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Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Knowing How Well
We Are Doing



Health & Care Standards Audit Report 2020/21



Contents

Executive Summary

Background

Assessment

STAYING HEALTHY Standard 1.1 Health Promotion, Protection and Improvement	
SAFE CARE Standard 2.1 Managing Risk and Promoting Health and Safety	
SAFE CARE Standard 2.2 Preventing Pressure and Tissue Damage	
SAFE CARE Standard 2.3 Falls Prevention	
SAFE CARE Standard 2.4 Infection Prevention and Control and Decontamination	
SAFE CARE Standard 2.5 Nutrition and Hydration	

Page

3

3

5

8

12

14

17

20

24

SAFE CARE Standard 2.6 Medicines Management	
SAFE CARE Standard 2.7 Safeguarding Children and Safeguarding Adults at Risk	
SAFE CARE Standard 2.8 Blood Management	
SAFE CARE Standard 2.9 Medical Devices, Equipment and Diagnostic System	
EFFECTIVE CARE Standard 3.1 Safe and Clinically Effective Care	
EFFECTIVE CARE Standard 3.2 Communicating Effectively	
EFFECTIVE CARE Standard 3.3 Quality Improvement, Research and Innovation	
EFFECTIVE CARE Standard 3.4 Information Governance and Communications Technology	
EFFECTIVE CARE Standard 3.5 Record Keeping	

28

30

32

33

34

36

37

39

DIGNIFIED CARE Standard 4.1 Dignified Care	
DIGNIFIED CARE Standard 4.2 Patient Information	
TIMELY CARE Standard 5.1 Timely Access	
INDIVIDUAL CARE Standard 6.1 Planning Care to Promote Independence	
INDIVIDUAL CARE Standard 6.2 Peoples Rights	
INDIVIDUAL CARE Standard 6.3 Listening and Learning from Feedback	
STAFF & RESOURCES Standard 7.1 Workforce	

43

53

56

58

61

62

65

Recommendations

Appendix 1: Action Planning

Appendix 2: Qlik Sense Applications (Live)

72

73

78

Executive Summary

“Kindness and courtesy prevailed at all times. Meals were not just edible but tasty and varied. Linen was changed regularly above all staff all levels were all one could ask for”

(Ward 4, YCC)

“very well looked after throughout whole visit, felt very secure and confident in all the doctors and nurses. All very friendly and loving people, I am very thankful to them all”

(Ward 9, RGH)

“Anxious and in pain, I arrived at PCH to be greeted by warm, friendly and understanding staff within all departments. I felt guilty coming into hospital during the pandemic but was never made to feel I was taking up resources or an inconvenience. I have a reoccurring issue and it is really impacting my life and career. I have had several opds in difference places and have never encountered such universal kindness across all departments”

(Ward 5, PCH)

“I appreciate the difficulties of the staff are experienced at these current times with the pandemic times. I wish to congratulate the way you are conducting your duties. I realise it is difficult with patient’s temperaments and I realise it is difficult and it is sometimes can be very difficult but in all you are doing a great job. Well done!”

(Ward 7, PCH)

The findings from the 2020/21 Annual Health and Care Standards operational audits, patient survey and staff survey are presented in this 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 concerns 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 CNO office, where data from other organisations is available. Therefore, the results should not be used to compare organisations across Wales.

The user, staff experience and operational element of the audit are undertaken by nurses and midwives as means of demonstrating positive patient feedback and good practice as well as identifying where improvements are required.

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

Feedback from our staff

Feedback from staff remains low 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 need to be undertaken to understand tis 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%

The operational audit findings have confirmed a few key areas for improvement.

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*

The detailed results of the audit are presented in this report

I would like to extend my gratitude to all the patients, carers and staff involved with the 2020/21 Health and Care Standards audit process and for providing assurance of where we are delivering excellent standards of care and for identifying where we need to focus our continuous quality improvement during 2021/22.

Greg Dix

Executive Director of Nursing, Midwifery and Patient Care

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 the engaging in the annual audit are outline below:

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.

Assessment

Compliance Matrix:

The agreed compliance matrix for all elements of the audit

Compliance Matrix	
Equal to or greater than 85%	
51% to 84%	
50% or less	

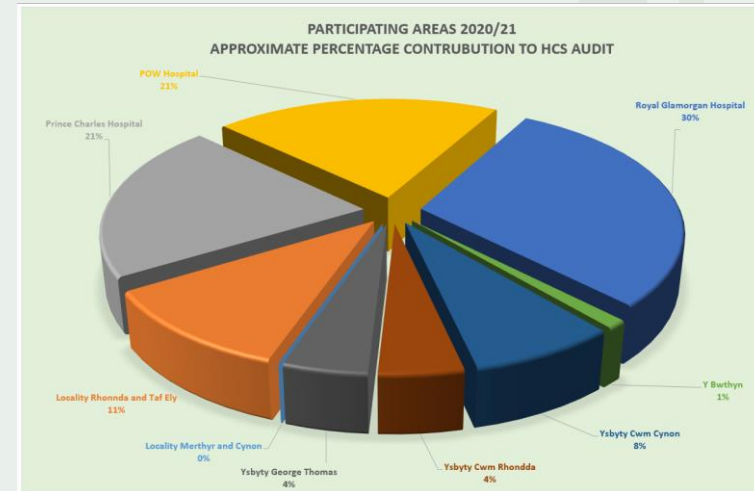
Triangulation of data: The results from this audit are only a part of the bigger picture of the services being provided in the organisation. This report will refer to information from other data sources as the information helps us to triangulate the information available to us to determine if our organisation is doing the right thing well and providing care which is dignified, safe and effective to meet the needs of individuals.

Source of the data:

Individual question compliance – the source of the data in this report is taken from the Health & Care Monitoring System.

The audit includes percentage as well as Boolean (Yes/No) type responses for the audit questions. In addition, for the staff and patient surveys a scale of 'Always', 'Usually', 'Sometimes' and 'Never' was introduced. Changes were introduced in 2015 to enable the aggregation of the various question types by the themes and standards set out in the Health & Care Standards (2015), providing more meaningful and representative responses to the individual questions and audit.

Interpreting the results



Overall Summary

The HCM audit involves asking patients about their experiences of care and reviewing delivery of care and the assessment of the operational application of the 22 HCSs. This included:

- Examination of patient records to measure compliance against the standards
- Observation of clinical practice
- Environmental assessment

It is important to note that additional questions have been added and amendments been made to the wording of some questions within the themes based on feedback from staff undertaking the 2019 audit as well as from National Specialist Nursing and Midwifery groups. Also, some questions are not included in the operational audit and patient surveys for all areas.

Patient Experience Summary

Understanding the experiences of patients, and their relatives/ carers is a key priority for the Health Board, and the HCS audit Patient survey is only one method by which we can monitor the standard of care provided and better understand the patient experience.

Between 1st October 2020 and 30th April 2021, a total of **1,307** patient experience surveys were completed across the participating clinical areas. This is compared with the **996** surveys completed in 2019. **972** (75%) were completed by the patient/service user, **120** (9%) by a friend/ family/carer and 215 (16%) completed with the support of a Healthcare Professional.

The results of this year's patient survey demonstrate that the majority of patients were satisfied with the standards of care that they received from the Health Board and are complimentary regarding the professional and respectful behaviour of most of the staff. The survey also demonstrates that we do not get it right all the time and this feedback is essential to improve practice.

When asked to rate their overall satisfaction with the care provided service users gave the organisation a rating of 93% enabling the Health Board to maintain a RAG rating of green, and a 4% improvement from 2019. This is to be commended when considering that the surveys were undertaken during the height of the pandemic

Service User Question	Overall Rag % 2018	Overall Rag % 2019	Overall Rag % 2020/21
On a scale of 1-10, where 1 is very bad and 10 is excellent, how would you rate your overall experience?	90%	89%	93%

Highlights for the Service User Experience

The outcome of this year's patient survey does not vary greatly from the findings of last year's survey. Patients are telling us that they are being treated with dignity and respect. Patients are telling us that staff are kind, helpful and polite. In addition, nearly all patients who responded feel safe.

However, patients are not always able to speak to staff in Welsh if needed. Patients are not having enough sleep and rest. Furthermore, there is room to improve the support mothers/parents with feeding their baby

The survey outcome acts as a reminder of what we are doing well most of the time and what we need to improve to make the experience of all service users better.

Staff Survey Summary

Between 1st October 2020 and 30th April 2021, a total of **524** staff surveys were completed across the participating clinical areas.

Highlights for the Staff Survey

The outcome of this year's staff survey does not vary greatly from the findings of last year's survey. Staff are telling us that they can access up to date information which supports them in doing their job. Whilst $\frac{3}{4}$ of staff who responded feel that the organisation supports them in having the knowledge and skills to deliver a consistent standard of compassionate care.

It is however concerning to note that only just over half of the staff feel proud to be a nurse/allied healthcare professional and valued as a member of the organisation.

Staff Survey Question	Overall Rag % 2018	Overall Rag % 2019	Overall Rag % 2020/21
Using a scale of 1-10, where 1 is very bad and 10 is excellent, how would you rate your overall satisfaction with your organisation	69%	70%	78%

Summary Operational Audit

The audit results demonstrate that the UHB achieved a level of compliance for the operational questions of > 85% in all 7 Health and Care Standards themes. The following table provides a breakdown of the operational scores and identifies that improvement has been made across 5 of the standards.

Operational Audit Overall Theme Summary	2017 %	2018 %	2019 %	2020/21 %
Staying Healthy	69.0	78.1	87	86.5
Safe Care	92.1	94.0	93	96.3
Effective Care	85.4	88.9	91	93.1
Dignified Care	84.4	88.3	88	90.5
Timely Care	90.0	100	98	100
Individual Care	87.6	91.6	93	94.4
Staff and Resources	88.5	94.9	98	96.1

Operational questions: Overall Standard Summary		2017 RAG %	2018 RAG %	2019 RAG %	2020/21 RAG %
Staying Healthy					
1.1	Health Promotion, Protection and Improvement	68	78	87	87
Safe Care					
2.1	Managing Risk and Promoting Health and Safety	97	95	96	98
2.2	Preventing Pressure and Tissue Damage	93	98	95	96
2.3	Falls Prevention	91	94	96	97
2.4	Infection Prevention and Control (IPC) and Decontamination	97	98	98	98
2.5	Nutrition and Hydration	88	88	89	93
2.6	Medicines Management	95	98	95	98
2.7	Safeguarding Children and Safeguarding Adults at Risk	92	93	90	94
2.8	Blood Management	78	94	90	81
2.9	Medical Devices, Equipment and Diagnostic Systems	98	97	98	97
Effective Care					
3.1	Safe and Clinically Effective Care	80	89	93	93

Operational questions: Overall Standard Summary		2017 RAG %	2018 RAG %	2019 RAG %	2020/21 RAG %
3.2	Communicating Effectively	88	92	94	95
3.3	Quality Improvement, Research and Innovation	89	75	98	92
3.4	Information Governance and Communications Technology	100	100	97	97
3.5	Record Keeping	85	89	89	93
Dignified Care					
4.1	Dignified Care	84	88	88	90
4.2	Patient Information	88	90	93	95
Timely Care					
5.1	Timely Access (paediatrics only)	90	100	98	100
Individual Care					
6.1	Planning Care to Promote Independence	87	91	92	94
6.2	Peoples Rights	100	100	99	98
6.3	Listening and Learning from Feedback	95	96	100	97
Staff and Resources					
7.1	Workforce	88	95	98	96

STAYING HEALTHY

Standard 1.1

Health Promotion, Protection and Improvement



	Question	2017	2018	2019	2020/21
All excluding neonates, theatres, District Nursing	For this episode of care, is there evidence that the patient's smoking habits been assessed?	76%	81%	87%	89%
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?	48%	64%	75%	68%

	Question	2017	2018	2019	2020/21
All excluding neonates, theatres, District Nursing	For this episode of care, is there evidence that the patient's weight has been measured?	86%	89%	92%	91%
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?	70%	73%	96%	91%
All excluding neonates, theatres, District Nursing	For this episode of care has the patient's alcohol intake been assessed?	79%	81%	87%	92%
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 reviewed	55%	67%	80%	79%

within the agreed timescale?				
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		2017	2018	2019	2020/21
All excluding neonates, theatres, District Nursing	For this episode of care has the patient's illicit substance use been assessed?	40%	59%	75%	72%
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?	43%	56%	57%	72%
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?	100%	100%	100%	100%

District nursing	Is the community nursing service able to demonstrate that systems and processes are in place to achieve individual service user outcomes?	100%	100%	100%	100%
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The principle of staying healthy is to ensure that people are well informed to manage their own health and wellbeing.

People's health related behaviours are influenced by a range of factors including social, economic and physical environment and mental well-being. By making it easier for people to adopt healthy behaviours we will reduce the burden of disease and help narrow the gap in health inequalities arising from long term conditions such as obesity, cancers, heart conditions, stroke, respiratory disease and dementia.

This means:

- Rapidly reducing smoking prevalence
- Increasing physical activity and promoting healthy weight
- Preventing harm from a range of behaviours including substance use

The questions for this standard focus on promoting these healthy behaviours.

The audit results for 2020/21 show an increase in overall compliance, however there is still work to do to ensure that assessment and care planning for these behaviours is undertaken consistently for all relevant patients in our care

Smoking Reduction

Smoking kills 6,000 smokers in Wales each year and giving up smoking increases a person's chances of living a longer and healthier life. More than two-thirds of all smokers say they want to quit.

Of the records reviewed a compliance score of 89% was achieved for the assessment of patients smoking habits, compared to 87% in 2019. In addition, a compliance score of 68% was achieved for the provision of information for those smokers who expressed an interest to stop smoking, a decrease of 7% from 2019.

Notable Good Practice

- The health board's smoking cessation service offers free and friendly support to staff, inpatients and outpatients who wish to stop smoking and would benefit from one-to-one support. We have Over **200 'No Smoking Champions'** now located on all sites and in most wards, departments and units.
- The Cardiovascular Risk Reduction Health Check Programme that aims to reduce premature mortality from CVD, targeting more socio-economically deprived areas where prevalence of CVD is highest.

Promoting Healthy Weight

Whilst its positive to see that the records demonstrated 91% compliance in the measuring of patients' weight, we strengthened the provision of information for those patients with an unhealthy weight scoring 91% compliance with this action. A slight decrease from 2019 where we scored 95%

Notable Good Practice

The catering team in Cwm Taf Morgannwg UHB have been developing several initiatives to help patients, staff, and the wider population to make the healthier choice. Working with the dietitians, they introduced a range of healthier options. The healthier option meal deal runs Monday to Friday and includes two of your recommended five a day of fruit and vegetables.

In addition, the Bar Barista outlets offering coffees and teas that are only served with semi-skimmed or skimmed milk. As well as providing tasty, healthier, meal deal options.

The restaurants at Prince Charles and Royal Glamorgan hospitals now offer a fresh, delicious salad bar.

The catering team have also developed a scheme to encourage patients, relatives, service users and staff to eat more fruit. The Fruit Loyalty Card scheme has been launched across Cwm Taf Morgannwg UHB – buy six pieces of fruit and get one free.

'Mam Kind' - Infant Feeding

Merthyr Tydfil was one of three areas in the UK which was selected for the Mam Kind study. The findings of the study were positive, and a stakeholders' advisory group is currently looking at the potential for future development. The aim of this initiative is to enable parents to make an informed choice about infant feeding, by explaining the options during pregnancy, which can facilitate exclusive breastfeeding and enable the baby to remain with the mother on the postnatal ward/transitional care and avoid the need for admission to Special Baby Care Unit

Maternity / Neonatal services are working collaboratively, to achieve accreditation in UNICEF UK Baby Friendly Initiative's Neonatal Standards. An audit of new mothers showed a significant improvement in infant feeding standards of care. Breastfeeding Peer Support volunteers have been supported by the health board to undergo further training on peer support and are now visiting the postnatal wards to provide additional help and information for new breastfeeding mothers.



SAFE CARE

Standard 2.1

Managing Risk and Promoting Health and Safety



	Question	2017	2018	2019	2020/21
ALL except OPD	Do all patients wear an identification band which states their first and last name, date of birth and NHS number?	94%	98%	99%	99%
ALL	Is the patient's identity checked visually and verbally prior to undertaking a procedure?	96%	99%	99%	100%
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?	88%	89%	96%	97%

	Question	2017	2018	2019	2020/21
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?	83%	87%	93%	97%
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%	92%	95%	96%
ALL	Within the clinical area, are all fire restraint doors free from obstruction or closed if not automatic self-closing?	95%	98%	94%	99%
Paeds only	Is the Child/Young Person in an age-appropriate bed with cot sides/bed rails in situ?	100%	100%	100%	100%
Endoscopy & theatres only	Is there evidence of the team brief and de brief being undertaken?	100%	100%	100%	100%
Endoscopy & theatres only	Is there evidence that the department is compliant with the WHO checklist?	100%	100%	100%	100%

Standard 2.1 Managing Risk and Promoting Health and Safety

The overall score for this standard remains consistently high across annual audits, demonstrating that the safety and welfare of our patients is taken seriously.

It is reassuring to note a continued improved position in compliance with care planning for patients with a assessed manual handling risk, achieving 97% compared to last year's 93%. Furthermore, we have also achieved an improved compliance position in relation to bed rails assessments with a score of 96% compared to 95% last year.

Patient Perspective: Many patients felt that they were made to feel safe whilst in hospital with 99% of the patients responding positively to this question (an increase from 2019 98%).



SAFE CARE Standard 2.2



Preventing Pressure and Tissue Damage

	Question	2017	2018	2019	2020/21
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?	90%	97%	95%	98%
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?	98%	98%	95%	94%

Standard 2.2 Preventing Pressure and Tissue Damage

Of the patients reviewed, 98% of the patients had evidence that their skin condition had been assessed and discussed with them or their advocate an increase of 3% compared to last year.

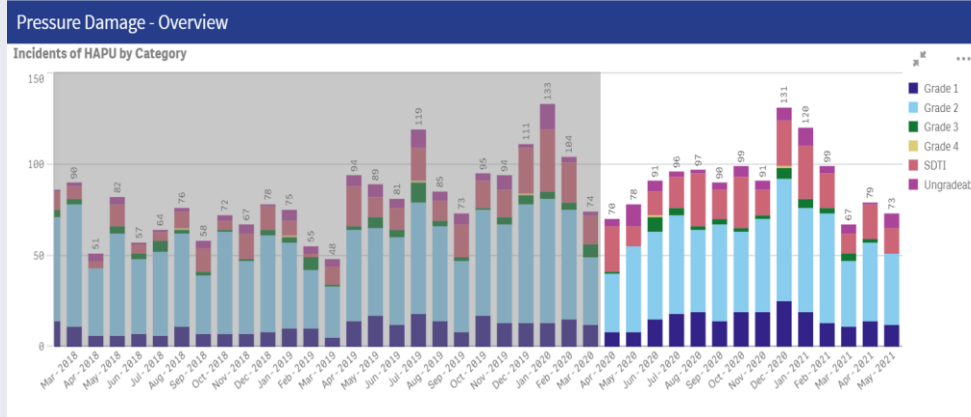
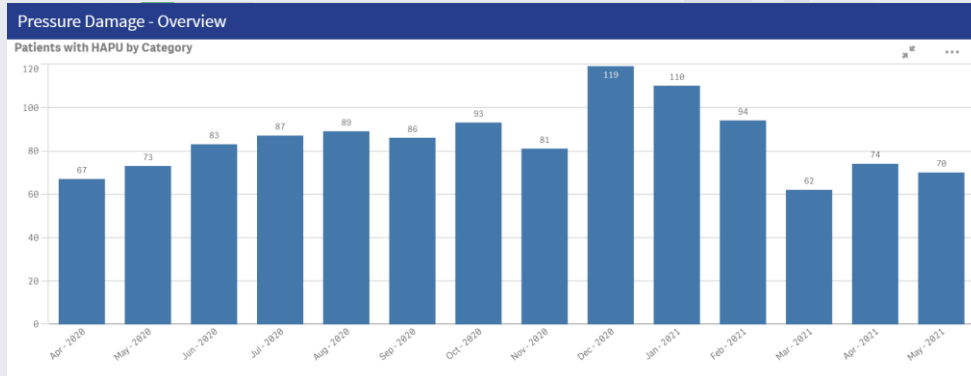
Of the patients who were identified as requiring assistance with looking after their skin, 94% had evidence that they had an up-to-date care plan, which was being implemented, evaluated and had been reviewed within the agreed timescale. A very small reduction from last year's 95%.

The PURPOSE T tool has been implemented across in-patient areas in the health board. PURPOSE T (Pressure Ulcer Risk Primary or Secondary Evaluation Tool) is a pressure ulcer risk assessment framework intended to identify adults at risk of pressure ulcer development and makes a distinction between primary prevention (applicable to those at risk of pressure ulcer development) and secondary prevention (applicable to those who already have a pressure ulcer). It has been developed for use in adult populations in hospital and community settings by qualified nursing staff.

PURPOSE T does not utilise a score as other tools do - it encourages nurses to consider the profile of a patients' risk (PU risk factors present) to identify whether they are 'not currently at risk', 'at risk', or have an existing pressure ulcer and allocate them to the appropriate care pathway.

PURPOSE T has 3 steps including:

- Step 1 – Screening: complete for all patients
- Step 2 - Full Assessment: complete for those potentially at risk as determined by step
- Step 3 – Assessment Decision: to be undertaken for all patients who have undergone step 2



All grade 3 and 4 pressure ulcers are investigated by Clinical Directorates using an All-Wales investigation tool and the lessons learnt are shared with our local improvement.

Pressure Ulcer Investigation Panels

In order to support a culture of learning and improvement we have introduced a fortnightly programme of investigation panels where we scrutinise all pressure ulcers incidents.

The panels are consisting of a head of nursing, tissue viability nurse and a safety improvement manager.

The senior nurse, ward manager and ward staff attend the panels and present their cases using the patients nursing records which are reviewed to help identify any areas for improvement and learning.

Where an outcome of avoidable harm has been made which would indicate that there have been missed opportunities, a referral to safeguarding is made.

An improvement plan which aims to address all missed opportunities with a view to improve care, patient experience and outcomes along with a proposed percentage reduction of pressure ulcer incidents at clinical level is developed and monitored for progress.

The benefits recently identified through this process include:

- the importance of using the correct equipment immediately
- escalation of any difficulties in obtaining equipment
- actual repositioning of patients (and not moving the patient back to the original position),
- use of knee brakes,
- use of cushions when a patient sits out

Patient Perspective:

“During your stay, were you given help and advice on how to prevent damage to your skin?”

86% of the patients answered positively to this. This is an area for concern as it demonstrates a further decrease from the last 2 years.



SAFE CARE Standard 2.3

Falls Prevention



	Question	2017	2018	2019	2020/21
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%	97%	96%	99%
	For this episode of care, where the patient has been identified as requiring support and/or assistance with mobility, is there evidence that there is an up to date plan of care, which is being implemented and evaluated and has been reviewed within the agreed timescale?	91%	91%	96%	97%
ALL except maternity neonates, paediatrics, OPD, theatres	For this episode of care, is there documented evidence the patient's risk of falls has been assessed and discussed?	91%	95%	96%	98%

Question	2017	2018	2019	2020/21
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?	84%	94%	96%	93%

Patient safety is a priority for us and reducing the incidence of in-patient falls remains a challenge. Whilst we continue to test and develop initiatives to help us tackle this problem we have seen only a small reduction in the incidence of falls. Being in hospital does not mean we can completely prevent falls, but we are committed as a University Health Board to reducing the number of falls and any injuries that may occur as a result.

Of the patient records reviewed, 99% of the patients had documented evidence that the patient's mobility had been assessed and discussed an increase on last year's 96%. Of those patients identified as requiring support and/or assistance with mobility, 97% had evidence of an up-to-date plan of care, which was being implemented and evaluated and had been reviewed within the agreed timescale, a slightly improved position from last year

Deconditioning - In 2021/2022 Cwm Taf Morgannwg UHB are committed to supporting a piece of work focusing on maintaining patients' strength, balance and mental wellbeing whilst in hospital. The



priority is to help patients get well and back on their feet as soon as possible.

By maintaining their strength and balance it will reduce the risk of falling. We know that patients in hospital often spend a lot of time wearing pyjamas and that can make them feel uncomfortable and vulnerable. Getting a patient dressed and out of bed also helps improve mental wellbeing, enables them to become active participants in their personal health journey and is proven to help people be discharged from hospital sooner.

This year we have seen an increased compliance with our falls risk assessment and care planning. Of the patient records reviewed, 98% of the patients had documented evidence that the patient's risk of falls had been assessed and discussed. Of those patients identified as being at risk of falls, 93% had evidence of an up-to-date plan of care, which was being implemented and evaluated and had been reviewed within the agreed timescale (down 3% on last year's position).

Following a review of the key policies for inpatient falls and the recent transition of Bridgend to form the new Cwm Taf Morgannwg Health Board the decision has been made to adopt the Abertawe Bro Morgannwg Falls Policy.

Patient & Public Engagement

Our aim is to:

1. Co-ordinate and support the development of Patient / carer information posters and leaflets.
2. Engage patients and the public in improvement work

Our progress to date:

- Following further consultation and agreement we have adapted Thomas's and Guys Safety Card for use within CTMUHB. This information card covers the spectrum of patient safety and highlights how the patient, and their carer/family can help us in keeping them safe whilst they are in hospital. This will be tested in collaboration with Cardiff and Vales University Health Board
- We continue to deliver sessions on Falls Awareness aimed at individuals living in sheltered accommodation. This programme has now been extended into the local communities where the sessions are held in local libraries or community centres. This course has been very well evaluated by those who have attended. This has been hibernated due to the restrictions imposed by COVID

Prevention

Our aim is to:

1. Maintain patient's strength and balance and therefore reduce the risk of deconditioning
2. All patients deemed to be at risk of falling will have lying and standing BP
3. Visual impairment
4. Undertake a falls equipment review
5. Ensure mobility aids are within the patient's reach, if they are needed.
6. Ensure that patients with lower urinary tract symptoms such as frequency, urgency, nocturia or incontinence, the implication for falls risk is considered and reflected in the care plan.
7. Ensure that patients have easy access to the call bell
8. Introduce safety huddles

Our progress to date:

Our falls mini collaborative

Following some successful changes that were implemented on one of our acute care wards we have pulled together a mini collaborative to look at how we can spread this good practice across the Health Board.

We have brought together key individuals from 2 wards on each of our hospital sites.

There are two initiatives that we tested to see which has the most significant impact on falls reduction. The initiatives are:

1. Enhanced Supervision Framework
2. Patient Care Rounding

Enhance Supervision Framework

Sometimes known as 1:1 nursing or specialling, enhanced supervision is an important part of the patients plan. It involves safe and sensitive monitoring of the patients' physical and mental well-being while at the same time encourages the patient to take part in meaningful activity.

Enhanced supervision is commonly carried out by a registered nurse or a health care support worker. At all times the nurse will keep the patient within sight and will encourage conversation and sometimes activities such as reading, listening to music or playing a game. This is aimed at helping to occupy the patient so that they remain calm and therefore helps to reduce distress.

There are 4 different levels of enhanced supervision, ranging from intermittent observation to the patient always having a member of staff by their side. The length of time for enhanced supervision will vary from patient to patient depending on their needs.

Patient care rounding

In the current healthcare environment, spending more time with patients is challenging. Patient Care Rounding is a structured approach whereby nurses conduct checks on patients at set times to assess and manage their fundamental care needs. During these checks nurses carry out scheduled and/or required tasks, in other words, each 'round' is performed with intention – it has a purpose. It helps frontline teams to co-ordinate patient care and cover all patient needs and the consistency of care brings with it the confidence of staff and patients alike.

During the Falls pilot between April- September 2020 there was

- a 38% reduction in falls on the pilot wards,
- a reduction of hospital bed days by 1.47 days in the pilot areas
- Reduction in patients falling more than once
- Moderate/ severe falls reduced by 16% during the time frame compared to the same time frame in 2019

Recommendations:-

- ILG's work towards introducing the enhanced supervision/ intentional rounding documents- the enhanced supervision guidance became operational in June 2021
- Ensure staff trained on new documents coming into the UHB

- Awareness/ feedback sessions in regards to audits undertaken
- Falls scrutiny panels on each site
- Reduction of inpatient bed days to be less than 4.8 which is the national benchmark (NPSA 2007)

Risk Assessment / Screening

Our aim is to:

1. Implement the All-Wales Multi Factorial Risk Assessment (MFRA) and Care plan
2. Ensure we establish an accurate falls history on admission

Our progress to date:

- The All Wales MFRA has been implemented across all areas.
- A falls assessment tool has been developed and added to our local Audit monitoring programme, AMaT. This will be tested as a small test of change in one area with one team before wider spread
- A screening question has been included on the core documentation. This prompts staff to ask individuals about their history of falling and determine whether a MFRA is required

Management / Treatment

Our aim is to:

1. All patients identified to be at risk of falling will have an individualised prescribed nursing action plan.
2. Introduce and monitor compliance with actions in the post falls protocol

Our progress to date:

- The Senior Nurse Improvement has been supporting one of the consultant anaesthetists on a focused piece of work on fragility fracture care. To date this work has involved the standardising of a fragility fracture pathway and discussions on the need for the redesign of current service delivery. A recent SBAR has been produced and highlights some key recommendations which includes the development of a fracture liaison service. A fragility fractures group has been set up to continue to drive this work forward.

Monitor & Review

Our aim is to:

1. All patients identified at risk of falling will have had a documented medication review.
2. Introduce use of safety crosses to capture incidence and encourage local ownership of measurement for improvement
3. All patient falls that result in a serious injury will undergo a root cause analysis to learn from the event and prevent re-occurrence

Our progress to date:

- Safety crosses have been redesigned and aligned with the Health and Care standards. These now need to be rolled out using the process set out in the knowing how we are doing module of transforming care.
- Introduction of falls review panels. This process serves as a supportive mechanism for frontline staff. Staff come and present their patient fall incident to a multi-professional panel where they are supported to consider the root cause/human factors and environmental factors that may have contributed to the fall.

- They then develop a local plan for improvement which they own and deliver, supported by their senior manager.

We anticipate that if successful this process will help change the current self-reported culture of feeling blamed and scrutinised following adverse events.

Education & Training

Our aim is to:

1. Propose Training and education requirements to support all healthcare professionals in appropriate assessment, prevention and management of falls.
2. All adult inpatient wards will have a falls champion who will be responsible for advocating falls prevention.
- 3.

Our progress to date:

- We have engaged with neighbouring health boards to explore how they are delivering falls training.
- Working closely with the learning and development team we plan to develop a tiered training programme for all staff:

Informed: *what is the basic knowledge that is required by any NHS staff member for falls prevention?*

Skilled: *more detailed and comprehensive knowledge and skills across a range of key learning and development topics over time, according to experience, role, interests and needs.*

Influencer: *Influencers are informed, possibly Skilled and who also have a management, leadership and/or strategic role*

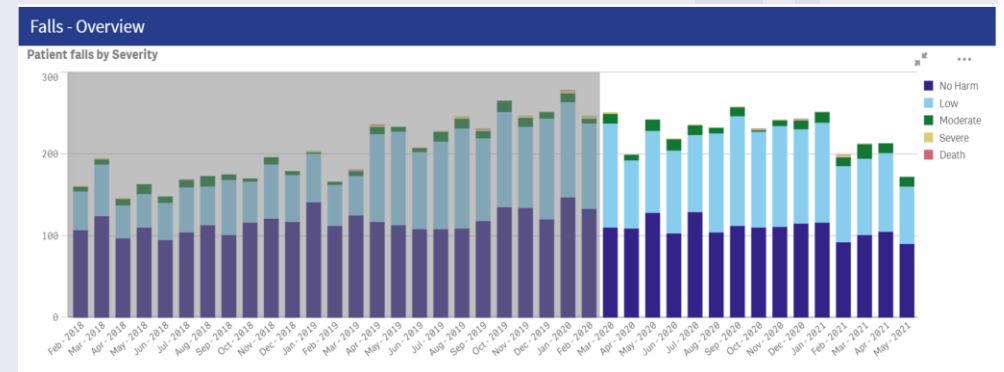
National Context and CTUHB involvement

The Prudent Healthcare National Task Force (referred to as the National Task Force) was set up to meet the agreed priorities of the Prudent Healthcare Principles for Falls Prevention (2016). This is in response to the Wellbeing and Future Generations Act (2016) and the Social Services and Well Being Act (2014) Wales enacted 2016. Prosperity for all (2017).

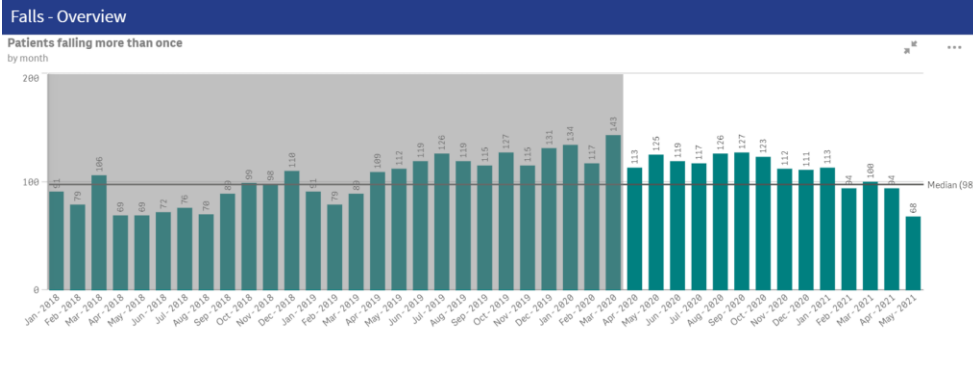
They soon came to appreciate that they would need to have representatives and engagement from health. The Senior Nurse for Improvement is a member of the Task Force.

The chair of the task force for Wales is keen to see the growth of regional task forces and is currently exploring this possibility.

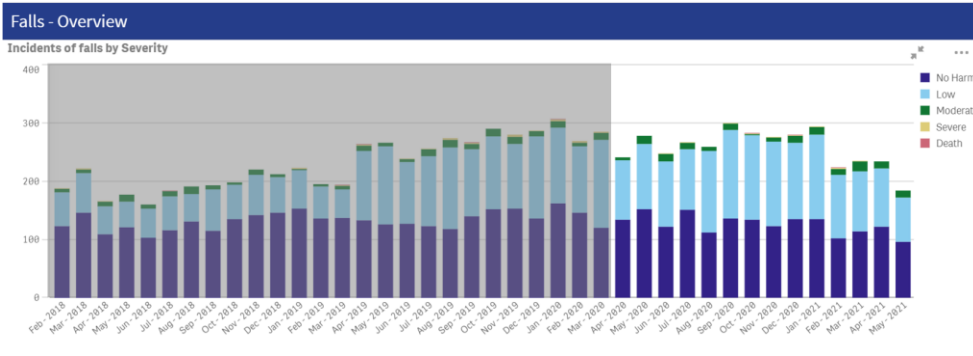
Graph FP01: Patients Falls: April 2020 to May 2021



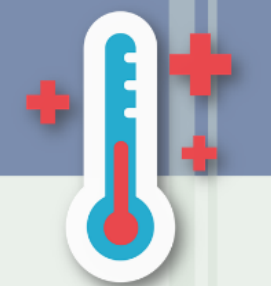
Graph FP02: Patients Falls: April 2020 to May 2021



Graph FP03: Incidents of Falls: April 2020 to May 2021



SAFE CARE Standard 2.4



Infection Prevention and Control and Decontamination

	Question	2017	2018	2019	2020/21
ALL	Are staff able to give examples of the correct procedure for infection control?	100%	98%	100%	100%
ALL except maternity, paed, LD, OPD,	Are staff able to give examples of the correct procedure for isolating patients?	98%	99%	99%	100%
ALL Except maternity, neonates, OPD,	Are all patients given the opportunity to wash or cleanse their hands with hand wipes prior to eating food?	92%	97%	94%	95%

We achieved a green RAG rating in all three of the infection prevention & control (IPC) and decontamination questions.

The IPC work programme remains a priority for the health board and the IPC committee aims to ensure that the Board receive assurance that safe and effective policies for Infection Prevention and Control are in place. This has been under pressure in the last 12-18 months with the frequently changing guidance for managing the COVID 19 pandemic

Hand Hygiene:

95% of the areas confirmed that *all patients are given the opportunity to wash or cleanse their hands with hand wipes prior to eating food (up 1%)*.

The annual audit does not include a general question on hand hygiene, but compliance is monitored on an ongoing basis using the Care Indicator module of the Health & Care Monitoring System. The expectation is that the audit is undertaken for a minimum period of 20 minutes (or until at least 10 opportunities are observed) across all clinical areas at least once a month and the auditor would observe if all staff disciplines working in patient areas have adequately decontaminated their hands, in accordance with the requirements of the WHO 5 moments.

The target compliance for this indicator is 95%. Several wards consistently achieve 100%, however, the result can be influenced by the time of day the audit is undertaken, the staff on the ward at the time and the number of opportunities for decontamination.

Spot audits by the IP&C team to triangulate the results obtained by the teams themselves demonstrated that there was still work to do to ensure consistency in both the audit process and the hand hygiene required.

We have recently introduced a multi-disciplinary IPC huddle to review all line associated infections in our hospital settings. These reviews are chaired by a Health Board Executive which provides the right level of sponsorship and support for this approach.

The IPC Nurses perform an IPC investigation for other preventable bacteraemia infections, for example urinary catheters. This is shared

with the Ward/ District Nursing Team/ Bowel and Bladder team to investigate further and for sharing of lessons learned.

This process is currently undertaken on paper, and we aim to introduce an “IPC huddle” for these also.

There are National Standards for Cleaning in NHS Wales (2009) which includes the monitoring processes required and timely action must be taken and documented when monitoring identifies cleanliness standards which are below that require:

- Monitoring of the standards of cleanliness must be undertaken daily by the Ward Manager and the Facilities Supervisor.
- A formal audit must be taken using Credits for Cleaning (C4C) Monitoring Tool in all areas according to the risk category, where input is required from the Acute Services Nurse Manager, Ward manager, Ward Sister, Facilities Supervisor and the Estates Department.
- The audit reports must be made available to appropriate managers and timely action must be taken in any areas of concern with input from the Infection Prevention Team.

Patient Perspective:

Most of the patients were satisfied that the clinical area was always / usually kept clean, tidy and clutter free with all the patients responding positively to this question (unchanged from the 2019 position).

Cwm Taf Morgannwg University Health Board – National Standards of Cleanliness Performance Dashboard – 1st April 20– 31st March 2021 (Year End)

National Standards of Cleanliness

CTMUHB at a Glance

April 20-
March 21

Quality - Safety - Compliance Dashboard

KEY PERFORMANCE INDICATORS		TARGET	April to June 20	July to September 20	October to December 20	January to March 21	Summary Average Score FY 2020-2021	Action Plan Status
CLEANLINESS								
	All sites average	88%			96%	94%	94%	
<i>National Standards of Cleanliness Wales</i>	POW	88%			96%	96%	96%	
<i>Standards for Health (2.4)</i>	RGH	88%			95%	96%	95%	
	PCH	88%			91%	93%	92%	
	Community/Localities	88%			94%	90%	92%	
<i>Acute</i>	High Risk Areas	95%			97%	97%	96%	
<i>Community/Localities</i>	High Risk Areas	95%			96%	90%	90%	Action Plan
<i>Acute</i>	Significant Risk Areas	85%			94%	95%	94%	
<i>Community/Localities</i>	Significant Risk Areas	85%			94%	90%	93%	
<i>Acute</i>	Low Risk Areas	75%			92%	95%	92%	
<i>Community/Localities</i>	Low Risk Areas	75%			92%	88%	90%	
<i>Acute role responsibility</i>	Facilities	88%			97%	95%	94%	
	Nursing	88%			93%	92%	92%	
	Estates	88%			85%	81%	84%	Action Plan
<i>Community/Localities role responsibility</i>	Facilities	88%			95%	90%	92%	
	Nursing	88%			97%	86%	92%	Action Plan
	Estates	88%			77%	67%	67%	Action Plan
<i>Acute</i>	<i>Number of audits completed</i>	200			185	159	144	
<i>Community/Localities</i>		150			135	123	128	Action Plan

SUPPORTING INFORMATION:

*** please note: Following previous issues in relation to the new All Wales Web Tool , it has been discussed at All Wales meeting and we will report nursing and estates for high risk only. The National Standards and the tool thereafter are currently being reviewed by All Wales Group.



SAFE CARE

Standard 2.5



Nutrition and Hydration

	Question	2017	2018	2019	2020/21
ALL except Maternity, neonates, LD, theatres	Prior to eating, are patients that require help, assisted into a suitable position?	98%	100%	100%	100%
ALL except Maternity, neonates, LD, theatres	Prior to meal service, are bed tables and communal areas cleared and tidied prior to eating?	93%	97%	100%	98%
ALL except Maternity, neonates, LD, theatres	Are patients meals placed within easy reach?	100%	100%	100%	100%
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?	96%	96%	97%	100%

	Question	2017	2018	2019	2020/21
Inpatient, maternity MH, Day Units only	Are water jugs changed 3 times daily?	39%	35%	45%	85%
ALL except Maternity, neonates, MH, theatres	Is fresh drinking water available for patients?	100%	100%	100%	100%
ALL except neonates, MH, OPD, endoscopy, theatres	Are drinking water jugs and glasses within the patient's reach?	97%	100%	97%	99%
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?	48%	56%	48%	70%
Inpatient, ED, paed, MH & LD only	Does a Registered Nurse co-ordinate every meal time?	83%	76%	88%	85%
Inpatient, ED, MH & LD only	Is there evidence that all members of the nursing team are engaged in the mealtime service?	98%	85%	97%	96%
ALL except neonates, OPD, theatres	Is a range of snacks available for patients who have missed a meal or who are hungry between meals?	92%	87%	87%	92%
Inpatient, ED, paed, MH & LD, endoscopy only	Family/friends can assist at mealtimes?	100%	100%	100%	84%

The Health Board is committed to providing and promoting good nutritional care, as nutrition and hydration are vital aspects of patient care. Early detection and management of nutritional risk across community and secondary care promotes well-being and supports better patient outcomes and improved recovery rates.

The 'All Wales Nutrition and Catering Standards for Food and Fluid for Hospital Inpatients' provides a framework for the nutrition and hydration needs of our patients which includes:

- The provision of nutritious meals that meet all patient's nutritional, therapeutic and cultural needs and preferences.
- Easy availability of snacks at ward level.
- 'Protecting mealtimes' and promoting mealtimes as a crucial part of the treatment process.
- Supporting all patients to meet their nutritional needs; and
- Early enhanced nutrition for patients who are unable to meet their requirements.

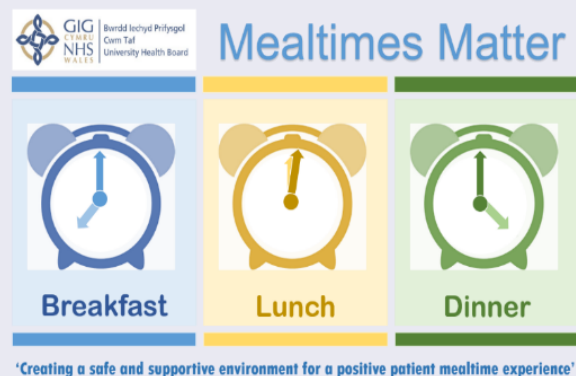
The audit includes several questions around mealtimes and the provision of beverages. We have a consistent low score relating to the changing of water jugs 3 times a day. Conversely, we are scoring 100% for the question relating to the availability of fresh drinking water for patients. In addition, we continue to score low with the question relating to beverage rounds.

We need to do some work to understand staff's perception of the three questions to ensure we are getting an accurate reflection of what is happening in clinical practice.

Registered Nurses have a professional accountability for ensuring patients receive appropriate food and assistance to eat where required, monitoring their food & fluid intake in accordance with the

All-Wales Catering and Nutrition Standards for Food and Fluid Provision for Hospital Inpatients. Whilst there is an improvement in members of the nursing team engaging in mealtimes there is still some work to be done in improving the co-ordination of mealtimes by a registered nurse.

Good Practice:



As a part of identifying priorities for 2019/20 we pledged to redesign our current protected mealtime's policy so that it is more conducive to a supported positive mealtime experience for patients.

A meal does not start with the appearance of food on a table, and it does not end with the last bite. It encompasses various aspects including the preparation of food, the anticipation of a meal, the environment in which its eaten, the conversation during the meal, eating with dignity, the end of the meal and cleaning it up.

It is important to realize that an individual's experience around mealtimes extends far beyond the food.

Activities occurring before and after meals, menu choices and how they are offered, how the meal is introduced and the social interactions during mealtimes all need to be actively considered.

Each one of these parts affects the individual's overall mealtime experience and consequently their nutritional status.

The Patient Mealtime Procedure aims to improve the mealtime experience by:

- Allowing patients to eat meals without unnecessary interruption by limiting non-essential clinical ward-based activities and non-essential patient transfers.
- Ensuring that all patients receive a meal that meets their personal preferences and any specialist dietary requirements, such as modified textured food.
- Supporting clinical staff to prioritise mealtimes.
- Recognising and supporting the social aspects of eating.
- Providing an environment conducive to eating.
- Offering assistance with eating and drinking to those requiring it.

When this procedure is implemented fully it will help in the recovery of our patients empowering nursing and catering staff to provide effective nutritional care. Positive and encouraging behaviour when handling and serving food is essential in *'Creating a safe and supportive environment for a positive patient mealtime experience'*



Put a lid on it' – A simple idea to help hospital staff monitor a patient's fluid intake

A group of adult nursing students at the University of South Wales (USW) – known as Team Hydr8 – suggested introducing yellow lids for water jugs, rather than the traditional blue lids, for patients who are having fluids monitored.

The lids have been trialled on a surgical ward at the Royal Glamorgan Hospital in Llantrisant. The trial was such a success that the lids were introduced in all hospitals, across the Cwm Taf UHB area.

It is important to note that a recent enquiry has revealed that these lids are no longer consistently in use across all in-patient areas. Some work needs to be done to further understand the impact of their use/non-use.

Using a 'Speaking Mug' to encourage vulnerable patients to drink more



We have tested the use of Droplet® in a bid to see if it helped increase the amount of fluid drunk by our vulnerable patients in hospital. Droplet® is the first hydration aid to tackle dehydration by simultaneously supporting both individuals and carers. Droplet® helps those who need additional support or encouragement to stay hydrated.

We have been testing this across several wards within the Health Board and have seen an average increase of **43%** in the average amount of fluid drunk - that's equivalent to just over 4 8oz glasses of fluid per patient.

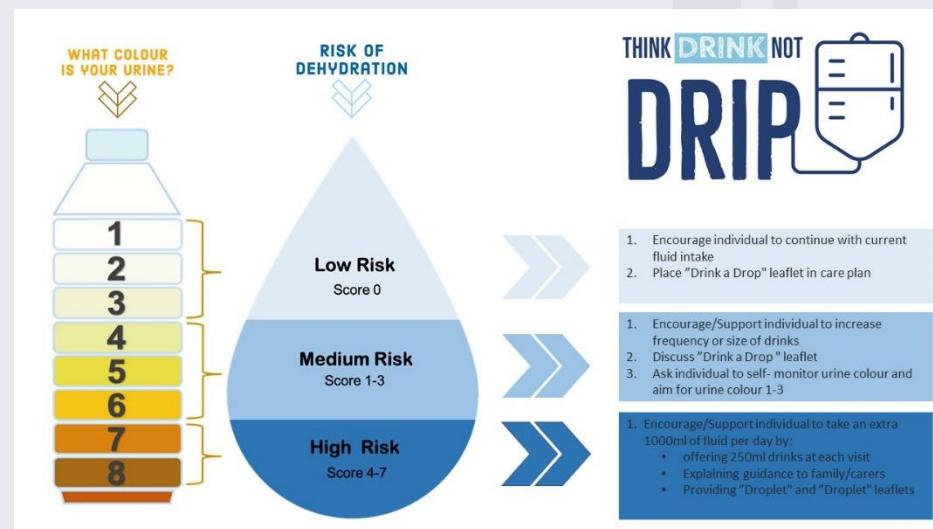


'The Droplet mug made me feel as if I was still a part of my mother's care even when I wasn't with her'

Furthermore Droplet® is one intervention being used in a research study referred to as PARCHED (Prompting And encourAGING Community Hydration through Education). The study aims to test the possibility that education and/or Droplet® can help reduce ill-health in a catheterised community-dwelling population through empowering district nurses to improve hydration. The study will take place over a two-year period

Building on this work we have been looking at understanding some of the behaviours that might be affecting patient and staffs understanding of the importance of oral hydration.

We have developed a poster to raise awareness and tested this in Ysbyty Seren. Further work is needed to understand the challenges around oral hydration in hospitals



Patient Perspective: The survey scores indicate that most patients are happy with the provision of food and drink and that they are provided with support when required. Overall satisfaction has remained above 95% for all questions.



SAFE CARE Standard 2.6



Medicines Management

	Question	2017	2018	2019	2020/21
ALL except OPD	Are all medication charts completed with the following information: patient demographics and allergies and it is clear whether there is more than one medication chart?	87%	95%	90%	100%
ALL	Is the patient's identity checked visually and verbally prior to giving medication?	96%	99%	99%	99%
ALL	Are all drug cupboards/trolleys locked and secure as per local policy?	93%	100%	100%	98%
All except neonates & OPD	Has the nurse witnessed the patient taking the medication given to them?	100%	99%	97%	97%
All except neonates & OPD	Is there evidence that medication is taken in a timely manner and is not left on lockers/around patient beds?	100%	100%	91%	98%

Neonates & Paeds	Are all medications checked by two qualified nurses?	100%	100%	100%	100%
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?	100%	100%	100%	100%

Of the medication charts reviewed, 100% of the charts had the patient demographics and allergies documented on them and it was clear whether there was more than one medication chart completed, a greatly improved position from last year.

Of those patients observed having medication, 99% of the patients had their identity checked visually and verbally prior to giving medication (unchanged from last year's position).

Most of the areas confirmed that *all drug cupboards/trolleys locked and secure as per local policy*.

Medication Safety Audits:

Medicine administration safety remains a priority for the health board and the Welsh Government Outcome Framework includes a requirement for all organisations in Wales that they participate in the Medication Safety Audit. The monthly medication safety audits undertaken by the pharmacy teams which provide relevant information to nursing teams, pharmacy teams and medical colleagues and includes information on:

- Whether the allergy section has been completed.
- Whether the venous thromboembolism (VTE) risk assessment has been completed.
- Whether medicines reconciliation has taken place within 24 hours; and
- Omitted doses and the reasons why.

Examples of Improvement work undertaken in respect of medicines management over the last 12 months include:

- Antimicrobial audit and feedback has been delivered to 50% of GP surgeries in the Cynon and Rhondda clusters.
- Urinary tract infection treatment and management guidelines have been launched across CTUHB with the aim of reducing gram negative bacteraemia.
- 'Antibiotic myth busting' sessions have been delivered to various community groups in CTUHB. Participants report being 'less likely to request antibiotics for a cough/cold' following the session, and more confident at 'explaining antibiotic resistance to a friend'.
- Rollout of the e-Dal system created in the Welsh Clinical Portal (WCP) and combines electronic medicines transcribing and electronic discharge information during a patient's stay. The e-Dal is sent electronically to the patient's GP when they are discharged from Myrddin.

Further work planned for 2021/22 includes:

- Implement new all wales medication chart with dedicated antimicrobial prescribing section.
- Expand national 'Start Smart Then Focus' antibiotic prescribing audit to other specialities.
- Continue behavioural change projects to improve prescribing practices.
- Implement antimicrobial stewardship training for ward-based nurses to empower them to influence prescribing practices.

SAFE CARE

Standard 2.7

Safeguarding Children and Safeguarding Adults at Risk



		2017	2018	2019	2020/21
ALL	Can staff demonstrate they know the procedure if a safeguarding concern is identified?	93%	95%	97%	98%
ALL	Can staff demonstrate they know the safeguarding lead nurse for their area and how to contact them?	100%	100%	100%	100%

Improving care for twin and multiple births

Local safeguarding tragedies reflected that the experience of families with twins mirrored those found in local and national Child Practice Reviews and the wider evidence base, highlighting that close spacing of children may be a significant risk factor for abuse in some families. Twin and multiple births are example of close spacing, therefore, may predispose to an increased incidence of abuse.

Through vision and leadership, and working in partnership with others, a proposal for supporting twin and multiple births for midwifery and health visiting was developed, and resulted in the establishment of a

comprehensive pathway, designed to improve outcomes for children and families by reducing the likelihood of abuse, neglect and harm of multiple birth children and thereby the risk of them becoming looked after.

Implementation of the pathway enables improved collaboration and co-ordination between health services, improved assessment of family dynamics shaped by the expectation of prescribed liaison and collaboration between health professionals at key periods. The pathway supports professionals to ensure that twins are addressed as separate individuals. Additionally, the co-ordination of visits from multiple professionals reduces family disruption and makes available the right support and the right time, including access to specialist resources to support families.

The pathway has been shared with other health boards who have adopted the practice of enhanced care. The pathway is supporting the provision of equitable service for individual children, improving awareness, understanding and prioritisation of the needs of families with twins, enabling early identification of risk and early intervention and supporting co-production between professionals and service users. Most of all, the pathway aims to empower parents and reduce the likelihood of abuse and maltreatment - investment in the early years has a significant positive impact on a child's health, social and educational development and longer-term outcomes.

Evaluation has taken place and enhanced practice has been positively received by families and colleagues.

Deprivation of Liberty Safeguards and Mental Capacity Act

Through a greater investment of resources, the UHB's formal responsibility under the Mental Capacity Act to put in place a framework to ensure that people who lack capacity are supported to make decisions has facilitated a significant reduction in the numbers of patients who await a Best Interest Assessment, following an application for Deprivation of Liberty Safeguards (DoLS). This has ensured that the best interests of our patients who lack capacity are

prioritised and remain central to planning and providing care, as well as ensuring the UHB is compliant with current MCA legislation.

SAFE CARE Standard 2.8



Blood Management

	Question	2017	2018	2019	2020/21
Neonates only	All staff involved in direct nursing care should have been trained in Blood Transfusion Administration	78%	100%	100%	95%

Overall results for this question show a maintenance position in compliance of the staff involved in direct nursing care have been trained in blood transfusion administration of 95% a 5% reduction on last year. It can be expected that the pressures of the UHB response to COVID will have impacted on the ability to release staff for training

SAFE CARE

Standard 2.9

Medical Devices, Equipment and Diagnostic System



	Question	2017	2018	2019	2020/21
ALL except neonates	Are any Manual Handling aids and slings regularly checked for wear and tear?	98%	98%	97%	95%
ALL	Is all equipment used up to date with maintenance and calibration?	99%	96%	99%	99%

The high rating for Standard 2.9 Medical Devices, Equipment and Diagnostics Services shows consistent green RAG rating, this demonstrates that ward staff are proactive in ensuring that equipment is checked and maintained regularly.

EFFECTIVE CARE

Standard 3.1

Safe and Clinically Effective Care



	Question	2017	2018	2019	2020/21
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?	87%	86%	96%	94%
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 implemented and evaluated and has been reviewed within the agreed timescale?	60%	84%	90%	90%

Inpatient areas, emergency departments, mental health and learning disabilities	For this episode of care, is there documented evidence that where a patient's liberty has been restricted, that a Deprivation of Liberty Safeguard application has been made?	92%	96%	93%	97%
Inpatient areas, emergency departments, mental health and learning disabilities	Where it has been identified that the patient's 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?	80%	97%	84%	90%
Paeds	Are staff able to demonstrate they are aware of the Paediatric Best Practice" guidelines and how to access this document?	100%	90%	100%	100%

Mental Capacity: The Mental Capacity Act (MCA) 2005 has been in force since October 2007 and places the person, who may lack capacity, at the centre of care. The Act sets out what should happen when someone lacks capacity and provides a framework to support people who lack capacity and those who care for them. All NHS staff working with adult patients have a legal duty to have regard to this Act and its Code of Practice.

Question	2017	2018	2019	2020/21

In the healthcare context, every adult with mental capacity has the right to decide whether or not to accept treatment, even if a refusal may risk permanent injury to health or even lead to premature death. If somebody lacks mental capacity, they should not be deprived of treatment that they need just because they cannot make the decision.

Of those patients where there was a doubt about their capacity to make decisions, 94% of the patients had documented evidence that an assessment of their capacity had been undertaken, and for those patients where it has been identified that they lacked capacity, 90% of the patients had evidence that there was an up to date plan of care in place, which had being implemented, evaluated and reviewed within the agreed timescale.

The health board policy considers the Deprivation of Liberty Safeguards and important case law. As well as the policy, the health board has additional guides and documents to support staff to address some of the common themes arising from problems with use of the MCA, the key principles of the Act, when, who and how to assess capacity and how to make best interests decisions.

Deprivation of Liberty Safeguards (DoLS): Since April 2009 the Mental Capacity Act has been supplemented by the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people who lack the capacity to consent to treatment or care in a hospital or a care home, where the care might involve depriving the person of their liberty. There is a supplementary Code of Practice for the Deprivation of Liberty Safeguards which explains how to identify when a person might be being deprived of their liberty, how deprivations might be avoided and, where necessary and in a person's best interests, how a deprivation of liberty can be authorised.

A DoLS authorisation application will need to be made for any patient where:

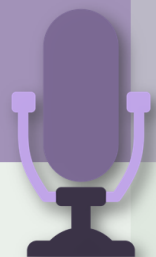
- You believe the patient lacks capacity to validly consent to being in hospital for care and treatment.
- The patient is under continuous supervision and control.
- The patient is not free to leave; and
- These circumstances apply for a not insignificant period of time.

Of those patients where their liberty was been restricted/deprived, 97% of the patients had documented evidence that a Deprivation of Liberty Safeguard application has been made, and 90% had evidence that there was an up-to-date plan of care, which had being implemented, evaluated and reviewed within the agreed timescale. Both scores demonstrate an increase in last years



EFFECTIVE CARE

Standard 3.2



Communicating Effectively

assessment of the carer's needs has been considered?				
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Of the patient records reviewed, 97% had documented evidence that the patient's ability to achieve effective communication had been assessed and discussed with the patient or advocate unchanged from last year); and of those patients identified as requiring assistance with effective communication, 92% had evidence of an up to date plan of care, which had been implemented, evaluated and reviewed within the agreed timescale (a 7% increase on last year).

It was disappointing to note a decrease in the compliance of evidence that a carer's assessment had been undertaken, following the significant increase of 16% last year.

Supporting Our Carers

Across Cwm Taf Morgannwg, we have engaged with a total of 80 General Practitioners. All were sent letters inviting them to nominate a Carer Champion and the opportunity to undertake the AGORED training. We had an initial response from 18 requesting more information. From these, 10 practices enrolled staff to undertake the training, in total 13 staff (with some practices putting two through training). To date we have successfully certificated 8 learners and the remainder are continuing. In addition, we have also rolled out the training to Healthcare Support Workers, Pharmacies and Dental Practices.

Feedback from learners indicates the learning has given them the confidence to approach "a what matters" conversation with Carers and they feel more confident identifying Carers. Largely due to the training

	Question	2017	2018	2019	2020/21
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?	93%	96%	98%	97%
ALL except OPD	Patients have an up to date care plan in respect of communication needs?	80%	90%	85%	92%
ALL except theatres	Is a nurse present to support the patient during formal senior contact between healthcare professionals doctors/consultants/GP Questions and patients?	99%	98%	97%	99%
ALL except neonates, day units, theatres	For this episode of care, is there documented evidence that an	70%	78%	94%	86%

course they can signpost Carers for additional support and advice. The benefit of this training is that Carers can receive support and advice before they reach crisis point, or before the Carer of cared for requires hospital admission.

Each GP surgery signed up to the Agored training is given a Carers Notice Board that is updated by the Carers Champion monthly. There is also a Carers Champion poster to notify patients who is their Carers Champion. In addition, the Carers Champion wears a badge so they are easily recognisable to patients.

We have worked with third sector organisations to strengthen the support and services they provide for Carers and are currently establishing a hospital discharge service in our general hospitals. This will give Carers the opportunity to voice their concerns around discharge of the person they care for at an early stage. The project will endeavour to assist, support and signpost Carers to organisations who can help with a smooth, timely discharge.

We continue to promote the role of the Carer at corporate events and training days. Recently we held a joint information session with third sector and representatives from the local authority. Collectively we were able to answer any queries from the vast services that are on offer.

Collaborating with Young Carer organisations we deliver a ten-week cookery class. The course covers food hygiene, healthy cooking whilst adhering to a low budget. Week on week the young Carers have grown in confidence and produced many tasty dishes. With young Carers estimated to miss an average of 48 school days due to their caring role it's imperative we continue to identify skills that will build their confidence and support their wellbeing.

In addition, we recognise we have staff who may be a Carer, we regularly hold information events and update our Health Boards social media sites so staff Carers are supported with relevant and timely information.

EFFECTIVE CARE

Standard 3.3

Quality Improvement,
Research and Innovation



	Question	2017	2018	2019	2020/21
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?	100%	55%	100%	89%
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?	75%	75%	100%	89%
District Nursing	Is the community nursing service able to demonstrate engagement with the health	75%	73%	100%	89%

	Boards Quality Improvement strategy, using initiatives and projects to effect real, significant and sustainable change?				
All	Are staff supported and engage in regular audits?	70%	80%	80%	100%

	information is stored safely and securely?				
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District Nursing: The compliance rating for the question regarding compliance with systems/ procedures/ policies in place to respond to service user and carer feedback has decreased this year from 100% to 89% in 2019.


Paediatrics: The position has improved from last year in staff being supported and engaging in regular audits, reporting 100%

Question	2017	2018	2019	2020/21
ALL 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?	100%	100%	100%	100%

EFFECTIVE CARE

Standard 3.4

Information Governance and Communications Technology



Question	2017	2018	2019	2020/21
ALL Can staff demonstrate they know how to ensure that confidential patient	100%	100%	100%	100%

All staff when questioned about how to ensure patient information is stored safely and securely were able to demonstrate the appropriate knowledge.

All staff were also able to describe the incident reporting process and mechanism for conduction an investigation, if applicable.



EFFECTIVE CARE

Standard 3.5

Record Keeping



	Question	2017	2018	2019	2020/21
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?	96%	95%	95%	99%
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?	83%	89%	93%	93%
ALL except theatres	For this episode of care, are the contact details of the first point of contact recorded in the patient's documentation?	99%	95%	98%	98%
ALL	Is the patient's preferred language clearly indicated in the nursing documents?	80%	82%	85%	88%

ALL except neonates	Does the patient's documentation capture their preferred name and/or title?	83%	87%	85%	89%
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?	82%	90%	100%	91%

This is recurring theme from previous audits undertaken, and despite seeing small improvements year on year we need to continue to ensure our registered nursing staff are aware of their responsibility to sign food and fluid charts. In addition, we need to understand any barriers to them achieving this consistently.

Electronic Nurse Documentation

The Welsh Nursing Care Record is a nationally developed system for nurses and the wider multidisciplinary team to digitally record patient care at the bedside. Cwm Taf Morgannwg is an active participant in the national programme and following a successful pilot in 2020 we will start the roll out of the Welsh Nursing Care Record in 2021, starting with our two community Hospital's Ysbyty Cwm Cynon and Ysbyty Cwm Rhondda. In preparation for digitally recording care we have introduced standardised all Wales risk assessments and admission documentation across the Health Board.

The benefits of completing nursing documentation digitally include:

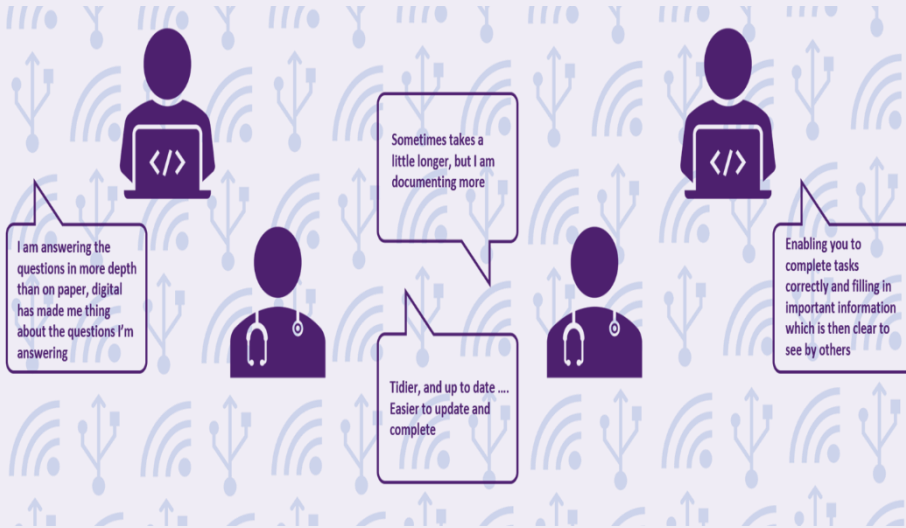
- Easy to see information has been collected and up to date.
- Legible and easy to find, without having to try and locate notes
- On discharge the inpatient nursing notes are available to view within Welsh clinical portal
- Reduce the amount of duplication
- Patients notes can be reviewed by the wider team without having to go onto the ward

	Question	2017	2018	2019	2020/21
Inpatients, MH, LD, OPD only	For patients who require a food chart, is it signed by a registered nurse for each 24 hour period?	65%	79%	68%	80%
ALL except OPD, theatres	For patients who require a fluid chart, is there evidence that they are kept up to date and evaluated?	94%	92%	99%	98%

Keeping clear and accurate records is a requirement for Healthcare Professionals under their relevant Codes and guidance

The overall RAG rating for Record Keeping is green but the amber ratings achieved for individual questions indicate that improvement is required, in particular around patient the signing of food and fluid charts by registered nurses.





DIGNIFIED CARE

Standard 4.1

Dignified Care



	Question	2017	2018	2019	2020/21
ALL	If a patient's language of need is Welsh, do staff know how to access a Welsh speaking member of staff?	98%	98%	94%	97%
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?	73%	77%	78%	80%
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?	73%	70%	74%	78%
ALL except from theatres	Is there a facility for patients to talk in private to staff (e.g. a quiet room or office)?	97%	100%	97%	95%
ALL except maternity, neonates.	Is there a quiet room for patients to spend time with	55%	61%	60%	69%

OPD, theatres	their visitors away from their bedside?				
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?	100%	100%	100%	100%
Inpatients, paed, MH, Endoscopy, Day units	Within the clinical area, are all the bays single sex bays?	83%	85%	94%	73%
Inpatients, paed, LD, OPD, Endoscopy, Day units	Do all patients have access to single sex toilet and washing facilities?	81%	89%	91%	79%
All except maternity & neonates	Is there a facility to preserve patient's dignity by communicating to others that care is in progress?	100%	100%	100%	98%
ALL except neonates & theatres	Within the clinical area, are washing and bathing facilities suitable for all Patients?	90%	86%	91%	90%
ALL except neonates & theatres	Within the clinical area, are toilet facilities suitable for all service users?	93%	96%	100%	98%
Inpatients, paed, MH & LD	Does the clinical area allow patients to bring in personal items to assist with patient orientation/familiarity?	100%	98%	97%	97%
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	79%	86%	80%	84%

	assessed and discussed with the patient or advocate?				
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?	64%	83%	67%	86%
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?	100%	100%	100%	100%
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?	100%	100%	100%	100%
Neonates only	Does the clinical area allow for the lighting particularly during periods of rest and sleep to be individually controlled at the cotside?	100%	100%	100%	100%
Inpatients, ED, neonates, paed, MH, LD only	With the exception of areas where care is taking place / close observation is required, are lights within the bed space switched off or dimmed at night?	98%	100%	100%	99%

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?	87%	93%	83%	94%
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	Question	2017	2018	2019	2020/21
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?	78%	85%	74%	87%
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?	50%	100%	100%	96%
Neonates only	For this episode of care, where the baby has an identified disrupted sleep/rest issue i.e Neonatal Abstinence Syndrome, there is	100%	100%	100%	100%



	evidence that there is an up to date plan of care that incorporates rest and sleep times, which is being implemented and evaluated and has been reviewed within 24 hours?				
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?	76%	79%	82%	86%
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?	66%	68%	78%	80%
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?	88%	98%	99%	95%
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 evaluated and has been	93%	90%	97%	99%

	reviewed within the agreed timescale?				
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	Question	2017	2018	2019	2020/21
District Nursing	Is there evidence that patient's self care ability to meet their own hygiene needs have been met	58%	82%	93%	80%
Inpatients, paed, MH, LD, day units only	Are patients given the opportunity to go to the toilet before eating?	96%	98%	100%	98%
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?	60%	68%	75%	86%
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?	51%	68%	70%	86%



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?	93%	88%	98%	93%
	Question	2017	2018	2019	2020/21
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?	84%	92%	85%	95%
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?	90%	95%	98%	95%
ALL except neonates	For this episode of care, where the patient has been identified as requiring assistance with	84%	92%	85%	96%

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?				
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1. Cultural and Spiritual Care:

Spiritual Care is an integral part of healthcare and endorses the need to respect the physical, psychological and social life values and beliefs of individuals.

Of the records reviewed, 78% of the patients had documented evidence that the patient's cultural needs had been assessed and discussed with the patient or advocate and 74% had documented evidence that the patient's spiritual needs had been assessed and discussed with the patient or advocate, a marginally improved position on last year. We continue to have an amber RAG rating and require further improvement over the coming 12 months.

2. Environment of care:

Whilst we achieve a GREEN rating for all areas having facilities for patients to talk in private to staff, we achieved an AMBER rating (69%) for being able to support patients to spend time with their visitors away from the bedside, a noted 9% increase on last year. Whilst a day room facility is unavailable on a lot of the wards, we need to consider alternative ways in which we can support time away from the bedside.



It's very important to note that there has been a significant reduction in our compliance scoring related to single sex bays and single sex toilet and washing facilities. Under ordinary circumstances this can be challenging but it is likely that our response to COVID, particularly at its highest peaks has impact on this

3. Rest and Sleep:

Sleep plays a vital role in good health and well-being throughout a person's life. Getting enough quality sleep at the right times can help protect a person's mental health, physical health, quality of life, and safety.

This is an area we continue to score AMBER, and this remains an area for improvement for the coming 12 months.

Patient Perspective: One of the poorest scoring patient experience scores last year was in relation to sleep and rest, and so its re-assuring to see an improvement this year, with a score of 86% that's a 5% increase on last years.

4. Ensuring comfort, alleviating pain:

Pain management:

We are pleased to share an improved position in relation to the assessment and management of pain, achieving a GREEN RAG rating with a score of 94%. This can be attributed, in large, to the implementation of the All-Wales pain assessment tool

Patient Perspective: most of our patients continue to feel that they were, as far as possible, always / usually kept free from pain

Patient's concerns/anxieties

We continue to see an improving position with the assessment of patients concerns/anxieties and fears as we also do with the care planning and evaluation of the same. A further increase this year, sees us achieve a GREEN rating.

Patient Perspective: Most of our patients felt that they were always/usually made to feel comfortable.

Personal Hygiene Needs:

All areas continue to see a compliance rating of GREEN for the assessment, care planning and evaluation of patient's hygiene needs.

Patient Perspective: 99% of the patients felt that their personal hygiene needs were always/usually met.

Foot Care:

Previous audits have identified concerns around foot care and a significant amount of work has been undertaken to improve both assessment and care planning over the last four years. So it is re-

assuring to see an increase in our compliance to assessment, care planning and evaluation of patients' foot and nail care. Enabling us to achieve a GREEN RAG rating

Oral Health & Hygiene:

Mouth care is an integral part of nursing practice. Maintaining good mouth care for patients in hospital is imperative in reducing the risk of Health Care Associated Infection and improving patient comfort, nutrition and experience.

There has again been significant work undertaken in relation to oral health and hygiene, and this year's results show that there is continued compliance for this aspect of care.

Patient Perspective: 93% of the patients responded positively when asked if they were given help with their oral hygiene an unchanged position from last year

Toileting/continence needs:

Promoting continence is a very important nursing role. "Whether or not a patient can be helped to regain continence can have a huge impact on an individual's quality (of life) and wider health and social care" (Learning from Trusted to Care report 2015).

We have continued to see an improvement in compliance with patient records evidencing that the patient's toilet needs/continence had been assessed and discussed with the patient or advocate

And of those patients who had an identified need, 96% had evidence that an appropriate assessment had taken place with an up-to-date plan of care, which had been implemented and evaluated and had been reviewed within the agreed timescale (up 11% on last year).

Patient Perspective: 95% of the patients felt that we always/usually responded quickly and discreetly if they needed help to use the toilet (up 2% on last year). The comments made by patients give examples of when patients felt that staff did not achieve this, with one patient stating, "sometimes I had to wait as staff were busy, but they would always acknowledge my call and tell me they would come as quick as they could" whilst another patient noted that "getting to toilet at night not always timely".

	Question	2017	2018	2019	2020/21
ALL	Is there evidence to demonstrate that patient identifiable information is treated in a confidential and secure manner?	95%	99%	97%	99%

	Question	2017	2018	2019	2020/21
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?	76%	76%	88%	88%
Neonates only	Does your unit inform parents that information regarding their baby may be shared with other professionals to ensure appropriate care?	100%	100%	100%	100%
Maternity & neonates only	Is there evidence of information available for women and their families on infant feeding?	100%	100%	100%	100%
Neonates only	Does the clinical area offer translation services and/or professional interpreters to parents?	100%	100%	100%	100%
Neonates only	Does the clinical area have written information available in a language and format appropriate to their local community?	100%	100%	100%	100%

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?	100%	100%	100%	100%
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For this standard, the first two questions apply to all areas whilst the others apply only to the paediatric and obstetric areas.

We have achieved an overall GREEN rating for this standard. However, there is some improvement work to be done in relation to ensuring that there is written evidence in the notes that the patient's consent has been obtained in relation to sharing of information with others.

Examples of good practice include:

- Lockable trolleys are used to store patient records.
- Confidential waste bins are provided on wards.
- Electronic system used where only staff have access.

Patient Perspective: Most patients are satisfied with the information they were given about their care with 95% of the patients responding positively when asked "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"

TIMELY CARE

Standard 5.1

Timely Access



	Question	2017	2018	2019	2020/21
Paeds only	Is there evidence that the Children and Young People have been correctly triaged on admission?	90%	100%	100%	100%

The above question only applies to paediatric and health visiting areas and relates to the requirement to the recording of core information on the child and young person's admission to hospital.

However, there are two questions included in the patient experience survey that relate to this standard.

The vast majority of our patients felt that when they asked for assistance, they got it when they needed it.

Patients continue to report that they felt that they were always/usually kept informed of any delays, for example appointment times, tests, treatment, discharge.



INDIVIDUAL CARE

Standard 6.1

Planning Care to Promote Independence



		2017	2018	2019	2020/21
Inpatients, ED, 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?	76%	82%	81%	86%
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?	75%	85%	78%	90%
ALL except neonates, OPD	For this episode care, is there documented evidence that the patient's level of independence has been	93%	95%	98%	97%

assessed and discussed with the patient or advocate?				
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		2017	2018	2019	2020/21
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?	90%	94%	97%	91%
ALL except OPD, Theatres	Where appropriate, do all patients have written evidence of a discharge assessment and plan?	91%	93%	94%	96%
ALL except OPD, Theatres	Where appropriate, is there written evidence that the patient's family/carer has been involved in discharge planning?	91%	89%	89%	95%
ALL except maternity, neonates, OPD, Theatres	Does the clinical area have access to mirrors for patients to use?	95%	93%	94%	98%
Inpatients, ED, paed, MH, LD only	Does the clinical area have supplies of toiletries for patients who have been admitted without them?	96%	100%	100%	100%

Patients with dementia/delirium/Cognitive Impairment:

We have achieved a GREEN compliance rating in the compliance with the documentation that the following screening question has been asked for patients with a known diagnosis of dementia and so further improvement work is needed, an improvement from last year.

This is also true of our compliance with care planning for a patient identified with a care need in respect of cognitive impairment where we have seen an increase in compliance this year

The narrative noted that the 'This is me' document is used in some of our areas to better understand the patient with dementia.

More recently the 'This is ME' booklet has been reviewed and amended to ensure it takes into consideration both the sensory loss and welsh language standards. There is work to be done to embed the use of 'This is me' across the UHB.

Level of Independence

We continue to score positively in compliance in documenting evidence that the patient's level of independence has been assessed and discussed with the patient or advocate and of those with an identified need, 91% had evidence that there was an up to date plan of care, which had been implemented, evaluated and reviewed within the agreed timescale (down 6%).

INDIVIDUAL CARE Standard 6.2

Peoples Rights

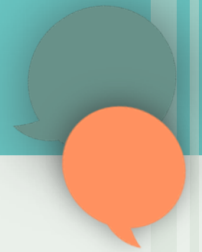


	Question	2017	2018	2019	2020/21
Inpatient s and paeds only	Does the clinical area allow CYP/family/carers to bring in personal items to assist with CYP's orientation/familiarity/anxiety?	100%	100%	100%	100%
Maternity & neonates only	For this episode of care, is there documented evidence that mothers who require breastfeeding support and/or assistance has been assessed and discussed?	100%	100%	100%	100%

INDIVIDUAL CARE

Standard 6.3

Listening and Learning from Feedback



	Question	2017	2018	2019	2020/21
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 reviewed within the last 24 hours?	100%	100%	100%	89%
Paeds only	Are there age appropriate playrooms for children/young people?	100%	100%	100%	100%

We continue to achieve a GREEN compliance rating in all the areas highlighted for this standard.

		2017	2018	2019	2020/21
ALL except theatres	In the clinical area, is there accessible information regarding how patients/relatives/advocates can raise a formal or informal concern?	95%	96%	100%	96%
Neonates only	Does the clinical area allow parents to regularly feedback their experience of the service?	100%	100%	100%	100%
Neonates only	Does the clinical area allow parents to be involved in the planning and development of service improvements?	100%	100%	100%	100%

As with the findings of previous audits, it is pleasing that most wards and departments provide information on how to raise formal or informal concerns.

Within CTUHB all patients are given the opportunities to give feedback and where a concern is raised the Patient/Carer should receive a timely response and action where required. Patient/Carer feedback is used to continuously improve services.

A joined-up approach between the patient experience team and the clinical education, quality improvement and audit leads sharing information and working together to make continuous improvements in care.

In addition to this the Patient Safety Improvement Managers have a Practice Development Nurse “Buddy” working together to implement any training or additional support to clinical staff.

With **accessible patient experience data** which is shared ward to board and the emphasis on **investigation for learning not blaming**, CTUHB is making continuous improvements to listen and learn from patient experience.

STAFF & RESOURCES

Standard 7.1

Workforce



	Question	2017	2018	2019	2020/21
ALL	All clinical staff wear identification badges	84%	92%	96%	93%
ALL	All clinical staff comply with All Wales Dress Code	91%	98%	100%	99%

- All clinical staff must wear short sleeves or elbow-length sleeves in the workplace to enable effective hand washing techniques.
- All staff must always wear clear identification.
- Staff who wear their own clothing for work should not wear any clothing that is likely to cause a safety hazard.

Staff are to be commended for their efforts to ensure that staff are complying with the All-Wales Dress Code (99%).

It is a little concerning to see a decrease in staffs compliance with the wearing of identification badges, down 3%, scoring 93%.

The All-Wales Dress Code (2010) was developed to encompass the principles of inspiring confidence, preventing infection and for the safety of the workforce.

The principles set out in the code include:

- All staff will be expected to dress in smart (that is, neat and tidy) clean attire in their workplace.
- All staff will present a professional image in the workplace.
- Staff should not socialize outside the workplace or undertake social activities while wearing an identifiable NHS uniform.

Staff Survey

	Question	2017	2018	2019	2020/21
ALL	Our organisation aims to, make sure you are able to access up to date information in order to be able to do your job. For example, access to policies, clinical guidelines etc. Do we achieve this?	91%	91%	92%	92%
ALL	Our organisation aims to, ensure that as an employee you are treated with dignity and respect. Do we achieve this?	75%	74%	75%	81%
ALL	Our organisation aims to, make you feel safe at work. Do we achieve this?	76%	76%	71%	81%
ALL	Our organisation aims to, make you feel you have a positive contribution to patient care. Do we achieve this?	79%	77%	79%	85%
ALL	Our organisation aims to, provide you with sufficient equipment to do your job. Do we achieve this?	74%	73%	75%	80%
ALL	Our organisation aims to, provide you with opportunities to enhance your skills and professional development. Do we achieve this?	72%	72%	70%	78%

ALL	Our organisation aims to, provide you with feedback on the outcomes of any incidents/accidents that you report or that are reported within your clinical area? Do we achieve this?	57%	59%	68%	77%
	Question	2017	2018	2019	2020/21
ALL	Our organisation aims to, provide you with opportunity to identify and learn from good practice to bring about improvements in care. Do we achieve this?	74%	75%	79%	85%
ALL	Our organisation aims to provide opportunities for you to raise any concerns that you have. Do we achieve this?	75%	75%	73%	83%
ALL	Our organisation aims to, provide you with the opportunity to establish a work life balance. Do we achieve this?	63%	66%	70%	81%
ALL	Our organisation aims to, make you feel a valued member of the organisation and have a sense of belonging. Do we achieve this?	60%	61%	64%	78%
ALL	Our organisation aims to make you feel proud to be a nurse /	64%	64%	68%	79%

	allied health professional. Do we achieve this?				
ALL	Our organisation aims to put local citizens at the heart of everything we do'. Do we achieve this?	77%	71%	90%	63%

ALL	Using a scale of 1-10, where 1 is very bad and 10 is excellent, how would you rate your overall satisfaction with the care that you provide for your patients and their families?	83%	81%	83%	86%
ALL	Using a scale of 1-10, where 1 is very bad and 10 is excellent, how would you rate your overall satisfaction with your organisation?	70%	69%	70%	78%

	Question	2017	2018	2019	2020/21
ALL	Our organisation aims to, ensure that you have the knowledge and skills to deliver a consistent standard in the fundamental aspects of compassionate care. Do we achieve this?	84%	82%	86%	90%
ALL	Our organisation aims to, work together to be the best that we can be. Do we achieve this?	76%	71%	74%	84%
ALL	Our organisation aims to, strive to deliver and develop excellent services. Do we achieve this?	74%	75%	72%	84%

Overall, there is an upward trend in the responses received in this year's Staff Survey.

Some of the key themes identified include:

1. Training – often cancelled due to staffing
2. Lack of communication/feedback following an incident
3. Lack of staff
4. Poor skill mix
5. Don't feel valued – perception that organisation focuses on when things 'go wrong'

Mindfulness Based Living Course

The benefit of staff mindfulness in NHS life for staff is multi-layered and offers a resource for managing stressful situations. Staff may feel more empowered to know they can manage their thoughts, feelings and emotions, decreasing anxieties and increasing resilience and well-being. Mindfulness can also impact on performance, productivity, relationships, inter-team dynamics and ultimately care of patients.

The aims of the course are to help staff to develop an in-depth personal experience of mindfulness, with a view to applying this to home life and also in work. We are currently delivering our third course, one of which is specifically for staff on long term sick. We have received some positive feedback. An example of this is:

'I honestly did not appreciate how helpful attending and completing this would make. I felt such a release of stress and it just made me feel so valued that the Health Board would consider making this course available to staff.'

'This has made me feel more positive and energised following just one session. I would love to allow a lot of my staff to attend and would definitely put my ward and staff forward for any mindfulness workshops available.'

It is recognised that there is still work to do and there are areas for improvement. The organisation is absolutely committed to ensuring these improvements are made and made by everyone, for everyone.

Let's Talk Culture

Following the creation of Cwm Taf Morgannwg University Health Board on 1st April 2019 the Health Board has grown from 8,000 to 12,000 employees.

Whilst many teams and services operate well and deliver good results, there remain critical issues around our organisational culture which have widely reported on.

The Let's Talk Culture programme is focused on ***bringing together the best of Cwm Taf and Bridgend*** to create a shared vision for our health board; one which shapes our attitudes, behaviours, culture and our decisions going forward.

Since mid-2019, we have been on a continuous journey (coordinated through the Let's Talk Culture programme) to engage thousands of staff and patients in this important conversation (through online surveys and listening workshops) – to properly understand your employee experience; your good and bad days; and importantly, how we can improve things for you and our patients.

Their collective feedback and insights were key to co-creating a new cultural vision for Cwm Taf Morgannwg. Together, we have been able to agree the organisational values that we all want, and with their input, we have been able to design ways to embed those values into our approaches and behaviours.

By wanting to work more closely together, having the right skills, approaches and attitudes that help encourage the right behaviours, together we can all contribute to not only a better workplace and safer care, but also to a healthier community.



assurance that the care delivered within the health board continues to achieve a high level of satisfaction amongst patients, whilst also identifying areas of improvement.

Learning from the 2020/21 Audit

The service specific results of this audit will be reviewed within the operational team's current governance structures to ensure that any areas of good practice and areas for improvement are identified and shared.

Local action plans should be developed for individual wards / departments / services. The ward managers and senior nurses are expected to progress the improvements identified and feedback through directorate monitoring arrangements

Health & Care Standards Audit 2021/22: For the 2021/22 audit some changes will be made to strengthen and support staff in undertaking, reporting and monitoring against the Health and Care Standards

The health board is asked to accept the Health & Care Standards (2021/22) audit findings which are presented in this report as an

