



AGENDA ITEM

6.7

QUALITY & SAFETY COMMITTEE

CTMUHB WARD QUALITY ASSURANCE

Date of meeting	(18/05/2021)
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
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Presented by	Greg Dix, Executive Director of Nursing
Approving Executive Sponsor	Executive Director of Nursing
Report purpose	FOR DISCUSSION / REVIEW

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

Committee/Group/Individuals	Date	Outcome
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS

ILG	Integrated Locality Groups
HCMS	Health Care Monitoring System
CQC	Care Quality Commission
CSG	Clinical Service Groups

1. SITUATION/BACKGROUND

Quality is more than just meeting service standards; it is a system-wide way of working to provide safe, effective, person-centred, timely, efficient and equitable health care in the context of a learning culture. The Health and Social Care (Quality and Engagement) (Wales) Act (2020) will embed a system-wide approach to quality in health and clinical audit will contribute to a large part of this.

Clinical audits are a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. Aspects of the structure, process and outcome of care are selected and systematically evaluated against explicit criteria.

The aim of this paper is to provide the Committee with an overview of ward assurance audits that are currently being undertaken within CTMUHB and provides options for audit standardisation and future ambitions.

Currently within CTM UHB there is unwarranted variation of assessing and recording quality of care on wards within the acute and community hospitals. A ward Point of Care monthly audit tool was created and has been in use since July 2019 within the adult acute and community hospital wards however there are variations from hospital to hospital and specialities as to how these audits are reported and any actions for improvement reviewed.

Developing a set of standards against which to measure quality of care is central to demonstrating improvement. Assurance and accreditation brings together key measures of nursing and clinical care into one overarching framework to enable a comprehensive assessment of the quality of care at ward, unit or team level. When used effectively, it can drive continuous improvement in patient outcomes, and increase patient satisfaction and staff experience at ward and unit level. With a clear direction and a structured approach, it creates the collective sense of purpose necessary to help communication, encourage ownership and achieve a robust programme to measure and influence care delivery.

NHS England have been using ward assurance and ward accreditation models for many years and where these have greatest impact, they are embedded in a culture of strong frontline leadership, positive engagement and staff support.

NHS organisations in Wales are currently expected to participate in clinical audit as part of the requirements of Standard 3.3 of the Health and Care Standards 2015, which requires healthcare organisations to have a cycle of continuous quality improvement that includes clinical audit. Within CTMUHB the Health and Care Standards (H&CS) audit is currently the only standardised clinical audit tool that is used to produce an annual report however, as this has also been under review by Welsh Government (WG) for the past 12 months, Health Boards across Wales are exploring different ways of capturing and reporting quality and safety of patient care.

Aims of ward assurance

To provide assurance to the Executive Nurse Director and wider quality governance structures in regards to quality and safety at the ward level:

- To reduce unwarranted variation by providing evidenced based, standard reporting templates.
- To increase staff engagement and team work. To help ward teams understand the approaches to care.
- Create a platform for continuous improvement and shared learning
- Empower leaders and to make quality everyone's business.
- Provides ward-to-board assurance on the quality of care and demonstrates compliance with fundamental standards which enables preparedness for external inspections.
- Improves accountability and encourages shared governance by enabling a focus on the key risks associated with the delivery of care as well as by identifying excellent practice.
- Provides a platform for shared learning so that wards and units can learn from each other and disseminate excellent practice.

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

The Health Board has undergone a considerable amount of change over the past 18 months with the creation of 3 Integrated Locality Group (ILG) structures, therefore a benchmarking exercise was undertaken pre COVID pandemic to obtain an understanding and baseline of ward assurance audits that were being undertaken across CTMUHB.

Adult Wards, Acute Hospitals

All the acute hospitals were undertaking the monthly Point Review Ward audits, prior to COVID-19 these were performed by Senior Nurses and Ward

Managers. During COVID these audits have not been undertaken in some areas as regularly as planned.

Within Merthyr & Cynon ILG, the Point Reviews are reviewed locally within the monthly meetings between the Ward Managers and the Head of Nursing with feedback on themes being provided in their ILG performance meetings. Going forward the aim is for all of their wards to be working towards having an improvement plan and these audits will then feed in via the ILG Clinical Service Group (CSG) assurance meetings and their Quality & Safety meetings.

Bridgend ILG also intend to develop improvement and audit work programmes that will be monitored via the governance assurance frameworks that they already have in place with the CSGs. Currently the Point Reviews are reviewed by the Ward Managers and the Senior Nurse and if required action plans agreed. The audits are also discussed at Senior & Lead Nurse 1:1 meetings. Compliance with these audits and themes are reported by the Head of Nursing at Bridgend ILG Quality/Performance meetings.

Within Rhondda Taf Ely (RTE) ILG, the Point Reviews are reviewed locally within the monthly meetings between the Ward Managers, Senior Nurses and the Head of Nursing. If required action plans are created and trends are discussed at their Quality & Safety meetings with action plans being reviewed at local ward level.

Princess of Wales also complete and display ward safety crosses for pressure ulcers and falls. All three sites do hold scrutiny meetings and panels for falls, pressure ulcers, medication errors aimed at sharing lessons and feedback. All three hospitals reported they link in with pharmacy for medication errors and review datix for any trends and untoward incidents.

Other audits being undertaken consisted of Environmental, Infection, Prevention & Control (IP&C), nursing documentation as well as unannounced external audits. Action plans from these audits are formally documented and may be presented at Service Group or ILG Quality & Safety Committees.

Community Hospitals

There is variation across the ILGs with ward assurance audits. Some Community hospitals use Point Reviews Variations. Merthyr Cynon ILG record monthly Healthcare Management Solutions (HCMS) audits and enter them electronically on the HCMS system along with the annual Health & Care standards. There is evidence of other audits taking place such as syringe driver audits and documentation and infection control. The ward audits are reviewed locally with the Head of Nursing who will also provide a summary in

their Quality & Safety highlight report for their ILG Quality & Safety Committee.

Mental Health in-patient wards

As with the other areas, daily safety checks are undertaken in relation to ward safety including resuscitation trolleys and alarms by the nurse in charge on the allocated day. Weekly audits include environmental audits, documentation including NEWS, IP&C including Personal Protective Equipment (PPE), oral care and safe medicines audits. There are bimonthly and quarterly audits specifically relating to Mental Health including ligature and Care Treatment Plan (CTP) audit. The weekly and bi-monthly audits are undertaken by the ward manager within their own areas and they report to the Senior Nurses and actions agreed locally. Mental Health are scoping how these reports and action plans could report quarterly into the CSG performance meetings.

Paediatric in-patient wards

Paediatric wards have adopted audit templates based on the English Care Quality Commission (CQC) ward assurance and accreditation. These are completed on paper and local actions agreed at ward level. These audits are reviewed and any actions agreed locally, they are not routinely shared wider.

All adult and paediatric wards complete the Health and Care Standards Audit and the Senior Nurse for Improvement collates these results into an annual Health & Care Standards (H&CS) report. There will be an annual report for 2021 for CTMUHB produced later in the year.

Overall it was apparent that as the ILG Governance Structures are becoming embedded within the ILGs, there is opportunity for ward assurance audits such as Point Review audits to be presented and action plans agreed within ILG Clinical Service Groups and Quality & Safety Committees. However ward assurance audits are not a standard agenda item within all of these committees therefore it would only be common practice for audits and action plans that arise from wards that have been highlighted as requiring increased support from concerns raised, external inspections or clinical incidents highlighted that will have their audits and action plans reviewed at a local level.

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

Although there is evidence there are ward assurance audits being carried out across the Health Board there appears to be lack of clarity around templates, timeframes, and which audits need to be undertaken, this is leading to

confusion and inconsistencies. There is also evidence that the audits are being captured on various systems such as Health and Care monitoring system, paper audits and local dashboards.

There is a need for a standardised audit tool to be used across CTMUHB that can capture key quality indicators that will reduce unwarranted variation, providing ward-to-board assurance on the quality of care and demonstrates compliance with fundamental standards, whilst providing a platform for shared learning so that wards and units can learn from each other and disseminate excellent practice.

There are numerous ward accreditation/assurance tools available, some such as the CQC ward accreditation audits are well established in England and could be adapted for CTMUHB. However there are numerous software audit tools already being used across CTMUHB to capture various aspects of ward assurance but there is disconnect in how they can link together to provide the data required.

Opportunities

The Health Board has recently invested in AMaT (Audit Management and Tracking) database that on further discussion with the Clinical Audit team has the ability to capture an enormous amount of clinical audit data involving the ward multi-disciplinary team. It can also be configured to capture speciality data specifics. It is currently being used across Maternity and with some additional investment could be rolled out across the Health Board. The Clinical audit department are also using data warehouse which will enable this system to extract data from the Health Board data systems including 'Qlik sense.

Following a pilot within Cardiff & Vale UHB of the IT software for 'Perfect Ward' there is an appetite to progress this across Wales however this would require significant investment and is very much in its infancy regarding pilot wards within Cardiff & Vale UHB.

To support The Health and Social Care (Quality and Engagement) (Wales) Act (2020) the Welsh Government Delivery Unit are keen to progress a 'Once for Wales' Quality Assurance Framework which will incorporate a quality ward assurance audit tool. CTMUHB have expressed an interest in becoming a pilot Health Board for this.

An aspiration of the Executive Nurse Director is for these ward assurance audits to develop into the creation of an integrated accreditation ward score card. This will create a platform for continuous improvement and shared learning and enable wards and departments to drive continuous improvement



in patient outcomes, and increase patient satisfaction and staff experience at ward and unit level.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	Patient care and staff experiences
Related Health and Care standard(s)	Individual Care
	All Health care standards affected
Equality impact assessment completed	Not required
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
	May require additional funding for IPADS on wards and interim workforce appointment to support the roll out and education of staff
Link to Strategic Well-being Objectives	Provide high quality, evidence based, and accessible care

5. RECOMMENDATION

The Quality & Safety Committee is asked to:

- **NOTE** the position of the Health Board with regard to ward assurance.
- **NOTE** the opportunities have been reported within this paper.