



AGENDA ITEM

3.2.5

CTM BOARD

HEALTH & CARE STANDARDS ANNUAL REPORT 2020/2021

Date of meeting	30/09/2021
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Rebecca Thomas, Senior Nurse, Quality Improvement
Presented by	Greg Dix, Executive Director of Nursing
Approving Executive Sponsor	Executive Director of Nursing
Report purpose	FOR DISCUSSION / REVIEW

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
Quality & Safety Committee	09/08/2021	NOTED

ACRONYMS

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1. SITUATION/BACKGROUND

Since 2009, the NHS in Wales has undertaken a national audit of care and service delivery which 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 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 against which standards of care can be measured and highlight focus areas for improvement.

The 22 Health and Care standards have been designed to fit with the seven quality themes identified in the NHS Outcomes and Delivery Framework which were developed through engagement with the public, patients, clinicians and stakeholders.

Each theme includes several standards which have been mapped against the NHS Outcomes and Delivery Framework measures, the measures relating to the fundamental aspects of care and specific areas that comply with legislation and guidance. The benefits of engaging in the annual audit are:

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.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

The findings from the 2020/21 Annual Health and Care Standards operational audits, patient survey and staff survey are presented in the attached detailed Health & Standards Annual report. The narrative of this report will focus on the areas of good practice identified by the operational audit, our patients and our staff, as well as attempting to recognise and explain any areas of concern that emerge from the findings.

When making comparisons to year-on-year results, 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. In addition, it is important to note that there is no longer a requirement to submit the findings to the Chief Nursing Officer, where data from other Organisations is available. Therefore, the results should not be used to compare Organisations across Wales.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 Feedback from our population

Feedback from patients confirms the high standards of care provided across the Health Board with an overall satisfaction rate of 93% a slight increase to the 89% achieved in 2019. They are also complimentary towards the attitude and behaviour of staff and nearly all patients (99%) who participated in this year's audit felt that they had been 'always' or 'usually' treated with dignity and respect during their stay or attendance to hospital.

One of the lowest scores this year was related to the ability to speak welsh to staff if needed with an overall patient satisfaction rate of 77%. It is important to note however, that there has been an increase in satisfaction from 2019's 66%.

Last year the following questions scored below the 85%. This year we are pleased to report improved scores:

1. 86% in relation to question: were you able to get enough rest and sleep?
Up from 81% in 2019



2. 86% in relation to question: Were you given help and advice on how to prevent damage to your skin? Up from 84% in 2019
3. 94% in relation to: were you encouraged to hold your baby and supported to participate in regular skin to skin care (kangaroo care)? (Maternity) Up from 73% in 2019

3.2 Feedback from our staff

Feedback from staff remains low with an overall satisfaction rate of 78%, however there is a 4% increase in comparison to last year's score of 75%

The 3 elements that received the lowest score were:

1. Put local citizens at the heart of everything we do (77%) this is a concerning score in comparison to last years score of 90% and some work needs to be undertaken to understand this further.
2. Provide you with feedback on the outcomes of any incidents/accidents that you report or that are reported within your clinical area (78%). Whilst this score keeps us in an AMBER position it must be noted that it's an increase of 10% from last year's 68%
3. Make you feel proud to be a nurse / allied health professional (82%) Whilst this score keeps us in an AMBER position it must be noted that it's an increase of 14% from last year's 68%

3.3 Operational Audit findings

The operational audit findings have confirmed the top 3 key areas of good practice and areas where improvements could be made.

Top 3 areas of good practice

1. Continued focus on improving the hydration of our vulnerable patients in hospital
2. The implementation of a falls collaborative to test 2 initiatives for reducing the number of inpatient falls
3. Ongoing successful implementation of the electronic nurse documentation.

Top 3 areas for improvement

1. Assessment, Planning and Evaluation of Care – *documentation in particular*



2. Nutrition and Hydration – *signing of food and fluid charts, provision of fluids and registered nurses co-ordinating mealtimes.*
3. Welsh Language Needs – *we need to ensure that we are ascertaining, communicating and supporting those patients who are welsh speaking*

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	Patient care and staff experiences
Related Health and Care standard(s)	Safe Care
	All Health care standards affected
Equality impact assessment completed	Not required
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Well-being Objectives	Provide high quality, evidence based, and accessible care

5. RECOMMENDATION

The Board is asked to:

- **NOTE** the position of the Health Board with regard to the Health & Care Standards
- **NOTE** the areas of good practice that have been reported within this paper and areas for improvement.