



AGENDA ITEM

6.10

QUALITY & SAFETY COMMITTEE

WARD BASED NURSING ASSURANCE REPORT

Date of meeting	15/11/2022
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Head of Nursing Professional Standards & Education. Lead Nurse for Professional Practice and Quality Assurance
Presented by	Head of Nursing Professional Standards & Education. Lead Nurse for Professional Practice and Quality Assurance
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

WNCR	Welsh Nursing Clinical Record
AMaT	Audit Management and Tracking
Safecare	A staffing software Programme that review staffing levels to patient acuity
ILGs	Integrated locality Groups
CTM UHB	Cwm Taff Morgannwg Health Board
NSLWA	Nursing Staffing Levels Wales (2016) Act



1. Situation/Background

Ward Accreditation Frameworks provide a structure to bring together key measures of nursing and clinical care into one overarching framework to provide a comprehensive assessment of the quality of care at ward, unit or team level. Accreditation is then provided depending on these results.

There is a focus on digital technology across the Health Board seeing the roll out programmes for Welsh Nursing Clinical Record (WNCR), Safecare and Audit Management and Tracking (AMaT) systems. These enablers have created the opportunity to develop a standardised framework for nursing ward assurance. However, there are several phases required, and implemented to ensure the framework is validated and fit for purpose.

This aim of this paper is to describe the phases of developing a robust nursing ward assurance framework and progress to date.

Phase 1 is to ensure there is a suite of agreed clinical audits in place across the Health Board. Clinical audits are a key component of the wider clinical governance framework. This information will allow the Quality and Safety committee Executive Board to receive an oversight of nursing and midwifery ward assurance using standardised audit templates and processes.

The Chief Nursing Officer has recognised the benefits of standardised core audit tools to support comparative data analysis across Wales. While each Health Board will use their own digital platform for data collection and presentation an All Wales task and finish group has been set up to work alongside the service experts and clinical leads to develop some standardised templates to provide a 'Once for Wales' approach.

CTM UHB's platform of choice is the AMaT software system for all nursing /multiple disciplinary activity, which supports the use of standardised audit templates to be used across the Health Board. It also enables data collection electronically, which produces detailed data analysis of ward audits. The platform ensures predetermined data collection and the ability for users to access data, results, action plans electronically and instantly. With the ability to provide at a glance Health Board wide dashboards, supporting the ethos of Ward to Board assurance.

2. Specific Matters for consideration by this Meeting (Assessment)

By way of establishing a baseline, a scoping exercise was undertaken during June 2022 across all clinical areas, which includes Paediatrics, all Adult in patient wards and maternity, where 6 standardised templates were used and the data inputted into AMaT (see Appendix A for audit results). Mental health is not included in phase one of the project as due to the specialist nature of this service group. A sub group is being set up to plan and review audits specific to Mental health and when agreed these will added to AMaT to allow detailed data capture.

This has been the first time that the Health Board has undertaken a ward assurance audit using one single digital platform. The data analysis focused on key quality care metrics using a RAG rating system.



RAG – (Red - < 50%, Amber >50 < 75, Green > 90%). Average compliance figures varied between 100% 85% compliance across all audits. Any ward/area that scored below these pre-set values would then be required to produce and set an action plan for improvement.

The audits undertaken were:

- Controlled Drug and medication storage
- Documentation
- Environment
- Glucose monitoring
- Hand Hygiene/ Bare Below elbow (BBE)
- Adherence to the All Wales Uniform policy

Each audit templates is set up on AMaT and the auditor at ward level inputs data directly onto the digital platform. The data analysis’s is available immediately and allows comparative analysis from previous audits as well as the ability to update action plans and learning. This audit data is then used as a quality measure and evidence to support and empower the staff at ward level to take ownership of learning and improvements.

2.1 Summary of the overall compliance for the Health Board against the set point review standards

AMaT has the ability to allow the user to drill down into each criterion to a local level of an analysis supporting areas to focus across areas. The table below shows an example of the high-level dashboard reports that will form part of a report for executive assurance reports going forward. More detailed reports which drill down into more detail are referred to in the appendices. These can be used at ward level to allow for very focused action plans and areas of development work to take place.

Audit overview

Audit	Compliance over last 6 periods						Current
POINT REVIEW: Presentation (uniform) audit	99.3%	98.5%	98.8%	98.6%	98.8%	94.9%	95.2%
Hand hygiene and bare below the elbow audit	99.0%	99.6%	99.5%	98.3%	98.1%	94.9%	97.1%
Controlled drug medicines and storage audit	98.1%	97.8%	97.8%	98.2%	99.2%	95.2%	98.3%
POINT REVIEW: Documentation and Record Keeping Audit (V.4)	86.8%	82.1%	89.9%	81.3%	83.7%	80.8%	87.2%
POINT REVIEW: Environmental audit V5	92.8%	92.9%	92.8%	93.5%	95.5%	83.9%	91.5%
POINTS REVIEW Glucose Monitoring Audit	96.2%	87.5%	91.7%	90.9%	96.3%	83.7%	98.0%

2.2 Highlights for Committee

Noted below are some key findings:

Due to the limited role out of AMAT for ward assurance and collating audit data electronically, there was limited comparative data available.

This is the first time that AMAT that a digital platform has been used to collate and compare the audit data across all areas of the health board. Analysis of this data



did reveal some themes of good practice and areas for immediate improvement. Going forward the audits will be completed monthly directly onto AMAT that will allow for comparison at ward level as well as across the health board.

Areas of good Practice:

- High compliance with the blood glucose standards and audit across all community and acute sites.
- High compliance with the entire All Wales Manual Handling passport completed, bed rail assessment and purpose T pressure ulcer assessments.
- The environmental audit demonstrated that there was high degree of compliance with cleaning including ward, toilets and bathrooms. In relation to the environmental safety metrics such as fire exists, sharp boxes and arrest trolley also demonstrated high compliance.

Areas requiring improvement and actions

- ID badges were not always visible or on their person. Ward managers have reminded staff and will perform local audits in low compliance areas.
- There were two areas highlighted in the environmental audit, which affected the majority of areas that took part were due to clutter and storage. This saw bathrooms used to store bulky equipment such as hoists and commodes.
- There was a low compliance of single sex toilets across the acute wards mainly. Ward managers immediately rectified this by identifying toilets on the wards to same sex near the male and female bays.
- Overall, cosmetic infrastructure was poor such as paint peeling off walls and floor covering lifting. Estates have been notified as part of a wider action plan.

3. Key Risk/matters for Escalation to Board/Committee.

Currently not all digital platforms in place across the Health Board interface with each other creating gaps and duplication of data being collated. Ongoing discussions how this can be improved is being discussed and reviewed as part of the wider digital agenda.

There is inconsistency between the Health Board's medication policy and the essential data sets collated on the audit. This is being reviewed by pharmacy.

3.1 Next Steps (Phase 2)

- Agreement to continue the 6 core audits monthly and input data onto AMAT to provide ongoing assurance.
- Continue representation at the All Wales Task and Finish Ward Assurance group
- Continue the CTM Ward Assurance project group to provide a governance framework regarding the development and implementation of new audits, ensuring consistency and validation.
- Implementation of the Safe care digital platform across CTM
- Continue to validate and embed new audits and compliance via the ward assurance forum and build on the dashboard.



- Consider a suite of support reviews, data and audits to contribute to the assurance framework such as:
 - Ward Climate – 15 steps, external inspection, staff survey and patient surveys (CIVICA). Datix and care metrics (dash boards, NSLWA)
 - Observation of care – Point review, peer audits, HSE, HIWs, Executive Director & IM Walkarounds
 - Rostering efficiency – Safe care, Allocate, HB Workforce meetings.

4. Impact Assessment

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
Related Health and Care standard(s)	Governance, Leadership and Accountability
	Safe, Individual and timely care
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below)
	This is not a new policy. It is an assurance paper
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)
	Financial impart will be seen through estates issues mainly across CTM for building and cosmetic work.
Link to Strategic Goals	Improving Care

5. Recommendation

5.1 Members of the Quality and Safety Committee are asked to:

- **Note** the content of the report
- **Support** the direction of travel in developing a wider reach of quality reporting and locality based assurance reports



Appendix A

The following Appendices are available in the Document Folder in Admincontrol.

Medication Point review



InsightDetail (1)
Medication baseline

Bare below the Elbow and Hand
hygiene Point Review



InsightDetail bare
below elbow.pdf

Documentation Point Review



InsightDetail
documentation.pdf

Environmental Point review



InsightDetail
Environment.pdf

Glucose Monitoring Point Review



InsightDetail
Glucose.pdf

Uniform Point Review



InsightDetail
Uniform.pdf

Appendix B

WNCR Point of care documentation
Audit



WNCR 2022 Point
of Care Documentat