.8 has seen a decreased in compliance compared to the 2018 position (↓5%). This standard only has specialty specific questions.
- Standard 3.1 has seen an increase when compared to last year's position (↑3%) but the RAG rating remains amber.
- Standard 6.1 has seen a decrease when compared to last year's position (↓4%) and the RAG rating has now changed from green to amber.
- Standard 7.1 has seen a decrease when compared to last year's position (↓7%) and the RAG rating has changed from green to amber.

**4.6 Our Staff - Staff Survey Findings:** The annual HCS/FoC audit includes a survey aimed at ascertaining staff's views about the organisation in relation to key aims. The survey has been undertaken annually since 2013.

A total of 992 staff completed the staff survey. Although the main focus of the staff survey was to ascertain the views of nursing staff, there was opportunity for other staff groups to participate. The table 38 demonstrates the breakdown of staff that completed the survey by staff group.

Table 38: Breakdown of staff per staff group		
Staff group	Total Number	Percentage
Nurse	440	44%
District Nurse	42	4%
Doctor	7	1%
Administrative Assistant	31	3%
Midwife	57	6%
Health Care Support Worker	296	44%
Health Visitors	49	5%
Allied Health Professional	10	1%
Operating Department Practitioner	9	1%
Other (please specify)	51	5%
Total	992	

**Results per question** Staff are asked to response always, usually, sometimes, never to 16 questions and asked to rate two questions on a scale of 0-10.

**Staff Satisfaction** - staff were asked to rate their overall satisfaction with the care that they provide to patients and their families and their overall satisfaction with the organisation, using a scale of 1-10, with 1 being very bad and 10 being excellent.

When asked to rate their overall satisfaction with the care provided to patients and relatives, staff gave the organisation a satisfaction rating of 8.0 out of 10 (80%) which, in accordance with the All Wales FoC Steering Group compliance matrix, is an amber RAG rating. This has seen a decrease of 1% on last year's position.



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Table 39: Compliance Score when staff were asked to rate their overall satisfaction with the care that you provide to your patients and their families								
	2013	2014	2015	2016	2017	2018	2019	
Overall satisfaction with the care that you provide to your patients and their families.	76%	84%	73%	81%	80%	81%	80%	↓1%

*I feel the continuity of care that we are able to provide gives me great satisfaction in the level of care I can provide*

*I work within an excellent team of hard working individuals*

*Sometimes you wish you had more time to speak with patients without rushing to complete tasks*

*We try very hard to provide excellent care but with the service demands and staffing sometimes we find this difficult and this can be very upsetting for us.*

*I always provide the best care possible, however, sometimes go home feeling disappointed that I could not do more.*

When asked to rate their overall satisfaction with the organisation, staff gave the organisation a satisfaction rating of **7.2** out of 10 (**72%**), which, in accordance with the All Wales FoC Steering Group compliance matrix, is an **amber** RAG rating (this is decrease of 1% on last year's position).

Table 40: Compliance Score when staff were asked to rate their overall satisfaction with the organisation								
	2013	2014	2015	2016	2017	2018	2019	
Overall satisfaction with the organisation		67%	73%	73%	72%	73%	72%	↓1%

*Sister is a fantastic ward sister, great support, passionate about the hospital all staff think she's fab.*

*I thoroughly enjoy working at my local hospital and take pride in my work.*

*I feel that although the health board talks about values, this is not followed through in practice*

*Senior managers are conspicuous by their absence*

**Staff Survey Questions:** staff were asked to respond always, usually, sometimes, never to further 16 questions and the results show that there has been an increase in percentage compliance for six questions, a decrease for six of these questions, whilst four questions are unchanged from last year. Four of the 16 questions show a green RAG rating (one less than last year) and the remaining 11 questions show an amber RAG rating.

Areas requiring improvement include:

- ensuring that there is further investigation and improvement work to all of the domains explored within the audit to ensure that we continue to put staff at the forefront of what we do. We need to show staff that we responded to the issues identified in the survey as

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this helps address the perception that 'nothing is done' with the survey results, which can lower future response rates.

Table 42 demonstrates the overall compliance percentage per question.

<b>Table 42: Whole HB/Staff Survey</b>								
<b>Description/Indicator</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	
Make sure you are able to access up to date information in order to be able to do your job.	87%	90%	90%	92%	90%	92%	92%	↔
Ensure that as an employee you are treated with dignity and respect.	66%	75%	82%	85%	83%	85%	84%	↓
Make you feel safe at work.	77%	82%	83%	88%	85%	87%	87%	↔
Make you feel you have a positive contribution to patient care.	75%	81%	83%	88%	85%	88%	85%	↓
Provide you with sufficient equipment to do your job.	80%	82%	81%	82%	80%	79%	80%	↑
Provide you with opportunities to enhance your skills and professional development.	55%	59%	66%	74%	73%	76%	75%	↓
Provide you with feedback on the outcomes of any incidents/accidents that you report or that are reported within your clinical area?	51%	57%	61%	68%	68%	70%	74%	↑
Provide you with opportunity to identify and learn from good practice to bring about improvements in care.	65%	70%	71%	81%	80%	81%	82%	↑
Provide opportunities for you to raise any concerns that you have.	68%	73%	77%	82%	80%	81%	84%	↑
Provide you with the opportunity to establish a work life balance.	61%	67%	69%	75%	71%	74%	77%	↑
Make you feel a valued member of the organisation and have a sense of belonging.	54%	62%	64%	72%	71%	73%	70%	↓
Make you feel proud to be a nurse / allied health professional.	56%	65%	69%	75%	75%	76%	78%	↑
Put local citizens at the heart of everything we do'.		61%	66%	79%	73%	77%	75%	↓
Ensure that you have the knowledge and skills to deliver a consistent standard in the fundamental aspects of compassionate care.	76%	82%	86%	90%	86%	90%	90%	↔
Work together to be the best that we can be.				79%	76%	80%	80%	↔
Strive to deliver and develop excellent services.				84%	82%	84%	83%	↓

*Could not wish for better support and sense of belonging.*

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*Always feel treated with respect and dignity by immediate line manager/work colleagues*

*I feel a valued members of my team.... They are my extended family*

*I have found the CEO very approachable and proactive when I have raised concerns with him*

*Good department, very good learning opportunities and able to provide dignified care to patients*

*I feel that I can have open and honest communication with my seniors and colleagues*

*I am frequently given positive feedback relating to my practice*

*Have thoroughly enjoyed the course that I have attended this year, I feel more equipped to do my job and there has definitely been an improvement in encouraging staff to attend training and learning and development*

*Some appear to have little respect for HCSWs.*

*The way staff are sometimes spoken to by [some individuals], who put a lot of pressure on us, is not always respectful*

*I feel undervalued and just a number, not a person*

*We are not always heard and valued*

*I have always rated this highly, but at present feel it no longer exist*

*Sometimes I feel undervalued with a lack of respect for the work I do*

*Attitude from higher banding is not always acceptable*

*When equipment is condemned or broken the amount of time it takes to replace them*

*I am exasperated in how little respect is shown to patients. Patient flow is perceived as the most important, but leaves the UHB values on the wall but not in our hearts & certainly not in our DNA".*

## What does the Staff Survey tell us?

Although the compliance score have seen changes since the staff survey was first undertaken in 2013, the themes of the comments have remained fairly consistent. The themes from the comments provided by staff included:

- Concerns about staffing with comment about "staffing deficits", 'low staffing', 'lack of staff' and 'staff shortages' a recurring theme in the comments.
- Generally, staff feel valued by their immediate team but not always by the wider organisation.
- Availability of equipment.
- The feeling of not being listened to and lack of feedback when concerns are raised.
- Demands of the service, particularly around patient flow.
- Car parking.

**Learning from the 2019 audit:** the service specific results of this audit will be review within the operational teams' current governance structures and included in each of the services report to ensure that any areas of good practice and areas for improvement are identified and shared. Local action plans will be developed by individual wards/departments/services and will form part of the wider service action plans and these will be monitored by the operational governance forums.

**Looking forward to 2020:** As previously mentioned, wards/teams/services within the HB have been undertaking the Health Care Standards Fundamentals of Care audits since 2009. The plan for 2020 is currently being discussed and SNMT are giving consideration to suspending the operational element of the audit, in its current format, as there are concerns that it does not provide the assurance required by the Health Board around the fundamental aspects of care and that a review of our assurance processes takes place with the aim of developing an assurance process that focuses on how improvement can be implemented. This factors influencing this proposal include:

- The feedback received on the 2019 audit from a number of services, who have highlighted that the specialty audit tools need to be updated to reflect the current standards and practices for these specialties.
- The increasing number of national audits that specialties are required to undertaken which also focus on aspects of fundamentals of care and patient experience.
- The current All Wales nursing documentation digitalisation work steam and how this work aligns with the HCSFOC audit.
- The review being undertaken about the role and function of the Health Care Monitoring Group, which oversees the audit on behalf of the Nurse Directors, and the proposed changes to the terms of reference for this group.

It is proposed that we continue with the patient experience and staff survey.

## **Acknowledgements**

I wish to thank all the patients, families and carers who took part in the patient survey; their continued contribution to the audit helps us show where we are providing excellent standards of high quality care and where we need to focus our improvement work.

I also wish to thank our staff, who continue to work hard during very challenging times to ensure that patients receive the best possible care and I recognise their commitment to provide high quality compassionate care to our patients and their families.

**Mandy Rayani**  
**Director of Nursing, Quality & Patient Experience,**  
**Hywel Dda University Health Board.**

## References

1. **All Wales Health & Care Monitoring Network Group (2016):** Resources  
<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=910&pid=69605>
2. **Nursing & Midwifery Council (2015)** Code: professional standards of practice and behaviour for nurses and midwives.
3. **Welsh Assembly Government (WAG) (2003)** Fundamentals of Care. Guidance for Health and Social Care Staff. Improving the quality of fundamental aspects of health and social care for adults
4. **Welsh Government** (2015) Health & Care Standards

# Health & Care Standards

## Appendix 1: List of the wards/teams/departments who participated in the audit:

	Ward/Team Service	Health & Care Standards	User Experience
1	ABER OPD	Completed	data entered
2	AVH Amman Valley Hospital	Completed	data entered
3	AVH Amman Valley OPD	Completed	data entered
4	BGH Angharad	Completed	data entered
5	BGH Ceredig	Completed	data entered
6	BGH Day Surgical Unit	Completed	data entered
7	BGH Dyfi	Completed	data entered
8	BGH Emergency Department	Completed	data entered
9	BGH Endoscopy	Completed	data entered
10	BGH Gwennllian	Completed	data entered
11	BGH Intensive Care Unit	Completed	data entered
12	BGH Meurig	Completed	data entered
13	BGH Pre-Assessment Unit	Completed	data entered
14	BGH Rhiannon	Completed	data entered
15	BGH Theatres	Completed	Not applicable
16	BGH Y Banwy	Completed	data entered
17	BGH Ystwyth	Completed	data entered
18	BGHOPD	Completed	data entered
19	NROADOPD	Completed	data entered
20	CAR Cardigan Minor Injuries Unit	Completed	data entered
21	CAR OPD	Completed	data entered
22	CARMS Amman Team	Completed	data entered
23	CARMS Carmarthen Town	Completed	data entered
24	CARMS Gwendraeth Team	Completed	data entered
25	CARMS Llandysul	Completed	data entered
26	CARMS Llanelli Team K (Burry Port, Kidwelly, Llangennech, Llwynhendy & Talybont)	Completed	data entered
27	CARMS Llanelli Team S (Ashgrove, Fairfield, Avenue Villa & Ty Elli)	incomplete	data entered
28	CARMS Towy Team	Completed	data entered
29	CARMS Vale of Taf	Completed	data entered
30	CER Aberaeron/New Quay District Nursing	Completed	data entered
31	CER Church/Borth District Nursing, Aberystwyth	Completed	data entered
32	CER Lampeter/Llanybydder District Nursing	Completed	data entered
33	CER Newcastle Emlyn/Cardigan District Nursing	Completed	data entered
34	CER Tregaron/Llanila District Nursing	Completed	data entered
35	CER Ystwyth/Padarn District Nursing, Aberystwyth	Completed	data entered
36	GGH Adult Critical Care	Completed	data entered
37	GGH Cadog	Completed	data entered
38	GGH CCU	Completed	data entered
39	GGH CDU	Completed	data entered
40	GGH Ceri (rehabilitation and Reablement)	Completed	data entered
41	GGH Cilgerran	Completed	data entered
42	GGH Cleddau	Completed	data entered

# Health & Care Standards

43	GGH Day Surgical Unit	Completed	data entered
44	GGH Derwen	Completed	data entered
45	GGH Dinefwr	Completed	data entered
46	GGH Emergency Department	NO DATA	data entered
47	GGH Endoscopy	Completed	data entered
48	GGH Gwenllian	Completed	data entered
49	GGH HDU (paeds)	Completed	data entered
50	GGH Merlin	Completed	data entered
51	GGH PACU	Completed	data entered
52	GGH Padarn	Completed	data entered
53	GGH Picton	Completed	data entered
54	GGH Pre-Assessment Unit	Completed	data entered
55	GGH Preseli	Completed	data entered
56	GGH Priory Day Hospital (Medical Day Unit)	Completed	data entered
57	GGH SCBU	Completed	data entered
58	GGH Steffan	Completed	data entered
59	GGH Teifi	Completed	data entered
60	GGH Theatres	Completed	Not applicable
61	GGH Towy	Completed	NO DATA
62	GGH Tysul Ward	Completed	data entered
63	GGHOPD	NO DATA	data entered
64	HV Ceredigion Flying Start Team	NO DATA	data entered
65	HV Carmarthen & Gwendraeth Generic Team	Completed	data entered
66	HV Carmarthenshire Flying Start Team	Completed	data entered
67	HV Ceredigion Generic Team	Completed	data entered
68	HV Llanelli Generic Team	Completed	data entered
69	HV North Pembrokeshire Generic Team	NO DATA	data entered
70	HV South Pembrokeshire Generic Team	Completed	data entered
71	LLH Llandovery Hospital	Completed	data entered
72	MHLD Bryngofal	Completed	data entered
73	MHLD Bryngolau	Completed	data entered
74	MHLD CWM SEREN LSU	Completed	data entered
75	MHLD Enlli	Completed	data entered
76	MHLD Morlais Ward	Completed	data entered
77	MHLD PICU	Completed	data entered
78	MHLD St Caradog	Completed	data entered
79	MHLD St Non	Completed	data entered
80	MHLD Ty Bryn	Completed	Not applicable
81	PEMBS Argyle, Pembroke Dock	Completed	data entered
82	PEMBS Crymych/Newport	Completed	data entered
83	PEMBS Fishguard	Completed	data entered
84	PEMBS Manchester Square, Milford Haven	Completed	data entered
85	PEMBS Narberth	Completed	data entered
86	PEMBS St Thomas, Haverfordwest	Completed	data entered
87	PEMBS Tenby/Saundersfoot	Completed	data entered
88	PEMBS Winch Lane, Haverfordwest	Completed	entered under St Thomas Nov
89	PPH AMAU	Completed	data entered
90	PPH CCU	Completed	data entered
91	PPH Day Surgical Unit	Completed	data entered
92	PPH Endoscopy	Completed	data entered
93	PPH GDH	Completed	data entered

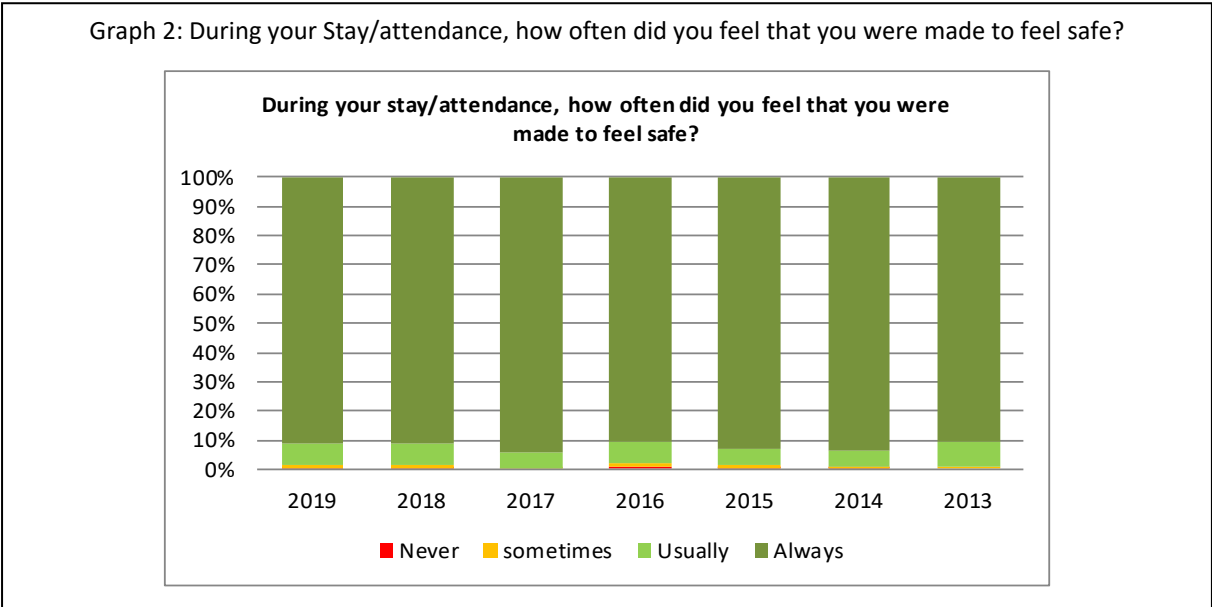


# Health & Care Standards

94	PPH Intensive Care Unit	Completed	data entered
95	PPH Minor Injuries Unit (MIU)	Completed	data entered
96	PPH Mynydd Mawr Rehab Unit	Completed	data entered
97	PPH Pre-Assessment Unit	Completed	data entered
98	PPH Rheumatology Unit	Completed	data entered
99	PPH Theatres	Completed	Not applicable
100	PPH Ty Bryngwyn	Completed	NO DATA
101	PPH Ward 1	Completed	data entered
102	PPH Ward 3	Completed	data entered
103	PPH Ward 4	Completed	data entered
104	PPH Ward 5	Completed	data entered
105	PPH Ward 6	Completed	data entered
106	PPH Ward 7	Completed	data entered
107	PPH Ward 9	Completed	data entered
108	PPHOPD	Completed	data entered
109	SPEMB Cleddau River Day Unit	Completed	data entered
110	SPEMB OPD	Completed	data entered
111	SPEMB Sunderland Ward	Completed	data entered
112	TCH Minor Injuries Unit	Completed	data entered
113	TCH OPD	Completed	data entered
114	TCH Tenby Cottage Ward	Completed	data entered
115	TH Tregaron Hospital	Completed	data entered
116	WGH ACDU	Completed	data entered
117	WGH Day Surgical Unit	Completed	data entered
118	WGH Emergency Department	Completed	data entered
119	WGH Endoscopy	Completed	data entered
120	WGH ITU	Completed	data entered
121	WGH Maternity Unit	Completed	NO DATA
122	WGH Medical Day Unit	Completed	data entered
123	WGH PACU (Puffin Ward)	Completed	data entered
124	WGH Pre-Assessment Unit	Completed	data entered
125	WGH Theatres	Completed	Not applicable
126	WGH Ward 1	Completed	data entered
127	WGH Ward 10	Completed	data entered
128	WGH Ward 11	Completed	data entered
129	WGH Ward 12	Completed	data entered
130	WGH Ward 3	Completed	data entered
131	WGH Ward 4	Completed	data entered
132	WGH Ward 7	Completed	data entered
133	WGH ward 8/CCU	Completed	data entered
134	WGHOPD	Completed	data entered

Appendix 2: Patient perspective:

The vast majority of patients *felt that they were made to feel safe with 98% of the patients responding positively to this question (↓1%)*.

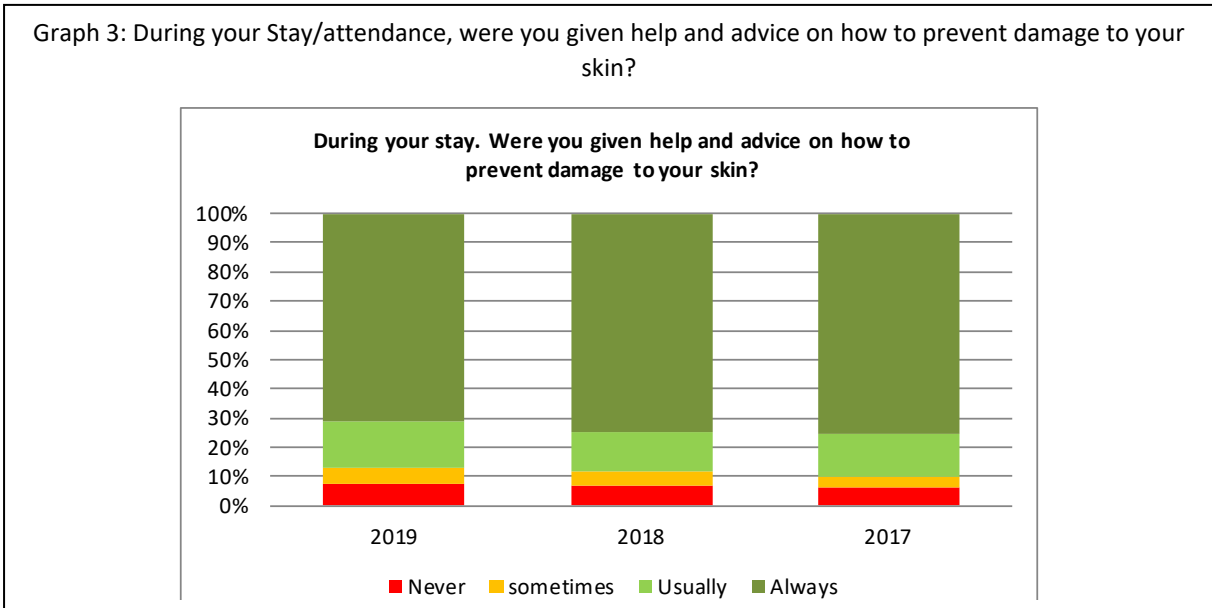


*Very good felt safe and well looked after.*

*well looked after in a safe and secure environment*

*Everybody was so friendly and professional made me feel at ease and in a safe hands*

87% of the patients who responded felt that were given help and advice on how to prevent damage to your skin (↓1% on last year’s position).



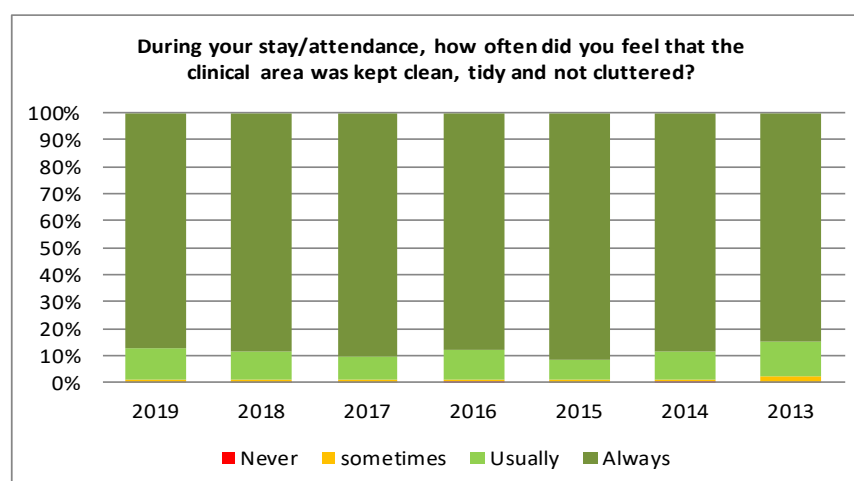
*Nurses see me to check I am ok and my skin is ok*

# Health & Care Standards

*My bottom is sore most of the time, meaning the skin is thin and broken. We've had six different nurses at various times, meaning they invariably can't compare visits because next it is usually a different one.*

The vast majority of the patients were satisfied that the clinical area was always/usually kept clean, tidy and clutter free with 98% of the patients responding positively to this question (↓1% on last year's position).

Graph 5: During your Stay/attendance, how often did you feel that the clinical area was kept clean, tidy and not cluttered?



*The ward is very clean.*

*I'm fussy & even I thought it is very clean & tidy.*

*I was very impressed with the importance given to hygiene and cleanliness*

*Clean, pleasant waiting area*

*Decorating is needed, walls are scuffed*

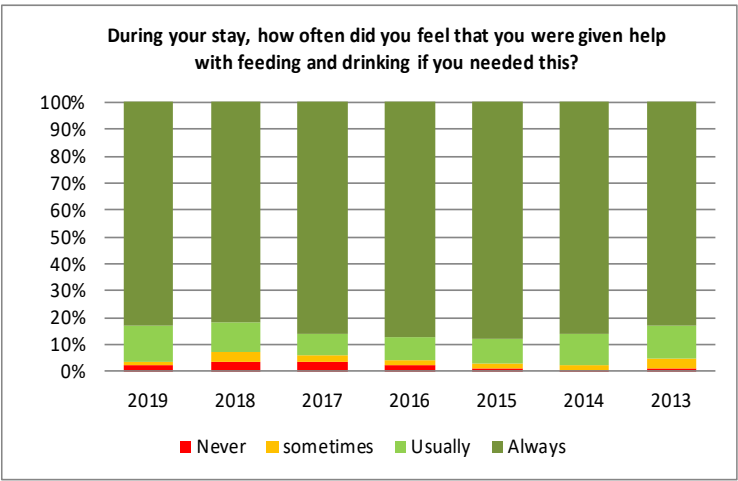
*Not much room between beds so difficult at times. Rooms need to be bigger but no reflection on the care the staff gave.*

*Ward was dirty on occasions, need cleaners*

*Lack of coat hooks & shelving in toilets.*

The All Wales Nutrition & Catering Standards for Food and Fluid for Hospital inpatients state that patients must be supported in meeting their nutritional needs and the vast majority of our patients felt that we met their needs with 96% of the patients stating that they felt that they were always/usually given help with feeding and drinking if they needed help (↑3% on last year's position).

Graph 7: Patient responses to: During your stay, how often did you feel that you were given help with feeding and drinking if you needed this?



No help needed by me, but the nurses are always in the room at mealtimes and are all helping people who do need help.

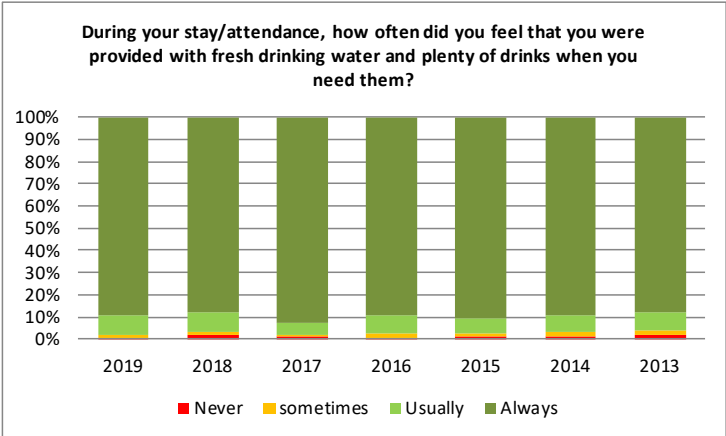
95% of the patients felt that they always/usually were provided with nutritious food and snacks (unchanged from last year).

Graph 8: Patient responses to: During your stay, how often did you feel that you were provided with nutritious food and snacks?



98% of the patients felt that they were always/usually *provided with fresh drinking water and plenty of drinks when they needed them* (↑1% from last year's position).

Graph 9: Patient responses to: During your stay/attendance, how often did you feel that you were provided with fresh drinking water and plenty of drinks when you need them?



*Lovely meals and well presented, good choice of meals.*

*Have requested drinks and never been refused, nurse even asked my preferred drink and how I like it. Milkshakes are often offered to us all.*

*Have provided drinks for family members.*

*Menu choice poor for long stay patients*

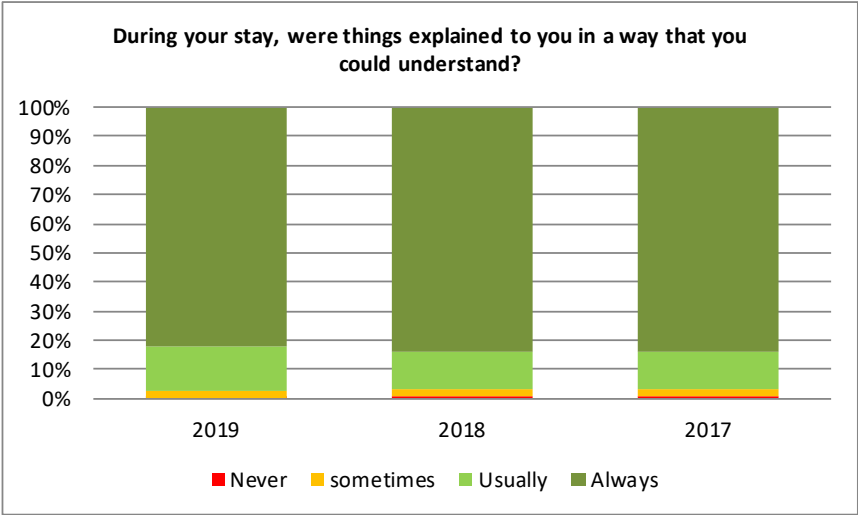
*Lovely food cold though*

*Food not good for anyone*

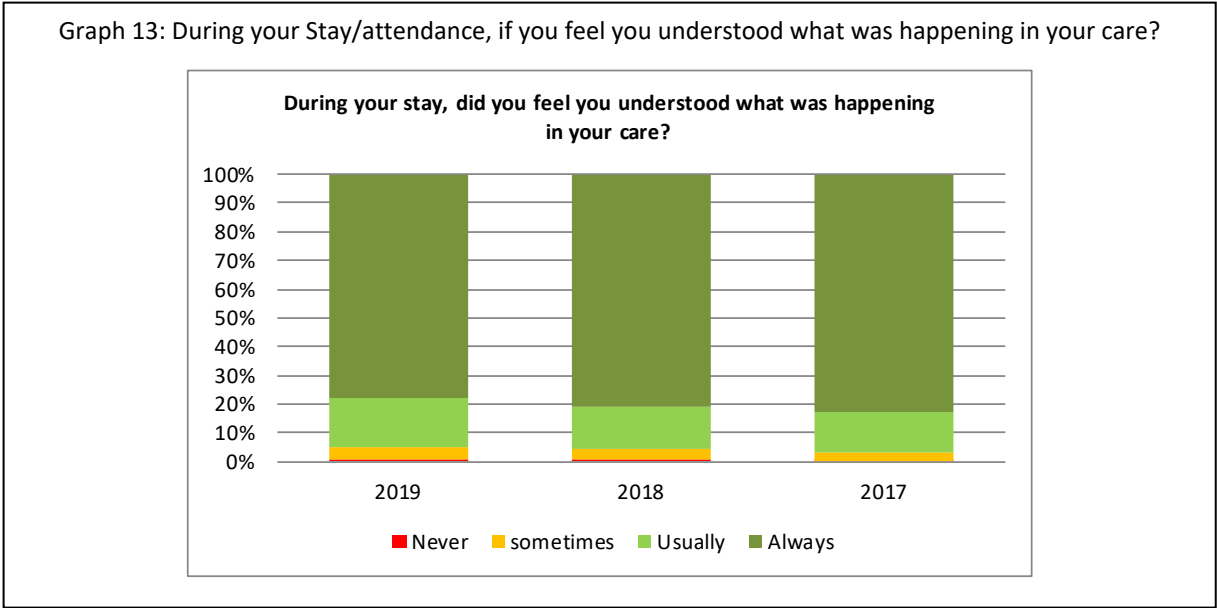
*Food – vegetables inedible*

96% of the patients felt that *things had been explained to them in a way that they could understand* (unchanged on last year).

Graph 12: During your Stay/attendance, were things explained to you in a way that you could understand?



95% of the patients *felt that they had understood what was happening in their care* (↑1% on last year).



*The nurses are very helpful and informative. Encourage input from families which has been appreciated.*

*Polish information given*

*Nurse explained all treatments in detail.*

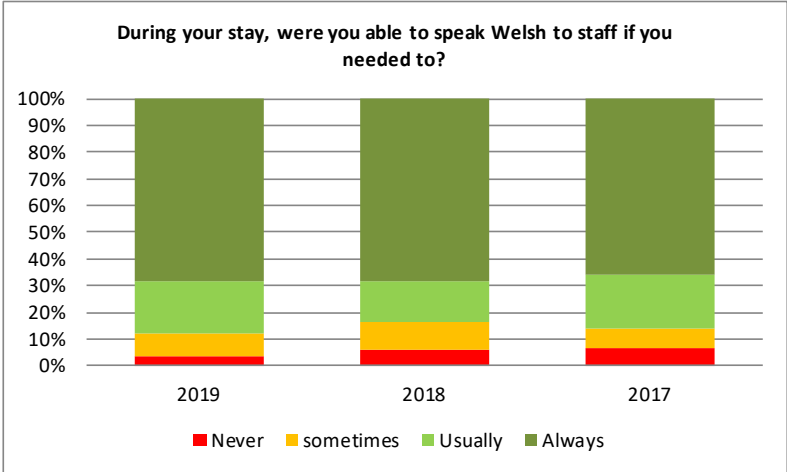
*Positive experience, informative and an opportunity to ask questions if needed*

*There was an error on my admission paperwork*

*Please remember that I don't understand hospital terminology! So explain in full the meaning of words because hospital abbreviations/words are not always understood by "lay" people".*

88% of the patients *felt that they were able to speak Welsh to staff if they needed to* (↑% on last year's position). 22 patients said that they were never able to speak Welsh to staff if they needed to with a further 56 saying that this was only sometimes the case and although this is less patients than last year there is still work to do to ensure that all patients who want to speak Welsh to staff can do so.

Graph 17: During your Stay/attendance, were you able to speak Welsh to staff if you needed to?



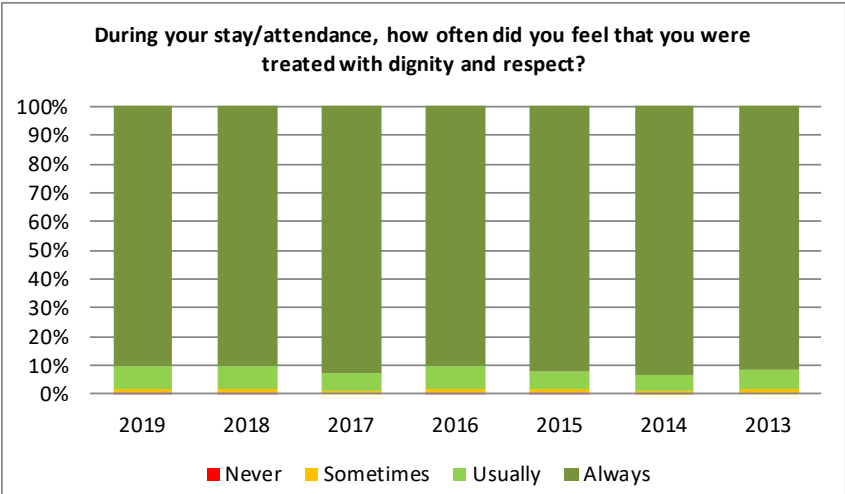
*Not everyone speaks Welsh, but they all try to do so which is lovely that they make the effort.*

*Welsh is my first language but not all staff speak Welsh. One member of staff spoke English but used some Welsh words during the discussion*

*Not yet met any Welsh speakers*

98% of our patients stated *that they were always/usually treated with dignity and respect (unchanged from last year’s position)*. 3 patients identified that they were never treated with dignity and respect with a further 21 stating that this was only sometimes the case.

Graph 18: Patient responses to: During your stay/attendance, how often did you feel that you were treated with dignity and respect?



*All care needs met with dignity and respect*

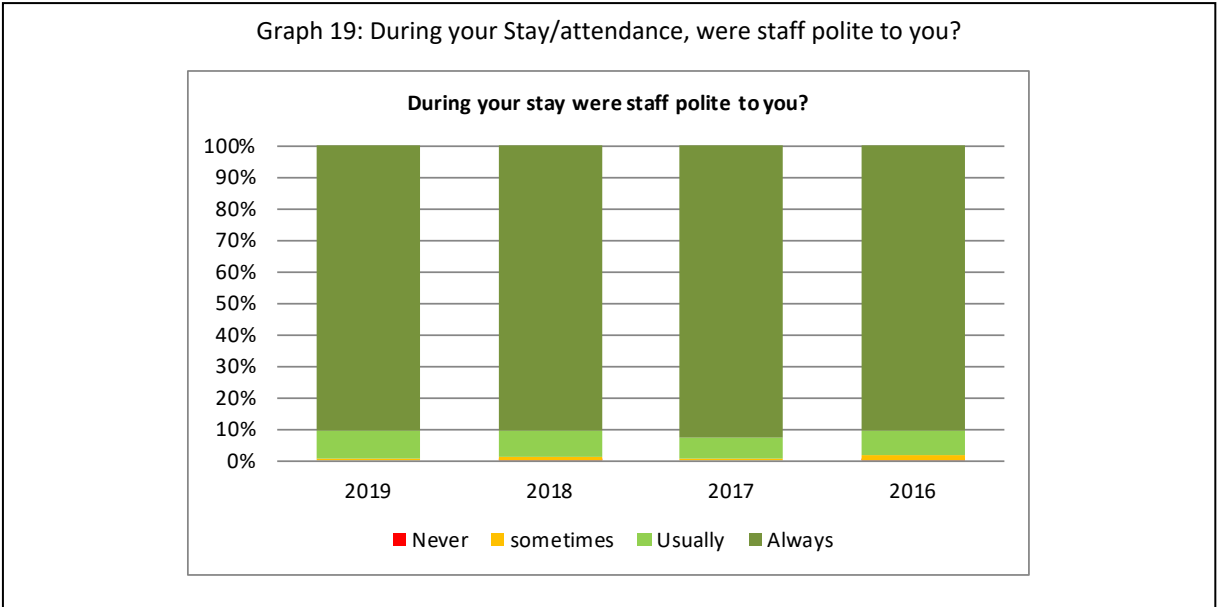
*Treated with dignity and respect at all times.*

*I want to go home , didn't like being in a mixed sex stroke unit*



# Health & Care Standards

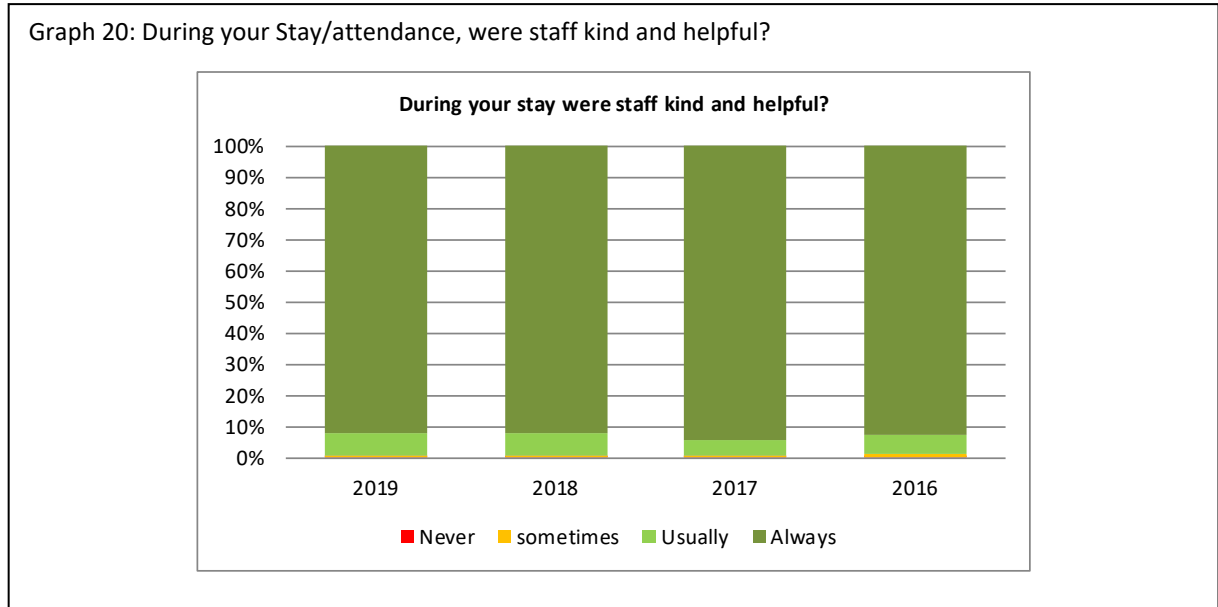
99% of our patients states that they felt that people were polite to them (unchanged on last year).



*The staff are always polite, professional and friendly.*

*I am pleased with the care I am given. All staff are very helpful and polite.*

99% of our patients stated that staff were kind and helpful (unchanged from last year’s position). 1 patient identified that staff were never kind or helpful with a further 11 feeling that this was only sometimes the case.



*All staff I have experienced have been lovely and very helpful*

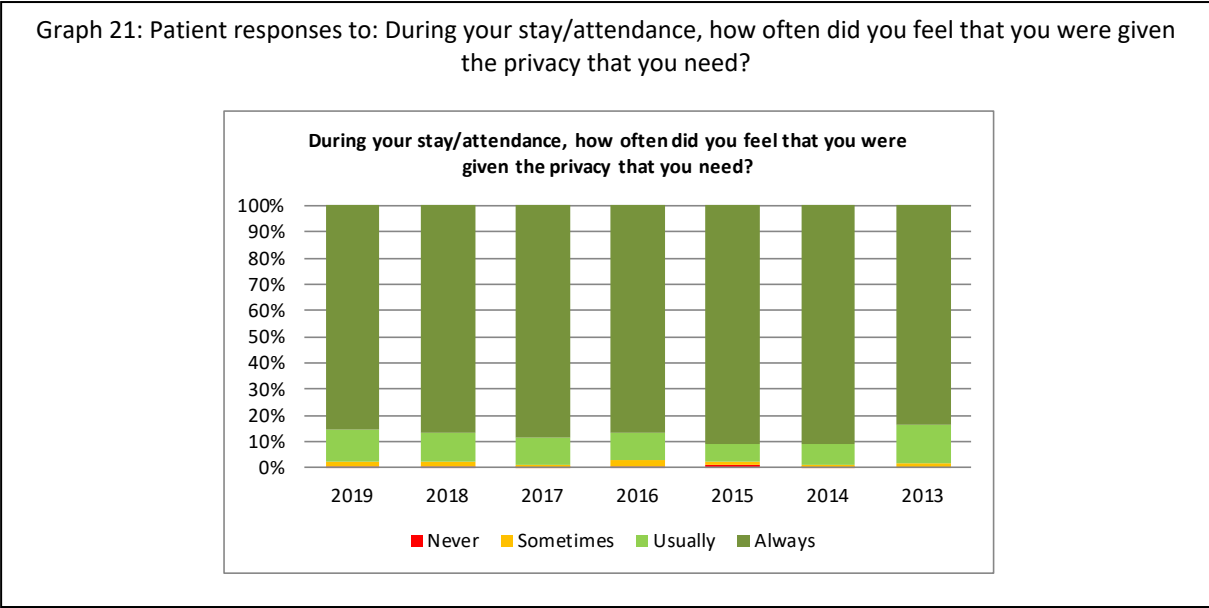
*All nurses who call to me are kind and polite and have time for me and listen*

*Staff have been very kind, thoughtful and helpful*

*One member of staff was not nice*

# Health & Care Standards

98% of our patients also states that they felt that they were always/usually given the privacy that they needed (↑1% on last year's position). 6 patients felt that they were never given enough privacy and a further 23 said that this was only sometimes the case.

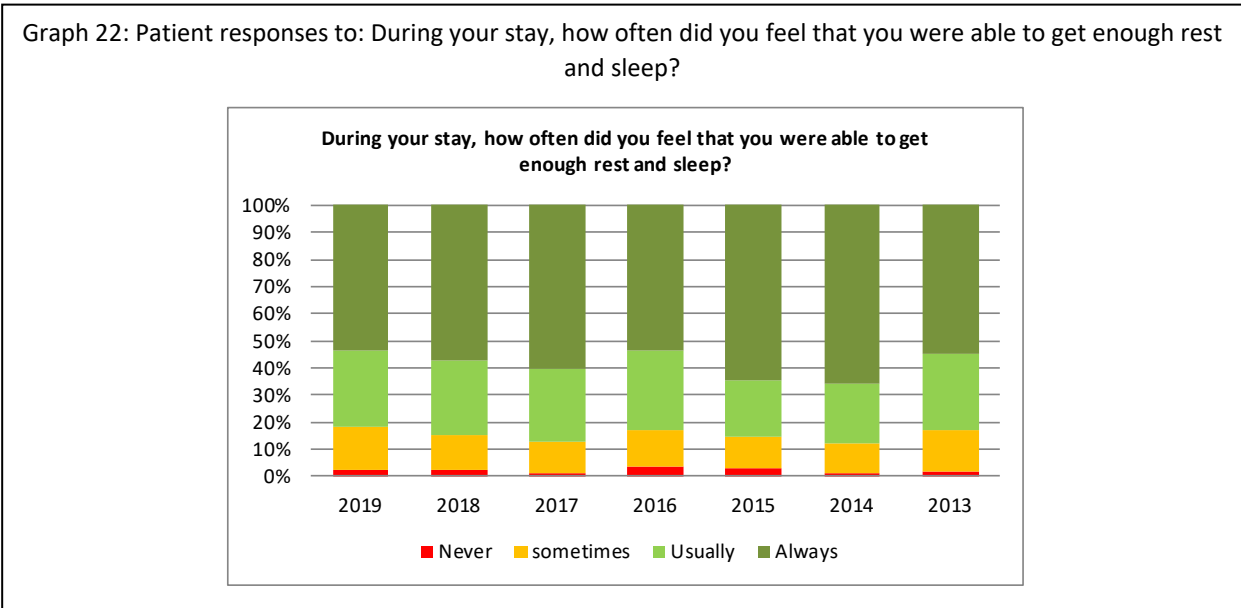


Doctor could have pulled curtains

Curtains don't fit

Sofa beds aren't very good for breastfeeding and window bed helps with privacy when breastfeeding - not as exposed to people walking the corridor.

82% of the patients stated they always/usually felt able to get enough rest and sleep (↓2% on last year's position). This aspect of care continues to one of the lowest scoring aspects of care from a patient perspective.



Went above and beyond to make sure I got some sleep

Lots of noise on the ward from other patients

Can be noisy at night with people banging doors.

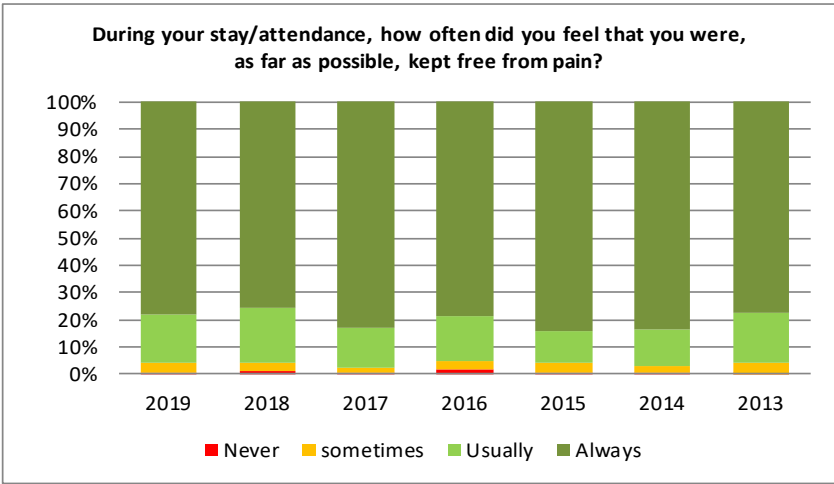
Noisy at nights sometimes a lot going on

Bins noisy

Late settling

**Patient Perspective:** the majority of our patients *felt that they were, as far as possible, always/usually kept free from pain* with 96% of the patients responding positively to this question (unchanged from last year).

Graph 23: Patient responses to: During your stay/attendance, how often did you feel that you were, as far as possible, kept free from pain?



*The pain was pretty bad but the nurses were considerate and patient with me, not making me feel like I was being annoying!*

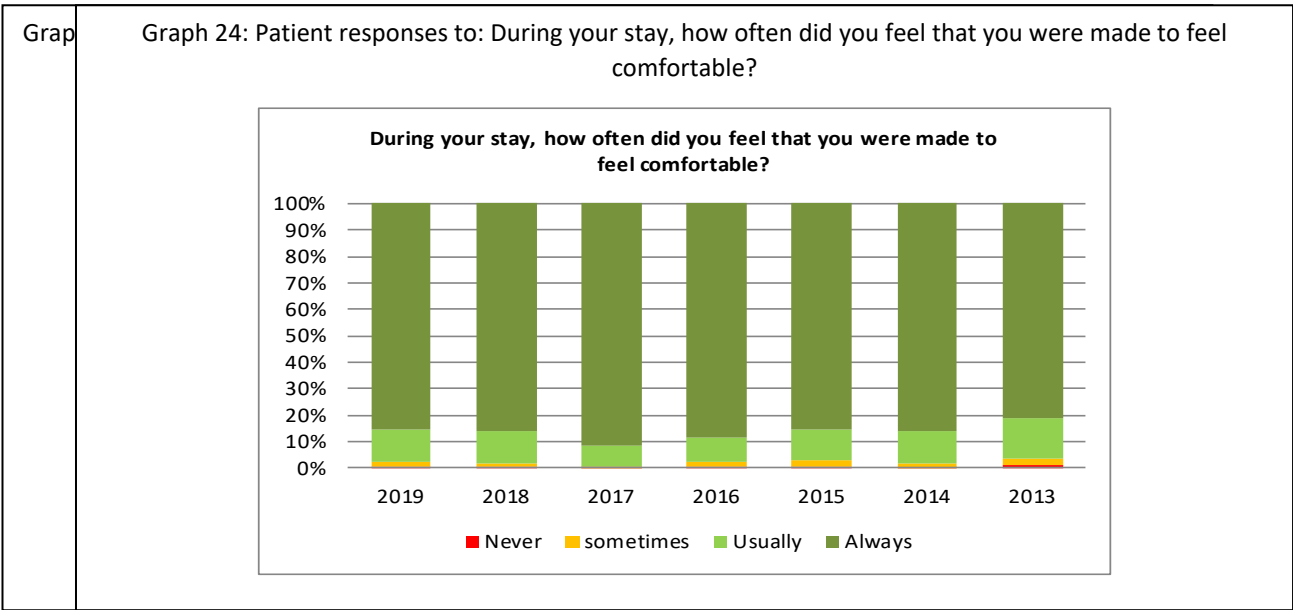
*Pain very severe, back, legs. Met with great helpfulness. Did what they could to relieve pain even in the middle of the night. Mostly very cheering in manner.*

*Ensure there are enough prescribed painkillers on the ward*

*There was a delay in receiving medication from pharmacy*

*Had lots of pain. waited for tablets*

The vast majority of our patients felt that they were always/usually made to feel comfortable with 98% of the patients responding positively to this question unchanged on last year).

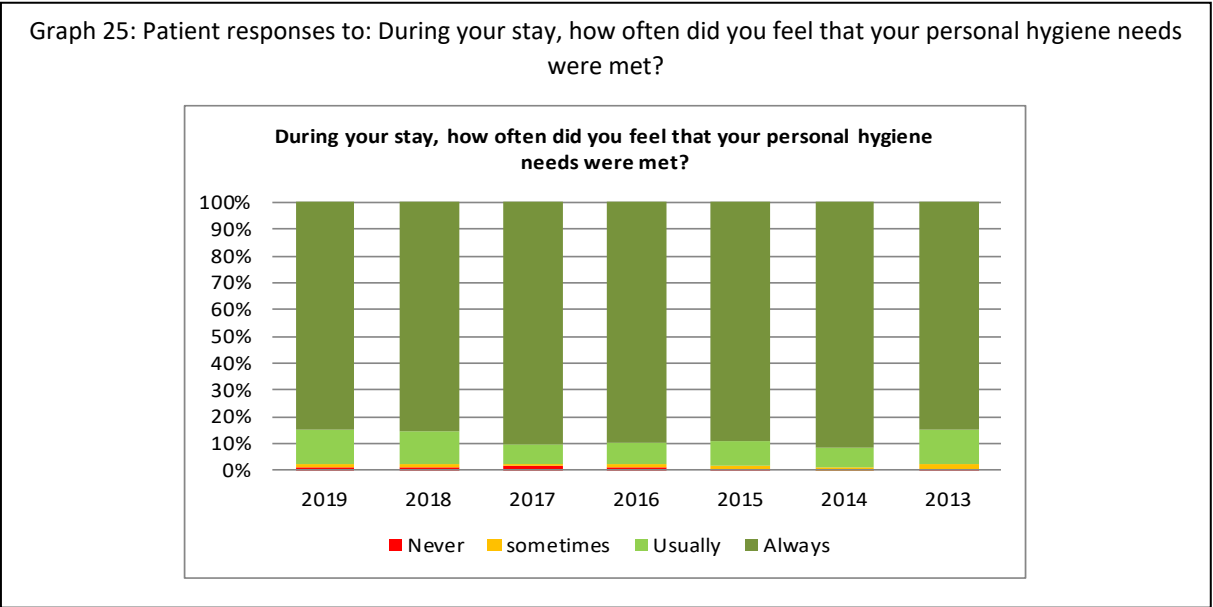


*I have felt very comfortable and well cared for.*

*Very good experience, was made very comfortable and looked after very well especially by one particular HCSW.*

*more comfortable beds for the parents that stay*

**Personal Hygiene: Patient Perspective:** 97% of the patients felt that their personal hygiene needs were always/usually met (↓1% from last year).

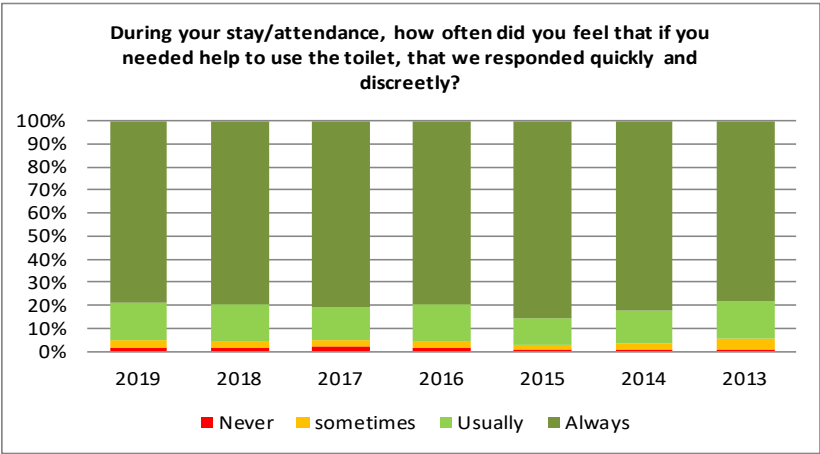


*Nurse helps if needed*

91% of the patients responded positively when asked if they were given help with their oral hygiene (↓2% on last year).

95% of the patients felt that we always/usually responded quickly and discreetly if they needed help to use the toilet (↓1% on last year).

Graph 27: Patient responses to: During your stay/attendance, how often did you feel that if you needed help to use the toilet that we responded quickly and discreetly?



There are always nurses around and very helpful they are too.

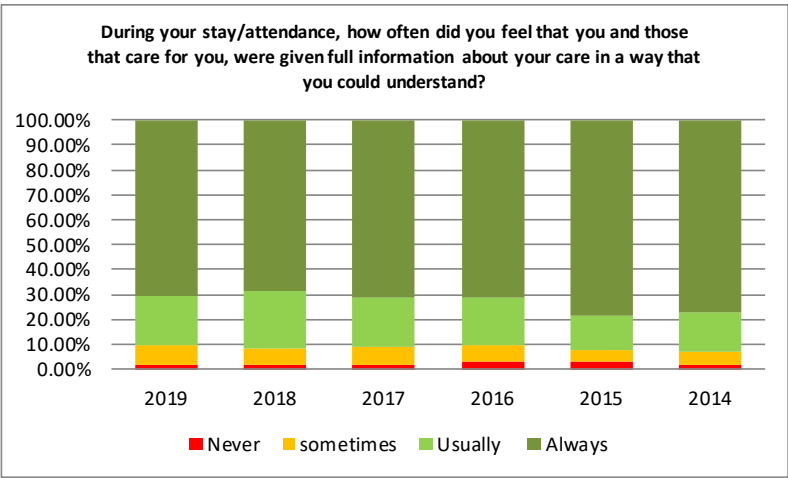
Lack of toilets

it was left to my daughter in A&E

More hold rails in toilet

The vast majority of patients are satisfied with the information they were given about their care with 97% of the patients responding positively when asked “how often did you feel that you were given full information about your care” (unchanged from last year).

Graph 28: Patient responses to: During your stay/attendance, how often did you feel that you and those that care for you, were given full information about your care in a way that you could understand?



Efficient and informative.

Polish information given

# Health & Care Standards

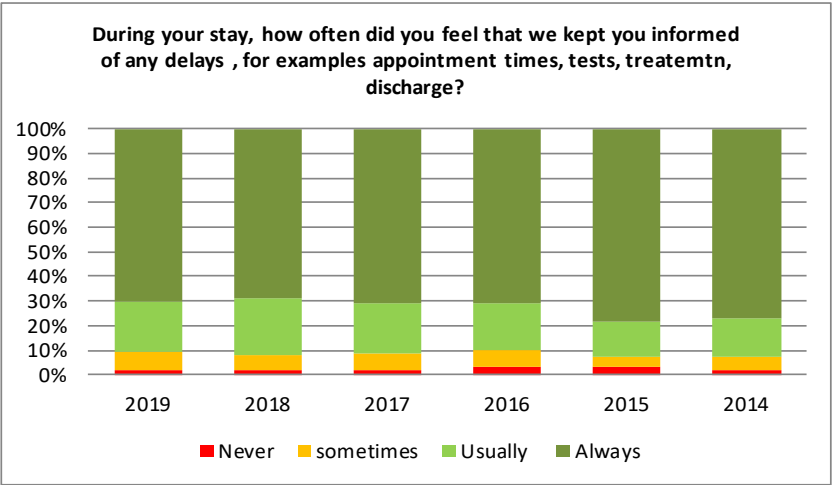
*More information about discharge and making a plan together and sticking to the plan. Rather than suddenly changing the plan.*

*Problems that arise getting information from surgery to hospital*

*More information given to patients to keep them in the loop as I felt forgotten about.*

90% of the patients felt that they were always/usually kept informed of any delays, for example appointment times, tests, treatment, discharge (↓2% on last year).

Graph 29: Patient responses to: During your stay, how often did you feel that we kept you informed of any delays, for examples appointment times, tests, treatment, discharge?



*Transport home was delayed and staff told me and keep me informed*

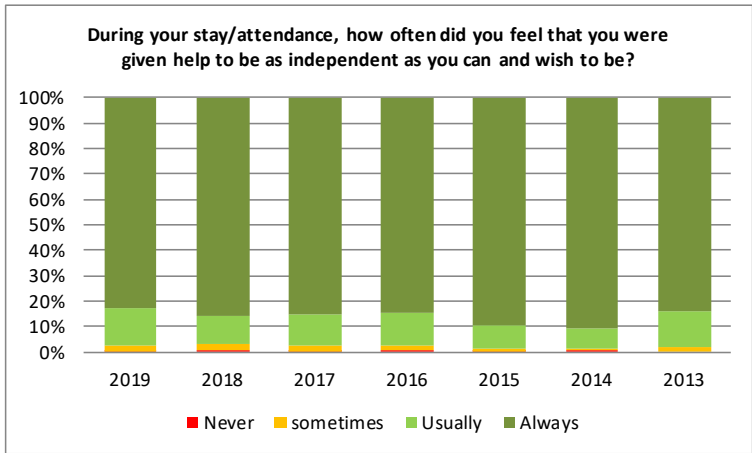
*Not always aware of hospital appointments*

*I feel patients should be able to book appointments for the current week in advance of the appointment day as it can be very difficult to arrange, with employers, the time off to attend when it is needed.*

*Need a way of informing parents if clinic is cancelled. Better system for checking in.*

94% of the patients responded positively when as about whether they were involved as much as they wanted to be in decisions about their care (↓1% from last year).

Graph 32: Patient responses to: During your stay, how often did you feel that you were given help to be as independent as you can and wish to be?



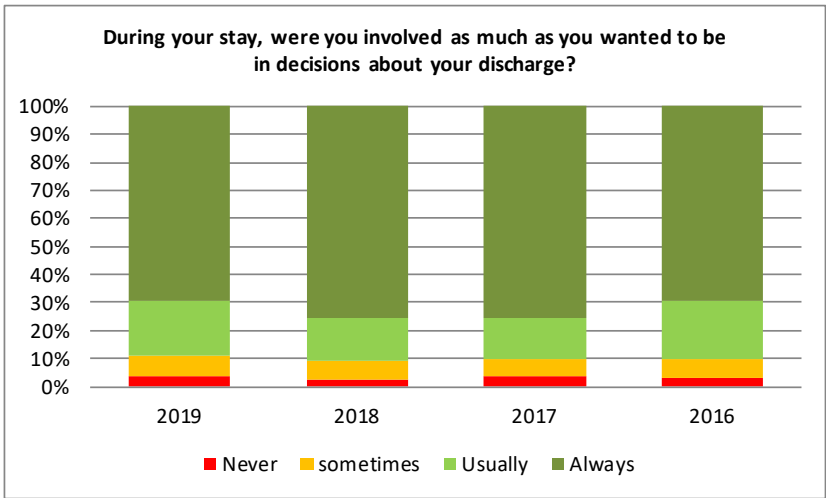
*Had meetings with the discharge nurse and sister*

*Meetings held on ward, excellent communication with nurse/sister patient*

*Would like more [involvement].*

89% of the patients responded positively when as about whether they were involved as much as they wanted to be in decisions about your discharge (↓2% from last year).

Graph 31: Patient responses to: During your stay, were you involved as much as you wanted to be in decisions about your discharge?



*Had meetings with the discharge nurse and sister*

*Still waiting for a morning care package.*

*No general care package available for some weeks on discharge.*

97% of the patients felt they were given help to be as independent as possible (unchanged from last year).

# Health & Care Standards

*Staff always friendly, kind and supportive. Rehab nurses helped so much for me to gain confidence to become more independent. This was an important part of my recovery.*

*Made to dress by staff*

97% of the patients felt that when they asked for assistance, they got it when they needed it (unchanged from last year).

Graph 33: Patient responses to: During your stay, if you asked for assistance did you get it when you needed it?



*The nurses are very helpful and informative. Encourage input from families which has been appreciated.*

*The district nurses helped a great deal over the time when I was feeling very low and also had a poor appetite.*

*When bell for assistance is pressed, nurses don't come quick enough*

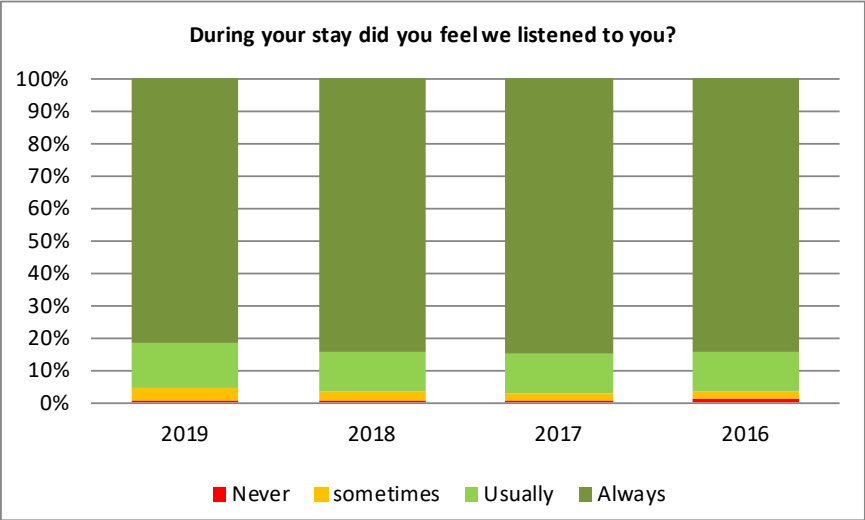
*I feel sometimes the care is rather rushed for elderly patients. I am slow and awkward with a POP and it was difficult at times.*

*Dim, ar wahan i un engraifft lle yr ydym wedi gofyn am "cushion" addas ar gyfer y gadair olwyn ers beth amser a dal heb ei dderbyn.*

96% of the patients felt they were listened to (↓1% from last year). 8 patients felt that they were never listened to with a further 51 stating that this was only sometimes the case.



Graph 34: Patient responses to: During your stay, did you feel we listened to you?



*All nurses who call to me are kind and polite and have time for me and listen.*

*I was treated very well by staff who seemed to have the best intentions to help the patients, all were prepared to listen to ones problems*

*By nurses, doctors communication a problem*

*Could listen to the patient better.*

*The answer machine to divert to another professional on leave or out of office. I found it difficult to get hold of someone a few times when needed.*

### Appendix 3: Operational Findings: Breakdown per Standard

#### 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.

*NMC (2015): Prioritise People: Standard 3.1: Pay special attention to promoting wellbeing, preventing ill health and meeting the changing health and care needs of people during all life stages.*

**Table 11: Whole HB/Standard 1.1 Health Promotion, Protection and Improvement**

			2013	2014	2015	2016	2017	2018	2019	
1	Maternity only	Is all staff aware of Baby Friendly initiatives?	n/a	n/a	100%	100%	100%	100%	100%	↔
2	All excluding neonates, theatres, District Nursing	For this episode of care, is there evidence that the patient's smoking habits been assessed?	n/a	n/a	n/a	78%	81%	76%	85%	↑
3	All excluding neonates, theatres, District Nursing	For this episode of care, where the patient is identified as a smoker and wishes to stop smoking, is there evidence that they have been provided with information in relation to smoking cessation?	n/a	n/a	n/a	66%	69%	65%	85%	↑
4	All excluding neonates, theatres, District Nursing	For this episode of care, is there evidence that the patient's weight has been measured?	n/a	n/a	n/a	88%	91%	90%	63%	↓
5	All excluding neonates, theatres, District Nursing	For this episode of care is there documented evidence that where the patients weight is unhealthy that they have been provided with information in relation to a healthy diet?	n/a	n/a	n/a	84%	83%	74%	86%	↑
6	All excluding neonates, theatres, District Nursing	For this episode of care has the patient's alcohol intake been assessed?	n/a	n/a	n/a	75%	76%	72%	75%	↑
7	All excluding neonates, theatres, District Nursing	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	n/a	n/a	n/a	76%	62%	59%	79%	↑

		reviewed within the agreed timescale?								
8	All excluding neonates, theatres, District Nursing	For this episode of care has the patient's illicit substance use been assessed?	n/a	n/a	n/a	70%	57%	64%	68%	↑
9	All excluding neonates, theatres, District Nursing	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?	n/a	n/a	n/a	63%	68%	58%	77%	↑
10	District Nursing	Is the community nursing service able to demonstrate that systems and processes are in place for patients and their carers to access appropriate health improvement opportunities within the community?	n/a	n/a	n/a	100%	92%	100%	39%	↓
11	District nursing	Is the community nursing service able to demonstrate that systems and processes are in place to achieve individual service user outcomes?	n/a	n/a	n/a	100%	96%	100%	100%	↔
12	Minor Injuries Units only	Are health promotion resources available to patients whilst waiting for assessment or treatment	n/a	n/a	n/a	n/a	100%	100%	100%	↔
13	Minor Injuries Units only	Are patient information leaflets regarding treatment and management on the injury given to patients on discharge	n/a	n/a	n/a	n/a	40%	95%	93%	↓
14	Paeds only	Are health promotion boards displayed within the clinical areas, to inform and empower CYP and their parent/carer to take responsibility for their health & wellbeing?	n/a	n/a	n/a	n/a	100%	100%	100.00%	↔
15	Paeds only	Are staff able to signpost CYP and their parent/carer to services for information, advice and support?	n/a	n/a	n/a	n/a	100%	100%	100%	↔
16	Health Visiting	Is there written evidence that the infant's feeding was discussed?	n/a	n/a	n/a	n/a	n/a	97%	100%	↑

17	Health Visiting	Is there written evidence that the infant feeding checklist was commenced?	n/a	n/a	n/a	n/a	n/a	93%	97%	↑
18	Health Visiting	Is there written evidence that the feeding data was recorded?	n/a	n/a	n/a	n/a	n/a	100%	100%	↑
19	Health Visiting	Is there evidence that the 10 steps approach to nutrition and infant feeding was discussed?	n/a	n/a	n/a	n/a	n/a	27%	91%	↑
20	Health Visiting	Is there written evidence that the blood spot screening results have been discussed?	n/a	n/a	n/a	n/a	n/a	97%	80%	↓
21	Health Visiting	Is there written evidence that Neonatal hearing screening results have been discussed?	n/a	n/a	n/a	n/a	n/a	90%	97%	↑
22	Health Visiting	Is there evidence that the appropriate proformas used for assessment have been undertaken? (e.g. SOGS/developmental proformas)	n/a	n/a	n/a	n/a	n/a	90.00%	97%	↑
23	Health Visiting	Is there evidence that immunisations have been discussed?	n/a	n/a	n/a	n/a	n/a	97%	100%	↑

## 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.

*NMC (2015): Preserve Safety: Standard 19.1: Take measures to reduce as far as possible, the likelihood of mistakes, near misses, harm and the effect of harm if it takes place.*

*NMC (2015): Preserve Safety: Standard 19.4: Take all reasonable personal precautions necessary to avoid any potential health risks to colleagues, people receiving care and the public).*

Table 12: Whole UHB/Standard 2.1 Managing Risk and Promoting Health and Safety										
			2013	2014	2015	2016	2017	2018	2019	
1	ALL except OPD	Do all patients wear an identification band which states their first and last name, date of birth and NHS number?	94%	96%	97%	95%	99%	97%	98%	↑
2	ALL	Is the patient's identity checked visually and verbally prior to undertaking a procedure?	n/a	98%	99%	99%	99%	99%	99%	↔
3	ALL except Neonates, OPD, Theatres	For this episode of care, is there documented evidence that the patient has an up to date manual handling risk assessment?	94%	91%	93%	91%	92%	92%	91%	↓

4	ALL Except Neonates, OPD, Theatres	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 implemented and evaluated and has been reviewed within the agreed timescale?	84%	81%	82%	87%	89%	87%	86%	↓
5	ALL except Neonates, OPD	If a patient has been assessed as requiring bed rails, is there an up to date risk assessment in place?	87%	87%	91%	85%	96%	87%	88%	↑
6	ALL	Within the clinical area, are all fire restraint doors free from obstruction or closed if not automatic self-closing?	97%	91%	92%	92%	91%	91%	100%	↑
7	Paeds only	Is the Child/Young Person in an age appropriate bed with cot sides/bed rails in situ?	n/a	100%	100%	100%	100%	100%	85%	↓
8	Maternity only	Do women have access to general information about the birth centre/midwife led unit/obstetric unit prior to admission or on arrival?	n/a	100%	100%	100%	100%	93%	100%	↑
9	Maternity only	Is there evidence that women are receiving the Bump, Baby and beyond Book or how to access it online?	n/a	93%	100%	100%	80%	100%	93%	↓
10	Maternity Only	Are the security doors and cameras operating effectively?	n/a	100%	100%	100%	100%	100%	100%	↔
11	Maternity Only	Are entrances to the Birth Centre/Midwife Led Unit/Obstetric Unit visible both day and night?	n/a	100%	100%	100%	100%	100%	100%	↔
12	Endoscopy & theatres only	Is there evidence of the team brief and de brief being undertaken?	n/a	n/a	75%	100%	100%	100%	100%	↔
13	Endoscopy & theatres only	Is there evidence that the department is compliant with the WHO checklist?	n/a	n/a	100%	100%	100%	100%	100%	↔
14	Minor Injuries Units only	Are bed/trolley rails used on patients requiring a trolley for completion of a procedure?	n/a	n/a	n/a	n/a	87%	100%	100%	↔
15	Minor Injuries Units only	Are wheelchairs available to all patients who are unable to weight bear due to nature of minor injury?	n/a	n/a	n/a	n/a	100%	100%	67%	↓
16	Health Visiting	Is there written evidence that sudden Infant Death was discussed?	n/a	n/a	n/a	n/a	n/a	97%	97%	↔
17	Health Visiting	Is there evidence that the home environmental risk assessment has been completed?	n/a	n/a	n/a	n/a	n/a	93%	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.

*NMC (2015): Prioritise People: Standard 1.2: Make sure you deliver the fundamentals of care effectively*

*NMC (2015): Prioritise People: Standard 1.4: Make sure that any treatment, assistance or care for which you are responsible is delivered without undue delay.*

**Table 13: Whole UHB/ Standard 2.2 Preventing Pressure and Tissue Damage**

			2013	2014	2015	2016	2017	2018	2019	
1	ALL except neonates	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?	96%	90%	86%	92%	94%	93%	88%	↓
2	ALL except neonates	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?	86%	86%	87%	94%	92%	90%	91%	↑
3	Neonates	For this episode of care, is there documented evidence that the baby's skin integrity has been assessed?	n/a	80%	100%	80%	60%	100%	100%	↔
4	Neonates	For this episode of care, where the baby has been identified as requiring assistance with looking after their skin integrity, i.e. nappy rash, extravasation injury, stoma 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 last 24 hours?	n/a	100%	50%	80%	100%	80%	100%	↑

## 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.

*NMC (2015): Preserve Safety: Standard 19.1: Take measures to reduce as far as possible, the likelihood of mistakes, near misses, harm and the effect of harm if it takes place.*

**Table 14: Whole UHB/ Standard 2.3 Falls Prevention**

			2013	2014	2015	2016	2017	2018	2019	
1	ALL except neonates & OPD	For this episode of care, is there documented evidence the patient's mobility has been assessed and discussed with the patient or advocate?	96%	95%	94%	95%	94%	94%	95%	↑
2		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	84%	77%	82%	88%	85%	83%	87%	↑

		evaluated and has been reviewed within the agreed timescale?								
3		For this episode of care, is there documented evidence the patient's risk of falls has been assessed and discussed?	86%	87%	88%	90%	92%	91%	92%	↑
4	ALL except maternity neonates, paediatrics, OPD, theatres	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?	71%	80%	79%	84%	82%	80%	80%	↔

## 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.

*NMC (2015): Preserve Safety: Standard 19.3: Keep to and promote recommended practice in relation to controlling and preventing infection.*

Table 15: Whole UHB/Standard 2.4 Infection Prevention and Control (IPC) and Decontamination										
			2013	2014	2015	2016	2017	2018	2019	
1	ALL	Are staff able to give examples of the correct procedure for infection control?	100%	100%	98%	99%	100%	100%	100%	↔
2	ALL except maternity, paediatrics, LD, OPD,	Are staff able to give examples of the correct procedure for isolating patients?	n/a	100%	100%	99%	100%	99%	100%	↑
3	ALL Except maternity, neonates, OPD,	Are all patients given the opportunity to wash or cleanse their hands with hand wipes prior to eating food?	100%	97%	92%	93%	98%	95%	96%	↓
4	Maternity & paediatrics	Are baby baths cleaned after each use and stored dry?	n/a	100%	100%	100%	100%	100%	100%	↔
5	Neonates	Can staff demonstrate the safe and hygienic handling and storage of breast milk?	n/a	n/a	100%	93%	100%	100%	100%	↔
6	Neonates	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?	n/a	n/a	100%	100%	100%	100%	100%	↔
7	Paediatrics only	Is hand gel available within the clinical area?	n/a	n/a	n/a	n/a	100%	100%	100%	↔
8	Paediatrics only	Is PPE equipment (gloves, aprons, masks etc) available within the clinical area?	n/a	n/a	n/a	n/a	100%	100%	100%	↔
9	Paediatrics only	Has a monthly WHO hand washing audit for the unit been undertaken?	n/a	n/a	n/a	n/a	100%	100%	100%	↔
10	Health Visiting	Are staff compliant with infection prevention control mandatory training?	n/a	n/a	n/a	n/a	n/a	78%	91%	↑
11	Health Visiting	Are staff compliant with immunisation training?	n/a	n/a	n/a	n/a	n/a	100%	86%	↓

## Standard 2.5 Nutrition and Hydration

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

*NMC (2015): Prioritise Safety: Standard 1.2: Make sure you deliver the fundamentals of care effectively.*

*NMC (2015): Prioritise Safety: Standard 1.3: Make sure that any treatment, assistance or care for which you are responsible is delivered without undue delay.*

**Table 16: Whole UHB/ Standard 2.5 Nutrition and Hydration**

			2013	2014	2015	2016	2017	2018	2019	
1	ALL except Maternity, neonates, LD, theatres	Prior to eating, are patients that require help, assisted into a suitable position?	100%	98%	100%	100%	100%	100%	97%	↓
2	ALL except Maternity, neonates, LD, theatres	Prior to meal service, are bed tables and communal areas cleared and tidied prior to eating?	100%	97%	99%	99%	98%	100%	95%	↓
3	ALL except Maternity, neonates, LD, theatres	Are patients meals placed within easy reach?	100%	99%	100%	99%	100%	100%	99%	↓
4	Inpatient, paed, MH & LD only	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?	100%	98%	97%	99%	97%	99%	97%	↓
5	Inpatient, maternity MH, Day Units only	Are water jugs changed 3 times daily?	55%	75%	74%	77%	83%	78%	90%	↑
6	ALL except neonates, MH, OPD, endoscopy, theatres	Are drinking water jugs and glasses within the patient's reach?	n/a	96%	100%	100%	100%	100%	100%	↔
7	Inpatient, ED, Maternity, MH & LD only	During a 24 hour period, are a minimum of 7 beverage rounds are carried out within your clinical area?	75%	56%	61%	60%	76%	80%	69%	↓
8	Inpatient, ED, paed, MH & LD only	Does a Registered Nurse co-ordinate every meal time?	88%	80%	72%	80%	77%	75%	58%	↓
9	Inpatient, ED, MH & LD only	Is there evidence that all members of the nursing team are engaged in the mealtime service?	98%	93%	98%	97%	95%	95%	90%	↓



10	ALL except neonates, OPD, theatres	Is a range of snacks available for patients who have missed a meal or who are hungry between meals?	100%	100%	99%	97%	99%	99%	100%	↑
11	Inpatient, ED, paed, MH & LD, endoscopy only	Is there a system in place to allow family/friends to assist with meal times?	95%	99%	98%	96%	97%	99%	100%	↑
12	Maternity	Have all women had their Body Mass Index recorded at booking?	n/a	100%	100%	100%	100%	100%	100%	↔
13	Neonates	Is there evidence in the nursing documentation that the babies nutritional needs have been assessed within 24 hours of their admission?	n/a	n/a	100%	100%	100%	100%	100%	↔
14	Neonates	Is there a system in place to allow parents to feed their babies at feeding times?	n/a	n/a	100%	100%	100%	100%	100%	↔
15	Theatres only	IS there documented evidence of IV fluid administration as prescribed for the surgical procedure?	n/a	n/a	n/a	n/a	93%	96%	90%	↓
16		Do patients have access to healthy snacks or drinks?	n/a	n/a	n/a	n/a	0%	50%	100%	↑
17	Minor Injuries Units only	Is there access to hot meals for patients that are waiting for inter hospital transport or referral to other specialty?	n/a	n/a	n/a	n/a	25%	66.67%	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.

*NMC (2015): Preserve Safety: Standard 18.1: Prescribe, advise on, or provide medicines or treatment, including repeat prescriptions (only if you are suitably qualified) if you have enough knowledge of that person's health and are satisfied that the medicines or treatment serve that person's health needs.*

*NMC (2015): Preserve Safety: Standard 18.2: keep to appropriate guidelines when giving advice on using controlled drugs and recording the prescribing, supply, dispensing or administration of controlled drugs.*

*NMC (2015): Preserve Safety: Standard 18.3: make sure that the care or treatment you advise on, prescribe, supply, dispense or administer for each person is compatible with any other care or treatment they are receiving, including (where possible) over-the-counter medicines.*

*NMC (2015): Preserve Safety: Standard 18.4: Take all steps to keep medicines stored securely.*

**Table 17: Whole UHB/ Standard 2.6 Medicines Management**

			2013	2014	2015	2016	2017	2018	2019	
1	ALL except OPD	Are all medication charts completed with the following information: patient demographics and allergies	66%	62%	67%	88%	90%	84%	84%	↔

		and it is clear whether there is more than one medication chart?								
2	ALL	Is the patient's identity checked visually and verbally prior to giving medication?	n/a	96%	99%	99%	98%	97%	96%	↓
3	ALL	Are all drug cupboards/trolleys locked and secure as per local policy?	95%	96%	99%	96%	96%	99%	100%	↑
4	All except neonates & OPD	Has the nurse witnessed the patient taking the medication given to them?	n/a	97%	97%	100%	100%	95%	99%	↑
5	All except neonates & OPD	Is there evidence that medication is taken in a timely manner and is not left on lockers/around patient beds?	n/a	98%	96%	100%	100%	99%	94%	↓
6	Neonates & Paeds	Are all medications checked by two qualified nurses?	n/a	100%	100%	100%	100%	100%	100%	↔
7	District Nursing	Is the community nursing service able to demonstrate clearly defined processes including policies and procedures for obtaining and storing medication and for medicines management?	n/a	n/a	n/a	100%	92%	100%	100%	↔
8	Paeds only	Are staff compliant with the medication omissions form as per medication management policy?	n/a	n/a	n/a	n/a	93%	78%	100%	↑
9	Paeds only	Has a medication safety audit been conducted and action plan feedback?	n/a	n/a	n/a	n/a	40%	80%	100%	↑
10	Health Visiting	Is there documented evidence of discussion about vitamins?	n/a	n/a	n/a	n/a	n/a	82%	94%	↑

## 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.

*NMC (2015): Preserve Safety: Standard 17.1: Take all reasonable steps to protect people who are vulnerable or at risk from harm, neglect or abuse*

*NMC (2015): Preserve Safety: Standard 17.2: Share information if you believe someone may be at risk of harm, in line with the laws relating to the disclosure of information.*

*NMC (2015): Preserve Safety: Standard 17.3: Have knowledge of and keep to the relevant laws and policies about protecting and caring for vulnerable people.*

**Table18: Whole UHB/ Standard 2.7 Safeguarding Children and Safeguarding Adults at Risk**

		2013	2014	2015	2016	2017	2018	2019	
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1	ALL	Can staff demonstrate they know the procedure if a safeguarding concern is identified?	95%	98%	98%	96%	97%	99%	97%	↓
2	Maternity only	Are babies securely and appropriately labelled?	n/a	100%	97%	93%	100%	100%	100%	↔
3	Maternity only	Are all staff aware of what to do in the event of a baby abduction?	n/a	100%	67%	100%	67%	100%	100%	↔
4	Neonates only	Within the clinical area, babies are safe and secure while on the unit and parents are informed of security arrangements on admission?	n/a	80%	100%	100%	60%	100%	100%	↔
5	Paeds only	Are all staff within the unit compliant with safeguarding training for children	n/a	n/a	n/a	n/a	60%	100%	100%	↔
6	Paeds only	Are all staff within the unit compliant with POVA training for adults	n/a	n/a	n/a	n/a	20%	80%	100%	↑
7	Paeds only	Can staff demonstrate they know the safeguarding lead nurse for their area and how to contact them	n/a	n/a	n/a	n/a	96%	96%	92%	↓
8	Health Visiting	Is there written evidence that the routine enquiry questions have been asked?	n/a	n/a	n/a	n/a	n/a	93%	100%	↑
9	Health visiting	Is there written evidence that the safeguarding supervision has been documented in the family card, where applicable?	n/a	n/a	n/a	n/a	n/a	100%	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.

*NMC (2015): Prioritise People: Standard 1.4: Make sure that any treatment, assistance or care for which you are responsible is delivered without undue delay*

**Table 19: Neonates/ Standard 2.8 Blood Management**

			2013	2014	2015	2016	2017	2018	2019	
1	Neonates only	All staff involved in direct nursing care should have been trained in Blood Transfusion Administration	n/a	n/a	100%	80%	0%	82%	68%	↓
2	Paeds only	Can staff demonstrate they know the safe administration of blood, blood products and blood components	n/a	n/a	n/a	n/a	88%	92%	100%	↑
3	Paeds only	How many staff are compliant with training on administration of blood, blood products and blood components?	n/a	n/a	n/a	n/a	n/a	71%	65%	↓

## 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.

Table 20: Whole UHB/ Standard 2.9 Medical devices, Equipment and Diagnostic Systems										
			2013	2014	2015	2016	2017	2018	2019	
1	ALL except neonates	Are any Manual Handling aids and slings regularly checked for wear and tear?	100%	99%	98%	99%	100%	96%	100%	↑
2	Neonates only	Are any Developmental Care aids regularly checked for wear and tear?	n/a	n/a	100%	60%	80%	100%	100%	↔
3	ALL	Is all equipment used up to date with maintenance and calibration?	98%	97%	96%	96%	95%	93%	98%	↔
4	Health visiting	Is there evidence that staff have access to relevant equipment to fulfil their role e.g. Scales, Paper tape measure, height measure etc?	n/a	n/a	n/a	n/a	n/a	100%	100%	↔

## Standard 3.1 Safe and Clinically Effective Care

Care, treatment and decision making should reflect best practice based on evidence to ensure that people receive the right care and support to meet their individual needs.

*NMC (2015): Practise effectively: Standard 6.1: Make sure that any information or advice given is evidence-based, including information relating to using any healthcare products or services.*

*NMC (2015): Practise effectively: Standard 6.1: Maintain the knowledge and skills you need for safe and effective practice.*

Table 21: Whole HB/Standard 3.1 Safe and Clinically Effective Care										
			2013	2014	2015	2016	2017	2018	2019	
1	Inpatient areas, emergency departments, mental health and learning disabilities	For this episode of care, where there is doubt about the patients' capacity to make decisions, is there documented evidence that an assessment of capacity has been undertaken?	n/a	n/a	n/a	85%	96%	81%	90%	↑
2		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?	n/a	n/a	n/a	n/a	80%	0%	64%	↑
3	Inpatient areas, emergency departments, mental health and learning disabilities	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	n/a	n/a	n/a	77%	83%	75%	n/a	

		implemented and evaluated and has been reviewed within the agreed timescale?								
4	Inpatient areas, emergency departments, mental health and learning disabilities	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?	n/a	n/a	n/a	84%	97%	85%	86%	↑
5	Inpatient areas, emergency departments, mental health and learning disabilities	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?	n/a	n/a	n/a	84%	91%	79%	78%	↓
6	Paeds only	Are staff able to demonstrate they are aware of the Paediatric Best Practice guidelines and how to access this document?	n/a	n/a	n/a	n/a	40%	81%	100%	↑
7	Health visiting	Is there evidence that Child & Family records are written in SOAP?	n/a	n/a	n/a	n/a	n/a	100%	100%	↔
8	Health visiting	Is there evidence that the FRAIT assessment has been undertaken at all core contacts, and inward transfers?	n/a	n/a	n/a	n/a	n/a	70%	86%	↑
9	Health visiting	Subjective – is there evidence of clients statements e.g. says, reports, states, etc?	n/a	n/a	n/a	n/a	n/a	100%	100%	↔
10	Health visiting	Objective – is there evidence of the child's appearance and home conditions related to the Framework for Assessment?	n/a	n/a	n/a	n/a	n/a	93%	100%	↑
11	Health visiting	Assessment – is there evidence that relevant assessment has been completed?	n/a	n/a	n/a	n/a	n/a	100%	100%	↔
12	Health visiting	Analysis –is there evidence of analysis based on subjective and objective data?	n/a	n/a	n/a	n/a	n/a	58%	60%	↑
13	Health visiting	Advice – is there evidence of advice given?	n/a	n/a	n/a	n/a	n/a	87%	100%	↑
14	Health visiting	Plan – is there evidence that the plan reflects the identified needs? SMART]	n/a	n/a	n/a	n/a	n/a	77%	94%	↑

### Standard 3.2 Communicating Effectively

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

*NMC (2015): Practise effectively: Standard 7.1: Use terms that people in your care, colleagues and the public can understand.*

*NMC (2015): Practise effectively: Standard 7.2: Take reasonable steps to meet people's language and communication needs, providing, wherever possible, assistance to those who need help to communicate their own or other people's needs.*

*NMC (2015): Practise effectively: Standard 7.3: Use a range of verbal and non-verbal communication methods, and consider cultural sensitivities, to better understand and respond to people's personal and health needs.*

*NMC (2015): Practise effectively: Standard 7.4: Check people's understanding from time to time to keep misunderstanding or mistakes to a minimum.*

**Table 22: Whole HB/Standard 3.2 Communicating Effectively**

			2013	2014	2015	2016	2017	2018	2019	
1	ALL except OPD	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?	92%	94%	93%	95%	94%	94%	94%	↔
2	ALL except OPD	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?	66%	84%	84%	84%	83%	81%	68%	↓
3	ALL except theatres	Is a nurse present to support the patient during formal senior contact between healthcare professional's doctors/consultants/GPs and patients?	91%	97%	98%	97%	95%	98%	93%	↓
4	ALL except neonates, day units, theatres	For this episode of care, is there documented evidence that an assessment of the carer's needs has been considered?	70%	65%	66%	74%	73%	72%	74%	↑
5	Neonates	For this episode of care, is there documented evidence that the parent's ability to achieve effective communication has been assessed?	n/a	n/a	80%	100%	60%	100%	100%	↔
6	Neonates	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?	n/a	n/a	60%	0%	80%	100%	100%	↔
7	Minor Injuries unit	Do patients whose first language is not English have access to translation services?	n/a	n/a	n/a	n/a	n/a	100%	100%	↔
8	Minor Injuries Unit only	Do deaf patients have access to working hearing loop equipment?	n/a	n/a	n/a	n/a	67%	75%	100%	↑
9	Minor Injuries Unit only	Is there pathways to fast track patients with dementia/Alzheimer's/learning difficulties?	n/a	n/a	n/a	n/a	33%	50%	100%	↑
10	Health visiting	Is there evidence that appropriate methods of communication were used? (Verbal and non verbal)?	n/a	n/a	n/a	n/a	n/a	100%	100%	↔

11	Health visiting	Is there evidence that staff support ethnic minority families in communication?	n/a	n/a	n/a	n/a	n/a	100%	100%	↔
12	Health visiting	Is there evidence that staff support Welsh speaking families in the Welsh language?	n/a	n/a	n/a	n/a	n/a	80%	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.

*NMC (2015); Practise Effectively: Standard 6.1 make sure that any information or advice given is evidence-based, including information relating to using any healthcare products or services.*

*NMC (2015); Practise Effectively: Standard 10.6: collect, treat and store all data and research findings appropriately.*

*NMC (2015): Promote Professionalism and Trust: Standard 25.1: identify priorities, manage time, staff and resources effectively and deal with risk to make sure that the quality of care or service you deliver is maintained and improved, putting the needs of those receiving care or services first.*

**Table 23: Whole HB/Standard 3.2 Communicating Effectively**

			2013	2014	2015	2016	2017	2018	2019	
1	District Nursing	Is the community nursing service able to demonstrate compliance with systems/ procedures/ policies in place to respond to service user and carer feedback?	n/a	n/a	92%	85%	76%	78%	96%	↑
2	District Nursing	Is the community nursing service able to demonstrate a process to evidence achievement of outcomes which will include patient reported outcomes, a regular process to audit care plans and discharge records.	n/a	n/a	92%	100%	88%	100%	100%	↔
3	District Nursing	Is the community nursing service able to demonstrate engagement with the Health Boards Quality Improvement strategy, using initiatives and projects to effect real, significant and sustainable change?	n/a	n/a	92%	96%	88%	87%	91%	↑
4	Paeds only	Are staff supported and engaged in regular audits?	n/a	n/a	n/a	n/a	92%	100%	96%	↓
5	Health visiting	Is there evidence that staff have knowledge of national and local initiatives?	n/a	n/a	n/a	n/a	n/a	100%	100%	↔
6	Health visiting	Is there evidence that staff have knowledge of quality assurance?	n/a	n/a	n/a	n/a	n/a	93%	100%	↑



## 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.

*NMC (2015); Prioritise People: Standard 5.2 make sure that people are informed about how and why information is used and shared by those who will be providing care.*

*NMC (2015); Prioritise People: Standard 5.4 share necessary information with other healthcare professionals and agencies only when the interests of patient safety and public protection override the need for confidentiality.*

*NMC (2015); Prioritise People: Standard 5.5 share with people, their families and their carers, as far as the law allows, the information they want or need to know about their health, care and ongoing treatment sensitively and in a way they can understand.*

Table 24: Whole HB/Standard 3.2 Communicating Effectively

			2013	2014	2015	2016	2017	2018	2019	
1	Paeds only	Can staff demonstrate they know how to ensure that confidential patient information is stored safely and securely?	n/a	n/a	n/a	n/a	100%	100%	100%	↔
2	Paeds only	Can staff demonstrate they know how to report an incident, accident or near miss via the DATIX reporting system and where applicable conduct an investigation?	n/a	n/a	n/a	n/a	100%	100%	100%	↔
3	Paeds only	How many staff are complaint with information governance?	n/a	n/a	n/a	n/a	n/a	100%	95%	↓

## 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.

*NMC (2015) NMC (2015): Practise effectively: Standard 10.1: complete all records at the time or as soon as possible after an event, recording if the notes are written some time after the event.*

*NMC (2015): Practise effectively: Standard 10.2: identify any risks or problems that have arisen and the steps taken to deal with them, so that colleagues who use the records have all the information they need.*



*NMC (2015): Practise effectively: Standard 10.3: complete all records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements.*

*NMC (2015): Practise effectively: Standard 10.4: attribute any entries you make in any paper or electronic records to yourself, making sure they are clearly written, dated and timed, and do not include unnecessary abbreviations, jargon or speculation.*

*NMC (2015): Practise effectively: Standard 10.5: take all steps to make sure that all records are kept securely.*

Accuracy:

		Table 25 Whole HB/ Standard 3.5 Record Keeping								
			2013	2014	2015	2016	2017	2018	2019	
1	ALL	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?	99%	97%	99%	98%	98%	97%	93%	↓
2	ALL except Neonates, OPD, Theatres	For this episode of care, is there documented evidence that each plan of care has been assessed and discussed with the patient or advocate?	81%	82%	87%	90%	88%	90%	79%	↓
3	ALL except theatres	For this episode of care, are the contact details of the first point of contact recorded in the patient's documentation?	96%	94%	96%	95%	96%	97%	97%	↔
4	ALL	Is the patient's preferred language clearly indicated in the nursing documents?	n/a	84%	89%	92%	88%	86%	84%	↓
5	ALL except neonates	Does the patient's documentation capture their preferred name and/or title?	93%	82%	88%	93%	86%	87%	87%	↔
6	Inpatients, ED, paed, LD, endoscopy, only	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?	87%	89%	89%	87%	89%	84%	82%	↓
7	Inpatients, neonates, MH, LD, OPD only	For patients who require a food chart, is there evidence that they are being kept up to date.	94%	93%	97%	89%	98%	91%	91%	↔
8	Inpatients, MH, LD, OPD only	For patients who require a food chart, is it signed by a registered nurse for each 24 hour period?	n/a	77%	85%	78%	83%	75%	74%	↓

9	ALL except OPD, theatres	For patients who require a fluid chart, is there evidence that they are kept up to date and evaluated?	84%	90%	88%	86%	92%	89%	91%	↑
10	ALL except neonates, OPD, Theatres	For patients who require a weekly fluid chart, is signed by a registered nurse for each 24 hour period?	n/a	70%	69%	72%	72%	61%	71%	↑
11	Maternity	Is there a clear plan of care following all episodes of care throughout the pregnancy and postnatal period?	n/a	100%	97%	93%	100%	87%	100%	↑
12	Neonates	Have the baby's dependency needs been individually assessed within the last 24 hours?	n/a	100%	100%	100%	100%	100%	100%	↔
13	Neonates	Have the babies' Dependency needs been staffed according to their levels of care?	n/a	100%	100%	100%	100%	100%	100%	↔
14	OPD, Medical Day Units & Radiology only	Is the documented evidence that, where indicated, the presence of a chaperone has been considered?	n/a	n/a	n/a	n/a	28%	67%	75%	↑
15	Paeds only	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?	n/a	n/a	n/a	n/a	96%	96%	48%	↓
16	Health visiting	Is there evidence that Child & Family records are written in SOAP?	n/a	n/a	n/a	n/a	n/a	100%	100%	↔
17	Health visiting	Is there evidence that the FRAIT assessment has been undertaken at all core contacts, and inward transfers?	n/a	n/a	n/a	n/a	n/a	67%	89%	↑

## 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.

*We must "treat people as individuals and uphold their dignity".*

*NMC (2015): Prioritise People: Standard 1.1: Treat people with kindness, respect and compassion.*

*NMC (2015): Prioritise People: Standard 1.2: Make sure we deliver the fundamentals of care effectively.*

*NMC (2015): Prioritise People: Standard 1.3: Avoid making assumptions and recognise diversity and individual choice.*

*NMC (2015): Prioritise People: Standard 1.4: Make sure that any treatment, assistance or care for which we are responsible is delivered without undue delay.*

**Table 27 Whole HB/ Standard 4.1 Dignified Care**

			2013	2014	2015	2016	2017	2018	2019	
1	ALL	If a patient's language of need is Welsh, do staff know how to access a Welsh speaking member of staff?	93%	100%	96%	99%	100%	99%	98%	↓
2	Paeds only	If a patient's language is not English, do staff know how to access an interpreter?	n/a	n/a	n/a	n/a	100%	100%	100%	↔
3	ALL	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?	63%	65%	69%	78%	73%	75%	79%	↑
4	ALL	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?	66%	71%	73%	80%	70%	73%	82%	↑
5	ALL except from theatres	Is there a facility for patients to talk in private to staff (e.g. a quiet room or office)?	93%	94%	93%	94%	98%	97%	96%	↓
6	ALL except maternity, neonates, OPD, theatres	Is there a quiet room for patients to spend time with their visitors away from their bedside?	70%	80%	77%	78%	78%	91%	84%	↓
7	Maternity & Neonates only	Are there facilities to preserve a mother's dignity if she wishes to express or feed at the cotside i.e. patient screens?	n/a	100%	100%	100%	100%	100%	100%	↔
8	Inpatients, paed, MH, Endoscopy, Day units	Within the clinical area, are all the bays single sex bays?	82%	76%	81%	75%	70%	74%	78%	↑
9	Inpatients, paed, LD, OPD, Endoscopy, Day units	Do all patients have access to single sex toilet and washing facilities?	77%	74%	70%	71%	72%	72%	66%	↓

10	All except maternity & neonates	Is there a facility to preserve patient's dignity by communicating to others that care is in progress?	97%	98%	97%	95%	96%	96%	94%	↓
11	Minor Injuries Units only	Within the clinical area are there facilities to meet hygiene needs, which are suitable for all patients including those that are disabled?	n/a	n/a	n/a	n/a	67%	87%	85%	↓
12	ALL except neonates & theatres	Within the clinical area, are washing and bathing facilities suitable for all Patients?	n/a	90%	89%	90%	84%	85%	95%	↑
13	ALL except neonates & theatres	Within the clinical area, are toilet facilities suitable for all service users?	n/a	89%	90%	86%	84%	89%	92%	↑
14	Inpatients, paed, MH & LD	Does the clinical area allow patients to bring in personal items to assist with patient orientation/familiarity?	100%	100%	100%	100%	100%	100%	100%	↔
15	Inpatients, paed, neonates MH, LD only	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?	74%	82%	82%	90%	85%	89%	89%	↔
16	Inpatients, paed, MH, LD only	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?	47%	78%	74%	60%	66%	59%	57%	↓
17	Neonates only	Does the clinical area allow for a period of 'quiet time' during the day to ensure that babies have a period of rest/sleep period?	n/a	100%	100%	100%	100%	0%	100%	↑
18	Neonates only	Does the clinical area allow for the noise levels to be controlled at the cot-side especially during periods of rest and sleep?	n/a	100%	100%	100%	100%	100%	100%	↔
19	Neonates only	Does the clinical area allow for the lighting particularly during periods of rest and sleep to be individually controlled at the cotside?	n/a	100%	100%	100%	100%	100%	100%	↔
20	Inpatients, ED, neonates, paed, MH, LD only	Are lights in sleeping areas, other than the over the bed night lights, switched off or dimmed at night?	n/a	100%	100%	100%	97%	100%	96%	↓

21	ALL except OPD	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?	86%	90%	95%	91%	85%	93%	94%	↑
22	All except OPD	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?	85%	83%	88%	83%	85%	79%	80%	↑
23	Neonates only	For this episode of care, is their documented evidence that the baby's comfort has been discussed and assessed using a developmental care tool?	n/a	80%	80%	100%	60%	80%	60%	↓
24	Neonates only	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?	n/a	40%	100%	80%	60%	n/a	100%	↑
25	ALL except ED, neonates, OPD, theatres	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?	85%	84%	89%	90%	83%	92%	89%	↓
26	ALL except ED, neonates, OPD, theatres	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?	72%	82%	90%	76%	71%	80%	74%	↓
27	ALL except OPD, endoscopy, theatres	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?	90%	92%	94%	94%	94%	96%	95%	↓
28	ALL except OPD, endoscopy, theatres	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	87%	80%	92%	90%	83%	85%	85%	↔

		evaluated and has been reviewed within the agreed timescale?								
29	District Nursing	Is there evidence that patient's self care ability to meet their own hygiene needs have been met	n/a	n/a	n/a	92%	85%	92%	94%	↑
30	Inpatients, paed, MH, LD, day units only	Are patients given the opportunity to go to the toilet before eating?	100%	98%	99%	99%	100%	97%	97%	↔
31	Inpatients paed, MH, LD only	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?	48%	73%	74%	82%	73%	84%	83%	↓
32	Inpatients paed, MH, LD only	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?	37%	61%	68%	73%	70%	74%	81%	↑
33	ALL except maternity, OPD, day units	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?	37%	65%	78%	76%	80%	88%	88%	↔
34	ALL except maternity, OPD, day units	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?	59%	67%	84%	83%	83%	80%	87%	↑
35	ALL except neonates	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?	84%	83%	78%	92%	92%	89%	93%	↑
36	ALL except neonates	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?	82%	73%	84%	85%	84%	83%	75%	↓

37	Inpatient areas, Emergency Departments	Can staff demonstrate they know the procedure for organ donation?	n/a	n/a	n/a	70%	75%	85%	82%	↓
38	Inpatient areas, Emergency Departments	Can staff demonstrate they know the procedure for tissue donation?	n/a	n/a	n/a	61%	68%	78%	65%	↓
39	Health visiting	Is there written evidence that Health Visitor Observations and Assessment of the Infant (HOAI) was commenced effectively?	n/a	n/a	n/a	n/a	n/a	97%	97%	↔
40	Health visiting	Is there written evidence that Family Resilience Assessment Instrument Tool has been completed at 1-6 weeks?	n/a	n/a	n/a	n/a	n/a	67%	80%	↑

## 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.

*NMC (2015): Prioritise People: Standard 5: Respect people's right to privacy and confidentiality.*

*NMC (2015): Practise Effectively: Standard 7.2: take reasonable steps to meet people's language and communication needs, providing, wherever possible, assistance to those who need help to communicate their own or other people's needs.*

*NMC (2015): Practise Effectively: Standard 7.3: Use a range of verbal and non-verbal communication methods, and consider cultural sensitivities, to better understand and respond to people's personal and health needs.*

**Table 28 Whole HB/ Standard 4.2 Patient Information**

			2013	2014	2015	2016	2017	2018	2019	
1	ALL	Is there evidence to demonstrate that patient identifiable information is treated in a confidential and secure manner?	95%	99%	97%	99%	99%	98%	95%	↓
2	ALL except neonates, theatres	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?	66%	74%	74%	81%	76%	79%	85%	↑
3	Neonates only	Does your unit inform parents that information regarding their baby may be shared with other professionals to ensure appropriate care?	n/a	n/a	0%	100%	100%	100%	100%	↔

4	Maternity & neonates only	Is there evidence of information available for women and their families on infant feeding?	n/a	100%	100%	100%	100%	100%	100%	↔
5	Neonates only	Does the clinical area offer translation services and/or professional interpreters to parents?	n/a	n/a	100%	100%	100%	100%	100%	↔
6	Neonates only	Does the clinical area have written information available in a language and format appropriate to their local community?	n/a	n/a	100%	100%	100%	0%	100%	↑
7	Neonates only	In the clinical area, is there information available regarding unit facilities, local amenities, parking, visiting, local support groups and arrangements for going home?	n/a	n/a	100%	100%	100%	100%	100%	↔
8	Neonates only	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	n/a	n/a	n/a	n/a	n/a	100%	100%	↔
9	Paeds only	Is the CYP/parent/carer aware of the named nurse who is responsible for the patient during their stay	n/a	n/a	n/a	n/a	n/a	100%	100%	↔
10	Health visiting	Is there evidence that the records are kept securely	n/a	n/a	n/a	n/a	n/a	96%	100%	↑



## 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.

*NMC (2015): Preserve Safety: Standard 13.2: Make a timely and appropriate referral to another practitioner when it is in the best interests of the individual needing any action, care or treatment.*

Table 29 Whole HB/ Standard 5.1 Timely Access										
			2013	2014	2015	2016	2017	2018	2019	
1	Paeds only	Is there evidence that the CYP has been correctly triaged on admission?	n/a	n/a	n/a	n/a	100%	100%	92%	↓
2	Health visiting	Is there written evidence that the Primary Birth Visit was completed within 10-14 days?	n/a	n/a	n/a	n/a	n/a	100%	100%	↔

## 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.

*NMC (2015): Prioritise People: Standard 1.2: Make sure you deliver the fundamentals of care effectively.*

*NMC (2015): Prioritise People: Standard 1.4: Make sure that any treatment, assistance or care for which you are responsible is delivered without undue delay.*

*NMC (2015): Prioritise People: Standard 4.3: Keep to all relevant laws about mental capacity that apply in the country in which you are practising, and make sure that the rights and best interests of those who lack capacity are still at the centre of the decision-making process.*

Table 30/Whole HB / Standard 6.1 Planning Care to Promote Independence										
			2013	2014	2015	2016	2017	2018	2019	
1	Inpatients, paed, MH, Endoscopy, theatre, day units only	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?	62%	72%	77%	67%	69%	80%	75%	↓
2	ED	For this episode of care, is there documented evidence that the patient's cognition has been assessed?						60%	60%	↔

3	Inpatients, ED, MH, day units only	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?	59%	64%	76%	63%	72%	73%	73%	↔
4	Inpatients, ED, paed, MH, Endoscopy, theatre, day units only	For patients with no formal diagnosed learning disabilities, is there documented evidence that the patient has been assessed for a formal diagnosed learning disability?	n/a	n/a	n/a	n/a	90%	76%	78%	↑
5	Inpatients, ED, paed, MH, Endoscopy, theatre, day units only	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?	n/a	n/a	n/a	n/a	94%	78%	75%	↓
6	Inpatients, ED, paed, MH, Endoscopy, theatre, day units only	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?	n/a	n/a	n/a	n/a	100%	79%	71%	↓
7	ALL except neonates, OPD	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?	94%	93%	91%	96%	97%	93%	91%	↓
8	ALL except neonates, OPD	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?	89%	86%	90%	90%	86%	88%	78%	↓
9	ALL except OPD, Theatres	Where appropriate, do all patients have written evidence of a discharge assessment and plan?	82%	90%	90%	86%	87%	89%	77%	↓
10	ALL except OPD, Theatres	Where appropriate, is there written evidence that the patient's family/carers has been involved in discharge planning?	84%	88%	86%	87%	89%	88%	80%	↓

11	ALL except maternity, neonates, OPD, Theatres	Does the clinical area have access to mirrors for patients to use?	94%	93%	94%	94%	95%	94%	95%	↑
12	Inpatients, ED, paed, MH, LD only	Does the clinical area have supplies of toiletries for patients who have been admitted without them?	94%	98%	97%	100%	99%	97%	100%	↑
13	MH & LD only	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?	n/a	100%	100%	100%	100%	100%	100%	↔
14	MH & LD only	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.	n/a	100%	76%	91%	100%	90%	100%	↑
15	neonates only	For this episode of care, is there documented evidence that the mother is shown parent craft skills prior to going home?	n/a	100%	60%	100%	100%	100%	60%	↓
16	Neonates only	Does the clinical area allow for parents to room in with their baby prior to going home?	n/a	100%	100%	100%	100%	100%	100%	↔
17	Neonates only	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?	n/a	100%	80%	100%	100%	100%	100%	↔
18	Neonates only	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?	n/a	100%	0%	100%	60%	0%	60%	↑
19	Neonates only	Does the clinical area have access to appropriate baby clothes for babies who have been admitted without them?	n/a	n/a	100%	100%	100%	100%	100%	↔
20	Neonates only	Does the clinical area have supplies of nappies and baby toiletries for babies who have been admitted?	n/a	n/a	100%	100%	100%	100%	100%	↔
21	Neonates only	For this episode of care, is there documented evidence that the	n/a	60%	80%	80%	80%	0%	60%	↑

		baby has an up to date Developmental Care assessment?								
22	Paeds only	For this episode of care, is there written evidence in the CYP's clinical notes that the CYP/parent/carer as been given an e-discharge letter and the discharge arrangements explained?	n/a	n/a	n/a	n/a	75%	96%	96%	↔
23	Paeds only	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?	n/a	n/a	n/a	n/a	96%	100%	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.

*NMC (2015): Prioritise People: Standard 1.5: Respect and uphold people's human rights.*

Table 31 /Whole HB / Standard 6.2 Peoples Rights										
			2013	2014	2015	2016	2017	2018	2019	
1	Inpatients and paed only	Does the clinical area allow CYP/family/carers to bring in personal items to assist with CYP's orientation/familiarity/anxiety?	n/a	100%	100%	100%	100%	100%	89%	↓
2	Maternity & neonates only	For this episode of care, is there documented evidence that mothers who require breastfeeding support and/or assistance has been assessed and discussed?	n/a	89%	89%	90%	70%	95%	83%	↓
3	Maternity & neonates only	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	n/a	100%	90%	100%	64%	80%	100%	↑

		reviewed within the last 24 hours?								
4	Paeds only	Are there age appropriate playrooms, toys, books and activities for children/young people?	n/a	67%	100%	80%	100%	100%	100%	↔
5	Paeds only	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?	n/a	n/a	n/a	n/a	84%	92%	96%	↑
6	Health visiting	Is there evidence that staff are aware of the rights of the clients?	n/a	n/a	n/a	n/a	n/a	84%	97%	↑

### 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.

*NMC (2015): Standard 2: We must listen to people and respond to their preferences and concerns.*

Table 32/Whole HB / Standard 6.3 Listening and Learning from Feedback

			2013	2014	2015	2016	2017	2018	2019	
1	ALL except theatres	In the clinical area, is there accessible information regarding how patients/relatives/advocates can raise a formal or informal concern?	91%	96%	97%	98%	95%	96%	94%	↓
2	Neonates only	Does the clinical area allow parents to regularly feedback their experience of the service?	n/a	n/a	100%	100%	100%	100%	100%	↔
3	Neonates only	Does the clinical area allow parents to be involved in the planning and development of service improvements?	n/a	n/a	0%	100%	100%	100%	100%	↔
4	Minor Injuries	Do the patients have access to patient satisfaction questionnaires	n/a	n/a	n/a	n/a	100%	100%	100%	↔

	Units only	and/or written or verbal feedback mechanisms								
5	Paeds Only	Is feedback sought from CYP and their parents/carers relating to their experience	n/a	n/a	n/a	n/a	n/a	100%	60%	↓
6	Paeds only	Can staff demonstrate they know what action to take if a CYP, their parent/carers or member of the public raises a concern about the care/treatment that they have received?	n/a	n/a	n/a	n/a	n/a	100%	100%	↔

## 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.

*NMC (2015): Practice Effectively: Standard 6.2: maintain the knowledge and skills you need for safe and effective practice.*

*NMC (2015): Practice Effectively: Standard 8: Work cooperatively.*

*NMC (2015): Practice Effectively: Standard 9: Share your skills, knowledge and experience for the benefit of people receiving care and your colleagues.*

*NMC (2015): Promote professionalism and Trust: Standard 20.1: uphold the reputation of your profession at all times.*

**Operational Audit Narrative:** one of the two questions for this standard achieved a compliance score of 85% or above. Both have seen a decrease in compliance.

Table 37: Whole HB/Standard 7.1 Workforce										
		Question	2013	2014	2015	2016	2017	2018	2019	
1	ALL	All clinical staff wear identification badges	73%	65%	84%	81%	87%	85%	73%	↓
2	ALL	All clinical staff comply with All Wales Dress Code	84%	87%	94%	90%	94%	95%	93%	↓

# Health & Care Standards Fundamentals of Care Annual Audit Report



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

Pawb yn gwrtais a  
serchog fel arfer.

The staff were  
outstanding, friendly  
helpful and  
approachable. They  
made my stay a  
positive one



All staff are excellent  
efficient, friendly,  
thorough and  
attentive



I've found all members  
of staff to be  
exceptionally kind,  
helpful, respectful and  
homely. Really  
Excellent!



My relative has built a  
very good relationship  
with the staff.... He is  
treated with dignity and  
respect at all times and as  
a family we could not ask  
for more. Diolch yn fawr

My experience has  
been first class, all staff  
from doctors to  
domestics have been  
pleasant, courteous  
and professional.



All the staff that I encountered  
were both helpful, kind and  
reassuring, not just to me but  
my family. Nothing was ever  
too much trouble for them  
even under great pressure. I  
have the greatest respect for  
the dedication that was shown

**2019**

# Patient Experience (page 6-11 of the report):

1508 patients/families/carers participated in the general patient survey and when asked to rate their satisfaction with their overall experience, using a 1-10 rating score, with 1 being very bad and 10 being excellent.

**Overall satisfaction with Overall experience, using a 1-10 rating score (with 1 being very bad and 10 being excellent), Breakdown per year.**

Year	Number of patients	Score	RAG rating	
2013	642	9.1 out of 10 (91%)	Green	
2014	1018	9.3 out of 10 (93%)	Green	↑
2015	1256	9.2 out of 10 (92%)	Green	↓
2016	1637	9.3 out of 10 (93%)	Green	↑
2017	1672	9.4 out of 10 (94%)	Green	↑
2018	1534	9.3 out of 10 (93%)	Green	↓
2019	1508	9.3 out of 10 (93%)	Green	↔

**Area for improvement:**

- Rest & Sleep



# Operational Questions (pages 11-13 of the report)

Operational questions: Overall Standard Summary		2013 RAG %	2014 RAG %	2015 RAG %	2016 RAG %	2017 RAG %	2018 RAG%	2019 RAG%	
	Staying Healthy								
1.1	Health Promotion, Protection and Improvement	n/a	n/a	100%	79%	78%	77%	81%	↑
	Safe Care								
2.1	Managing Risk and Promoting Health and Safety	94%	91%	92%	92%	95%	94%	92%	↓
2.2	Preventing Pressure and Tissue Damage	93%	88%	88%	93%	93%	92%	89%	↓
2.3	Falls Prevention	96%	85%	86%	90%	89%	88%	89%	↑
2.4	Infection Prevention and Control (IPC) and Decontamination	89%	99%	96%	97%	99%	98%	98%	↔
2.5	Nutrition and Hydration	93%	91%	92%	93%	94%	94%	92%	↓
2.6	Medicines Management	88%	91%	92%	98%	96%	95%	95%	↔
2.7	Safeguarding Children and Safeguarding Adults at Risk	96%	98%	97%	96%	93%	98%	97%	↓
2.8	Blood Management	n/a	n/a	100%	80%	73%	83%	78%	↓
2.9	Medical Devices, Equipment and Diagnostic Systems	92%	90%	90%	96%	96%	95%	99%	↑
	Effective Care								
3.1	Safe and Clinically Effective Care	n/a	n/a	n/a	82%	90%	81%	84%	↑
3.2	Communicating Effectively	84%	86%	86%	88%	86%	88%	85%	↓
3.3	Quality Improvement, Research and Innovation	n/a	n/a	n/a	94%	85%	89%	95%	↑
3.4	Information Governance and Communications Technology	n/a	n/a	n/a	n/a	100%	100%	98%	↓
3.5	Record Keeping	94%	86%	89%	90%	90%	89%	87%	↓
	Dignified Care								
4.1	Dignified Care	80%	84%	86%	86%	84%	87%	87%	↔
4.2	Patient Information	80%	87%	87%	91%	89%	90%	91%	↑
	Timely Care								
5.1	Timely Access	n/a	n/a	n/a	n/a	100%	100%	97%	↓
	Individual Care								
6.1	Planning Care to Promote Independence	86%	87%	87%	87%	88%	88%	84%	↓
6.2	Peoples Rights	n/a	81%	93%	92%	85%	93%	96%	↑
6.3	Listening and Learning from Feedback	91%	96%	96%	98%	96%	97%	93%	↓
	Staff and Resources								
7.1	Workforce	78%	76%	88%	86%	90%	90%	83%	↓

Area for improvement:

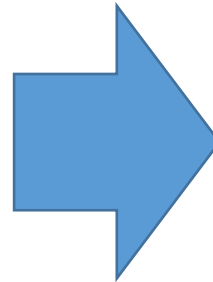
- Preventing Pressure & Tissue Damage
- Medicine Management
- Record keeping

***Unnecessary noise is the most cruel abuse of care which can be inflicted on either the sick or the well.*** Florence Nightingale, 1859.

In the UK, 40% of hospital patients are bothered by noise at night, a consistent finding of the NHS Inpatient Survey (Xyrichis et al., 2018).

The results from the national [2014 NHS inpatient survey](#) demonstrates this, with 39 per cent of respondents stating that they were 'bothered by noise at night from other patients' and 21 per cent being disturbed by hospital staff.

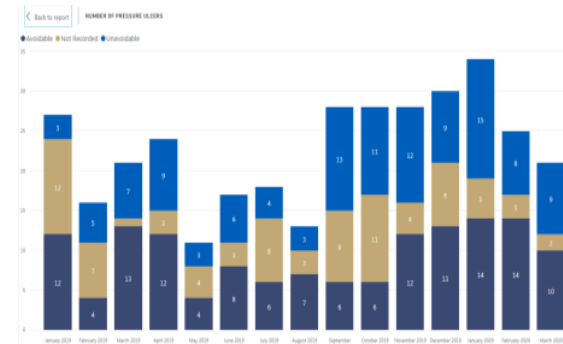
The World Health Organization(WHO) recommends that noise levels in the hospital environment should not exceed 35 decibels (dB) during the night and 40 (dB) during the day, however some studies noted that in some clinical environments it can range from 59-83 dB (Qutub and El-Said, 2009)



## Standard 4.1 Rest & Sleep

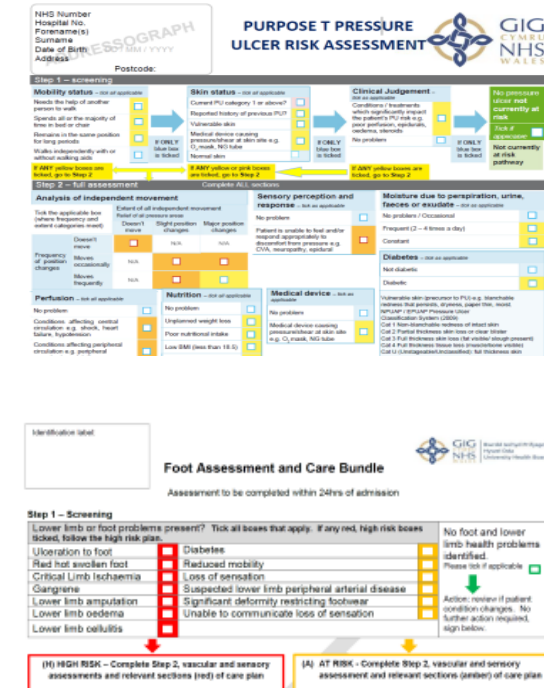
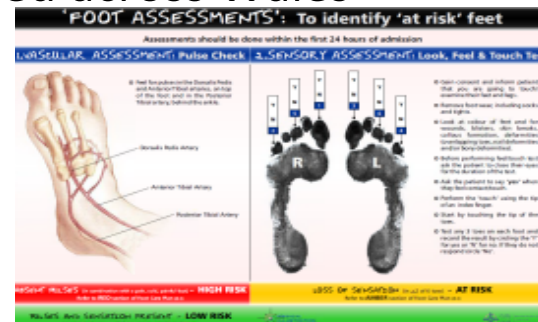
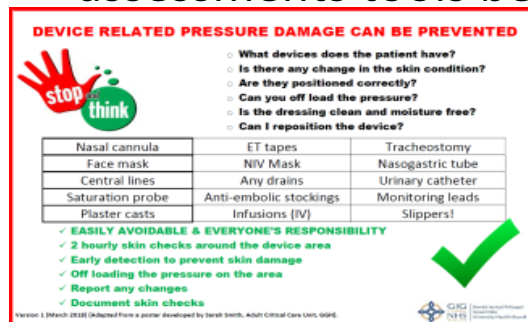
The Professional and Practice Development Team have commenced some quality improvement work with key teams to explore ways of improving the patient experience around rest and sleep. This will include:

- the use of hospitality packs/ear plugs/masks.
- reducing the volume of the telephone at the nurses' station at night,
- replacing door seals and adjusting their closing system to reduce noise when opening and closing doors at night, and
- Replacing bins with soft closing lids.



# Standard 2.2: Patients information on how to prevent damage to their skin:

- Pressure damage improvement work
- Local site/directorate scrutiny/assurance meetings
- reviewed the patient information available and produced bilingual patient information leaflets for pressure damage prevention and top tips to keep your feet healthy.
- Foot care assessment and care bundle and a series of posters have also been produced to aid staff in identify those patients at risk of developing pressure damage to their heels.
- Purpose T pressure ulcer risk assessment and care plan have also been introduced to all adult inpatient wards as part of the All Wales work to standardise the risk assessments tools being used across Wales



# Standard 2.6 Medicine Management

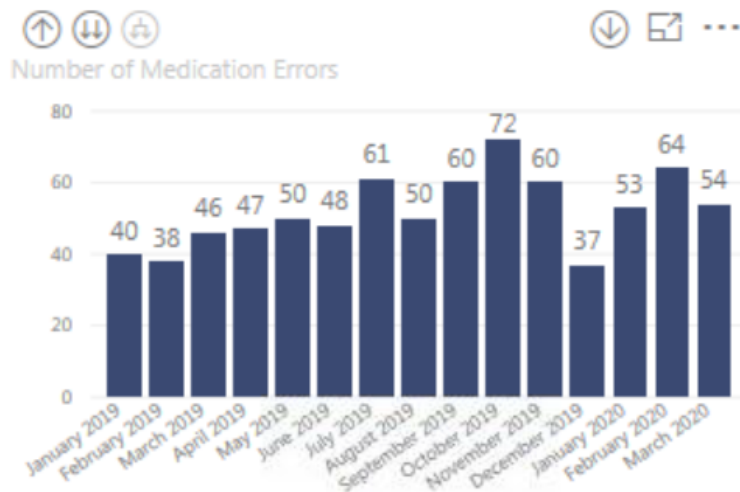
Measures in place:

- MERG (Medication Errors Review Group)
- Site/Directorate Scrutiny meetings
- Use of red tabards
- Medication safety days



Work being planned (but delayed by covid):

Focused workshops and quality improvement work around medicine management



# Standard 3.5: Record keeping around assessment and care planning:

Digital Nursing



Health Board representative working with the NHS Wales Informatics Service (NWIS) and other colleagues across NHS Wales

- to produce digital nursing documents that follow a patient through their healthcare journey,
- using the same standardized nursing language to reduce duplication and
- improve patient experience and care.

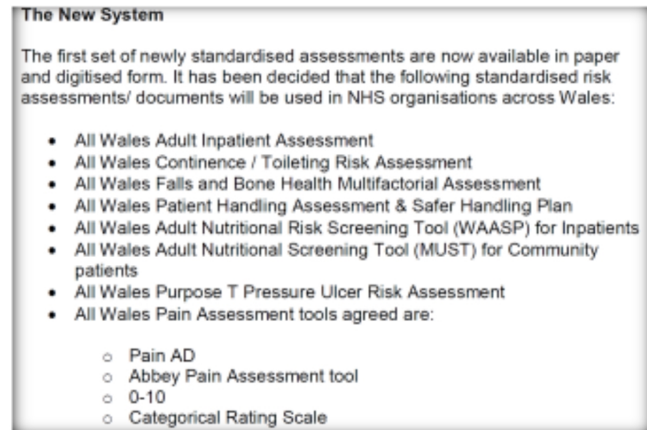
The project is aimed at: ensuring the e-documents are fit for purpose, patient focused and aligned to the nursing process.

The first phase of the project was

- to standardized key risk assessments chosen based on frequency of use, and those that have the biggest potential to improve patient assessment, inform care planning and enhance patient safety and outcomes. (Standardisation of nursing core risk assessment documents (WHC/2019/026).
- A ward within the HB (WGH, Ward 11) has been involved in the pilot of the digital adult inpatient assessment and a number of the above risk assessment have been rolled out in paper format in readiness for the risk assessments being available digitally.

The next phase of the project involves

- standardising further nursing documents, and as care planning is a fundamental part of the nursing process they have been identified to be standardised next.



# The Plan for 2020

The plan for 2020 is:

- to ***suspend*** the operational element of the audit, in its current format, as there are concerns that it does not provide the assurance required by the Health Board around the fundamental aspects of care,
- Review our assurance processes with the aim of developing an assurance process that focuses on how improvement can be implemented around key areas of work
- Undertake the patient experience survey and the staff survey in 2020 as usual