All Wales Fundamentals of Care Audit

A summary of the NHS organisations’ compliance with the standards based on 2012 audit

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Annex 1 – All Wales Fundamentals of Care Annual Audit Summary - RAG Report

Annex 2 - Fundamentals of Care Audit - Compliance Scoring Matrix
Background

The ‘Fundamentals of Care’ (2003) is a Welsh Government programme which aims to improve the quality of aspects of health and social care for adults. It contains 12 standards all relating to essential elements of care.

The Fundamentals of Care supports the current quality agenda and is explicit within, “Doing Well, Doing Better” - Standards for Health Services in Wales; Healthcare Inspectorate Wales review of NHS Wales including its spot-checks; and the Older People’s Commissioner for Wales’ Report “Dignified Care?” (2011).

The ‘Fundamentals of Care’ gives a measure of the quality of care provided. The comprehensive audit is in two parts: the patient experience aspect which is a patient satisfaction survey, exploring patients’ views as to the standards of care received. The second part is the operational element that is completed by the Ward Sister/Charge Nurse.

In recognition of the fact that the process of care is as important to the patient experience as the outcome of care, the document lists 12 aspects of care pertinent to adults.

The 12 aspects of care identified by patients and carers as being the most important are:

- Communication & Information
- Respecting people
- Ensuring safety
- Promoting independence
- Relationships
- Rest, sleep and activity
- Ensuring comfort: alleviating pain
- Personal hygiene and appearance and foot care
- Eating and drinking
- Oral health and hygiene
- Toilet needs
- Preventing pressure sores

‘Fundamentals of Care’ draws together a composite set of indicators, which are research and best-practice based. These indicators are drawn from a range of statutory, mandatory and professional requirements and national policies.

The ‘Fundamentals of Care’ document directs that all standards are to be met and compliance systematically monitored. It is the responsibility of the organisation providing that care and the staff they employ to implement, evaluate and audit these standards.
It should be noted that the standards related to ‘Respecting People’ and ‘Relationships’ were amalgamated in the tool.

Each standard had been originally mapped against the All Wales Healthcare Standards, in 2010 the standards were updated and the “Doing Well, Doing Better” Standards for Health Service in Wales document was published by Welsh Assembly Government in April 2010. The Fundamentals of Care Standards have now been mapped against the revised standards.

The electronic system underpinning the audit tool can analyse and generate reports from the data entered at ward level. It also enables each ward to develop Action Plans to address identified issues causing concern as well as building on areas of good practice. Data are filtered by standard, ward, speciality and site.

NHS organisations are required to undertake a full audit of all their hospital wards/dept on an annual basis and submit the results to the Chief Nursing Officer/Nurse Director for Wales, where an all Wales Summary is produced. The data are collected locally, and whilst there is guidance about conducting the audits the system is principally aimed at local use for local improvement. Hence, any national data needs to be used with care and reflects only the responses of those patients who were audited, rather than necessarily representing all patients in Wales. Users of the information should note that the All Wales summary is management information and does not go through the rigorous validation required for official statistics.

Due to concerns about the applicability of the tool for non-Ward areas the Fundamentals of Care Steering group are undertaking a review of the audit tool to ensure it is fit for purpose within the individual departments/areas. Therefore the NHS Wales organisations were asked to collect data from ward areas only for 2012.

The information below is a summary of the 2012 audit undertaken by 8 NHS organisations during the months of October – December 2012.

The format of the report has changed to more accurately reflect the data submitted by NHS organisations, for ease of reference Red, Amber and Green will now be used to show the All Wales status of each standard from both the operational perspective and user experience perspective.

| Red 10% - 50% compliance | Amber 51%- 84% compliance | Green 85% - 100% compliance |
Summary - Areas For Action

The section below provides a summary of the information provided by Health Board/Trusts across Wales.

The tables provide an average all Wales percentage of compliance from the operational and user perspective.

The table also provides a selection of the common issues/key themes, areas of good practice and plans for improvements that have been identified by the organisations involved.

Individual Health Board/Trust scores against each standard from both an operational and user perspective is shown in Annex 1.

The Fundamentals of Care Audit Compliance Matrix can be seen in Annex 2.
<table>
<thead>
<tr>
<th>Principle: You will receive full information about your care in a language and manner sensitive to your needs</th>
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<tbody>
<tr>
<td>Operational Perspective</td>
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Summary of Issues/Key Themes

- There is a recognition by staff that the opportunity to individualise care pathways and pre-printed care plans is missed
- Documentation of patient’s preferred choice of language needs to be improved
- Care Plans not always discussed with patients and carers
- Addressographs not always used
- Nursing documentation sometimes incomplete and inconsistent
- Development and implementation of a mobile phone policy
- Buzzers are not always available.
  Access to departments is difficult

Good Practice

- The majority of patients report that are happy with the level of information provided and the manner used to share it
- Access to an interpreter service through language line
- Introduction of user experience questionnaire to obtain patients views and opinions
- Examples of Welcome Packs are available
- Patients feel they are given plenty of opportunity to ask questions
- Compliance with Patient ID is improving although staff report that patients remove ID bands
- Documentation audits ongoing at ward level
- Evidence of involvement of independent advocates to support service users
- Care plans shared with patients and families
- Introduction of relative rounding with Transforming Care – improves communication with patients and their families

More patient information and carer information available on line
### STANDARD 1: Communication and Information

#### STANDARDS FOR HEALTH SERVICE IN WALES: STANDARDS 2;5;8;9;18;20;23

<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Operational Perspective</strong></td>
<td><strong>User Experience Perspective</strong></td>
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<tr>
<td>86%</td>
<td>98%</td>
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#### Opportunities/Plans for Improvements

- Work has commenced on the review and development of documentation and risk assessment completed by the nursing staff in line with the All-Wales dataset
- Review of documentation is part of the Senior Nurse Ward visiting guide
- Documentation training including legal requirements
- Consultation with sensory loss patient groups and Alzheimer’s society to assist with developing services to meet their needs
- The "2 minutes of your time" patient feedback mechanism is beginning to provide real time feedback on the experiences of patients and carers. This approach is still being tested
- Additional Patient surveys are conducted by wards and departments
- Patient ID bands and printing equipment have been selected following an evaluation of products conducted by the UHB staff. Once the products have been agreed at an All-Wales contract level, further work will be required to adopt the products into practice to enable the UHB to be compliant with the Patient ID guidance issues by the NPSA in 2009
**STANDARD 2&5: Respecting People and Relationships**

**STANDARDS FOR HEALTH SERVICE IN WALES: STANDARDS 5;8;9;10;12;18;19;24;26**

**RESPECTING PEOPLE Principle:** Your human rights to dignity, privacy and informed choice will be protected at all times, and the care provided will take account of your individual needs, abilities and wishes

**RELATIONSHIPS Principle:** You will be encouraged to maintain your involvement with family, friends and to develop relationships with others, according to your wishes

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<tr>
<th>Operational Perspective</th>
<th>83%</th>
<th>User Experience Perspective</th>
<th>94%</th>
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**Summary of Issues/Key Themes**

- Patients are complimentary regarding the professional and respectful behaviour of staff
- Provision and accessibility to Diversity, Equality and Human rights training
- Patients express concern that curtains do not afford enough privacy.
- Private rooms are available in most areas to share sensitive information with patients
- Spiritual and Cultural needs not always documented
- Compliance with POVA training
- Patient’s preferred name is not always documented, and patients made reference to the lack of respect shown by staff calling them by their first name
- Not all patients wish for staff to discuss their care with relatives
- Hospital gowns offer little dignity to patients
- Some patients were not asked about consent to share information with others during the admission process
- Some patients unaware of the name of the Doctor in charge of their care

Inadequate patient facilities and layout of the environment in two areas in particular do not allow for the maintenance of dignity and respect of patients

**Good Practice**

- Patient information is provided on the advocacy service, and where to obtain free independent advice
- Dignity clips are being utilised
- Use of ‘dignity spot checks’ introduced in some Health Boards
- Introduction of ‘Thinking Differently about Patient Dignity’ training for nurses
- Cultural wishes of patients are documented.
- "This is Me" booklet is being utilised as part of the Butterfly Scheme
- Family room available for relatives
STANDARD 2&5: Respecting People and Relationships

STANDARDS FOR HEALTH SERVICE IN WALES: STANDARDS 5;8;9;10;12;18;19;24;26

| RESPECTING PEOPLE Principle: | Your human rights to dignity, privacy and informed choice will be protected at all times, and the care provided will take account of your individual needs, abilities and wishes |
| RELATIONSHIPS Principle: | You will be encouraged to maintain your involvement with family, friends and to develop relationships with others, according to your wishes |

| Operational Perspective | 83% | User Experience Perspective | 94% |

Opportunities/Plans for Improvements

- Better structure and signage at ward level to indicate the nurse in charge and each patient to know their named nurse
- Introduction of volunteers to help at mealtimes
- Promote the need for relative overnight/rest accommodation
- Implementation of single sex accommodation action plan
- Continued roll out of the Butterfly scheme
- A better designed hospital gown has been introduced to some in-patient areas. The Patient Experience team are attending the next UHB FOC group meeting to discuss a way forward and a resolution for this to ensure that there is range of gowns available to suite the patient’s needs
- To explore the option of providing night clothes for patients who do not have access to their own clothing
- Patients would like nurses and doctors to introduce themselves. The opportunity to capture real-time data on whether patients’ report an improvement on this aspect is being explored through the “2 minutes of your time”.
- The Ward round audits are being undertaken by medical staff to raise awareness of the dignity of patients when sharing sensitive information at the bedside
STANDARD 3: Ensuring Safety
STANDARDS FOR HEALTH SERVICE IN WALES: STANDARDS 4; 5; 12; 13; 16; 22; 23; 26

Principle: Your health, safety and welfare will be actively promoted and protected. Risks will be identified, monitored and were possible, reduced or prevented.

| Operational Perspective | 91% | User Experience Perspective | 96% |

Summary of Issues/Key Themes

- Patients have commented on feeling frightened due to confused and wandering patients.
- Particular concerns were raised about the isolation of some community hospitals.
- Inadequacy of the care environment affecting storage and overall appearance.
- Not all staff feel that there is sufficient provision of Security Personnel, especially at night.
- There is inconsistency in the follow up and feedback of incident reports.
- Monthly hand hygiene audits carried out.
- Issue with staff attending manual handling training.
- Lack of isolation, single bay areas in some areas.

Good Practice

- Reference is made to the improvement methodologies of the 1000 Lives Plus initiatives.
- Introduction of Transforming Care programme to monitor and improve the environment of care.
- Implementation of the Care Metrics and Nursing Dashboard.
- Environmental and Infection Control audits and spot checks undertaken.
- Nearly all patients have responded that they feel safe in their inpatient environment.
- Most patients have reported that they are happy with the standard of cleanliness.
- Most patients have reported that they were happy with the standard of hand hygiene practised by staff.

Opportunities/Plans for Improvements

- Collaborative working between nurses, Allied Health Professionals and Estates to ensure that the refurbishment programmes are fit for patients.
- Support Nurses to be released from wards to attend training programmes.
- The collaborative audits with the Patient Experience team using the ’Credits for Cleaning’, ensures that standards of cleanliness are regularly reviewed. These audits will continue on a monthly basis.
- The All-Wales Nursing metrics provides real time data on compliance with hand hygiene and audits will continue at monthly intervals as a minimum, in line with the requirement s of the 10000 lives improved methodology.
**STANDARD 3: Ensuring Safety**

**STANDARDS FOR HEALTH SERVICE IN WALES: STANDARDS 4; 5;12;13;16; 22; 23; 26**

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Refinement of the all Wales reporting system will enable wider compliance
- Roll out of the Cognitive Impairment Care Pathway will provide guidance to staff on for the placement and care of patients
- Continue with implementation of the 1000 Lives Plus initiatives and the introduction of Transforming Care into all ward settings
STANDARD 4: Promoting Independence

STANDARDS FOR HEALTH SERVICE IN WALES: STANDARDS 3; 5;8;9;10;12;16;18;20

**Principle:** The care you receive will respect your choices in making the most of your ability and desire to care for yourself

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**Summary of Issues/Key Themes**

- The wards report that the opportunity is often missed to individualise care pathways and pre-printed care plans
- Patients sometimes feel more passive than active in the planning of their care
- Discharge Planning is not always clearly documented and can be difficult to find
- Patients have indicated that there is not enough stimulation in ward areas
- There are some examples of excellent patient and carer involvement in the discharge process but on the whole, patient and carers have indicated that they would like to be involved with the discharge process
- Patients have indicated that there is generally a lack of pillows available to them
- The provision of a suitable bed to enable safe care in the patient’s home is delaying discharge in some areas
- Delay with social worker support is a consistent theme

**Good Practice**

- Complementary Therapies service introduced in some areas and have been well received by patients e.g. hand massages
- There is a good working relationship with the therapy service although access is inconsistent across the Health Board especially at weekends and bank holidays
- There is an adequate provision of equipment to facilitate patient care
- Patient coffee mornings held weekly
- Daily MDT meetings have proved very successful
- Service user involvement in menu planning
**STANDARD 4: Promoting Independence**

**STANDARDS FOR HEALTH SERVICE IN WALES: STANDARDS 3; 5;8;9;10;12;16;18;20**

**Principle:** The care you receive will respect your choices in making the most of your ability and desire to care for yourself

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**Opportunities/Plans for Improvements**

- The need to include patients and carers in the discharge process will be addressed
- Improve access to therapists and social workers especially at weekends and bank holidays
- Use of acuity tools in relation to appropriate staffing levels
- Therapies manager is looking at a potential way forward for out of hours services
- Opportunity to share the user and operational elements with Social Work and Therapy staff
- Review ward equipment requirements
- Promote patients to wear their own clothes
### STANDARD 6: Sleep, Rest and Activity

**STANDARDS FOR HEALTH SERVICE IN WALES: STANDARDS 5; 7; 8; 12**

**Principle:** Consideration will be given to your environment and comfort so you may rest and sleep

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<th>Operational Perspective</th>
<th>85%</th>
<th>User Experience Perspective</th>
<th>91%</th>
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### Summary of Issues/Key Themes

- Supply of linen and pillows is inconsistent at the weekends and bank holidays
- Patients report that there is too much noise from staff and other patients. Patients also comment that there is too much light at night
- Lack of documented evidence of patient’s normal sleeping pattern
- Headphones not always available
- Lack of day rooms or quiet facilities
- Patients indicate that there is a lack of stimulation on the ward

### 2. Good Practice

- The patient’s sleep pattern is documented as part of the programme of care
- Non essential alarms reduced and lights are dimmed at night
- Additional supplies of pillows purchased in some organisations
- Rest periods introduced so that patients are allowed to rest as they wish
- Volunteers support luncheon clubs and activity sessions

### 3. Opportunities/Plans for Improvements

- Use of volunteers with some organisations introducing volunteers having 1:1 sessions with patients to, for example, play chess, watch a film, reading will enable the increase in the level of activity and stimulation for patients
- Organisations are focusing on practical solutions to help limit the noise level in clinical areas by night
- Reinforce the importance of keeping noise and light to a minimum at night
STANDARD 7: Ensuring Comfort, Alleviating Pain

STANDARDS FOR HEALTH SERVICE IN WALES: STANDARDS 5; 7; 8; 10; 20; 23; 26

**Principle:** You will be helped to be as comfortable and pain free as your condition and circumstances allow

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**Summary of Issues/Key Themes**

- The use of pain evaluation tools and monitoring the effect of pain relief is inconsistent
- As part of admission process all patients are assessed in respect to pain management
- Staff are attending management of pain and End of Life care pathway training
- There is good access to the Pain Service, although this can be inconsistent at weekends

**Good Practice**

- Patients are complimentary about the care provided by nurses
- All patients assessed in respect to pain management on admission
- Foundation in palliative care programme 2 day course including self directed learning CD’s on management of pain delivered twice yearly
- Implementation of the National Early Warning System (NEWS)
- There is an adequate supply of equipment on the wards.
- Access to counselling services

**Opportunities/Plans for Improvements**

- The Fundamentals of Care group will work with the Pain team to develop improvement plans for the monitoring of the effect of pain relief
- Pain assessment tools to be used in all areas
- Introduction of Psychologist posts in some organisations
- Provision, accessibility and capacity for pain management training
### Principle:
You will be supported to be as independent as possible in taking care of your personal hygiene, appearance and feet.

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<th>Operational Perspective</th>
<th>User Experience Perspective</th>
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<td>82%</td>
<td>98%</td>
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### Summary of Issues/Key Themes
- Nail cutting equipment is reported not to be readily available
- Documenting nail cutting and foot care needs has improved
- All patients receive an assessment on admission in respect of personal hygiene needs
- Limited access to podiatry service
- The provision of laundering patient clothing is not available for all in-patient areas

### Good Practice
- System of laundering personal clothing is available on only some sites
- Commode bundle introduced to all in-patient areas
- Health Care Support Workers have been trained and assessed as competent to deliver essential foot care
- Gender specific bathrooms have improved experience for patients
- Introduction of patient care ‘intentional rounding’ as part of Transforming Care
- Reference is made to social nail cutting training which has been introduced in collaboration with podiatry

### Opportunities/Plans for Improvements
- Opportunity to expand the personal laundry facility to reflect the increasing needs of patients in the acute care setting.
- Opportunity to use the Transforming Care Implementation Programme Module house approach to prioritise foot and nail care for patients as part of the wider agenda to help reduce the incidence of falls
- Opportunity to influence the All-Wales work stream to develop guidance for foot and nail care
- Improvement of toilet and bathroom facilities will be addressed through the ward refurbishment programme
- Develop foot care assessment tool and supporting bundle
**STANDARD 9: Eating and Drinking**

**STANDARDS FOR HEALTH SERVICE IN WALES: STANDARDS 5; 8; 14**

**Principle:** You will be offered a choice of food and drink that meets your nutritional and personal requirements and provided with any assistance that you need to eat and drink.

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<th>Operational Perspective</th>
<th>90%</th>
<th>User Experience Perspective</th>
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**Summary of Issues/Key Themes**

- Hot food continues not to be available for patients who miss meals
- Not all patients are weighed, or weighed as per risk assessment
- Mealtimes are not always supervised by a registered nurse
- Lack of access to Speech and Language Therapists patients waiting up to 24 hours for swallow assessment
- Documentation not completed accurately
- Poor compliance with attendance of Food Handling Courses
- Catering staff are not always aware of specialist meals required for patients.

**Good Practice**

- Evidence of re-auditing of this standard to ensure that compliance with nutritional assessments has improved since the first audit undertaken
- Introduction of multidisciplinary menu planning
- Compliance to Nutritional Assessment and the All Wales Nutritional Care Pathway
- Availability of snacks
- Collaborative working is reported between nursing and catering staff at mealtimes
- Implementation of Protected Mealtimes
- Use of the All Wales Food Chart
- Introduction of volunteers to help patients with their food
- Patients with special dietary requirement, or those needing support, are identified by the following means: patient status at a glance board, red tray, red lids, nursing and catering discussions

**Opportunities/Plans for Improvements**

- The supervision of meals by a Registered Nurse or nurse in charge
- The All-Wales Nursing metrics provides real time data on compliance with nutritional assessment
- Raise awareness of the e-learning packages available to staff
- Full implementation of the All Wales Menu across all organisations
- Organisations have established multidisciplinary nutritional groups to address local issues with food.
STANDARD 9: Eating and Drinking
STANDARDS FOR HEALTH SERVICE IN WALES: STANDARDS 5; 8; 14

**Principle:** You will be offered a choice of food and drink that meets your nutritional and personal requirements and provided with any assistance that you need to eat and drink.

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STANDARD 10: Oral Health and Hygiene
STANDARDS FOR HEALTH SERVICE IN WALES: STANDARDS 5; 8; 13

**Principle:** You will be supported to maintain a healthy, comfortable mouth and pain free teeth and gums, enabling you to eat well and prevent related problems

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<th>82%</th>
<th>User Experience Perspective</th>
<th>90%</th>
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**Summary of Issues/Key Themes**

- Patients report that nurses do not always make provision for them to brush their teeth
- Documentation needs to be improved
- Assessment of patient’s need for oral hygiene on admission
- Roll out of the All Wales Mouth Care Bundle and supporting e-learning package

**Good Practice**

- Mouth care checks are undertaken at pre-admission clinics
- Implementation of the All Wales Mouth Care bundle and e-learning package
- How patients are normally managed to maintain mouth care is included as part of hand over of care
- Mouth care is included as part of intentional rounding
- Standardisation of mouth care products

**3. Opportunities/Plans for Improvements**

- Continued roll out of the All-Wales Mouth Care bundle and supporting e-learning package across Wales
- Ensure all staff know how to access dental services
### STANDARD 11: Toilet Needs

**STANDARDS FOR HEALTH SERVICE IN WALES: STANDARDS 5; 8; 10; 12; 13; 16**

**Principle:** Appropriate, discreet and prompt assistance will be provided as necessary, taking into account your specific needs and privacy

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<th>Operational Perspective</th>
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<tr>
<td>User Experience Perspective</td>
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**Summary of Issues/Key Themes**

- Appropriate location and cleanliness of bathroom and toilet facilities
- Availability of toilets in some areas are an issue
- Some toilets are still awaiting to be refurbished
- Documentation needs improvement
- Most patients are offered a bowl or wet wipe to facilitate hand hygiene
- Sufficient equipment available for use
- Most patients are able to reach a call bell

**Good Practice**

- Patients are happy that privacy is maintained during toileting, although some patients raised concerns about the lack of privacy afforded by curtains
- Commode Bundle introduced
- Toilet checks introduced to monitor cleanliness
- Zero tolerance of using bed pan/commode at the bedside during the day
- Improvement noted in the response times to call bells with the majority answered within five minutes
- All patients given hand wipes after using toilet facility
- Improved access to continence nurses
- Early results of the Improving continence after a stroke programme are positive

**Opportunities/Plans for Improvements**

- Call bell check introduced as part of Intentional rounding
- Urinal holders made available to male patient
- Roll out and implementation of the All-Wales Continence pathway
**STANDARD 12: Preventing Pressure Sores / Ulcers**

**STANDARDS FOR HEALTH SERVICE IN WALES: STANDARDS 5; 7; 8; 9; 12; 14; 16; 22; 26**

**Principle:** You will be helped to look after your skin and every effort will be made to prevent you from developing pressure sores

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<th>91%</th>
<th>User Experience Perspective</th>
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**Summary of Issues/Key Themes**

- Patients and carers report that they are not aware of what measures nurses take to reduce the risk of pressure sores
- Improved access to training programmes for nurses
- Written advice is not provided to patients
- Lack of equipment
- Poor documentation

**Good Practice**

- Implementation of the Waterlow assessment tool across organisations
- Pressure areas report and monitored via Datix and Nursing Care Metrics system
- Close links made with Tissue Viability Nurses
- Patient information leaflets used in some organisations with marked improvements
- New equipment purchased i.e. mattresses

**Opportunities/Plans for Improvements**

- To provide patients with the reasoning behind the improvement programme to reduce the risk of pressure sores, thus involving them in their care
- Some organisations are beginning to introduce written patient information within clinical areas and are being monitored as part of the SKIN bundle implementation process
- Support nurses to undertake training programmes
- Continued implementation of the SKIN bundle across all organisations
- Monitor compliance using the Nursing Care Metrics system
Results

The seven Health Boards and Velindre Trust have submitted reports outlining the findings of their respective audits. Each organisation has presented the findings/reports at their Executive Board meeting and the Director of Nursing has signed off the report.

All the Health Boards and NHS Trust involved in the audit have recognised that they have areas/wards that need to improve. Each Health Board and NHS Trust has put in place processes and systems so that each area/ward will review and update their Action Plans on a regular basis, thereby addressing the issues raised and improving on the care. The Directors of Nursing have an overview of all the Action Plans.

Past Audits

Areas Requiring Attention Identified in 2009

Since the first audit undertaken in 2009 the following areas were identified as requiring urgent attention on an All Wales basis and have been addressed.

a) Oral Health and Hygiene (Standard 10)

There has been an improvement in terms of overall compliance to this standard across all Health Boards and Trusts in Wales. Organisations are continuing to explore ways in which to improve, and as part of the Free to Lead Free to Care Post Implementation Steering Group work programme the Chief Nursing Officer for Wales established an All Wales working group. The group developed an All Wales Mouth Care Bundle, launched in 2012.

The implementation of the All Wales Mouth Care Bundle is being undertaken through a 1000 Lives Plus collaborative; all Health Boards/Trust are in the process of adopting the bundle. An All Wales Mouth Care Bundle e-Learning package is being developed to support the use of the bundle and will be available in 2013.

b) Preventing Pressure Sores/Pressure Ulcers (Standard 12)

The Health Boards and Velindre NHS Trust have responded positively to the 2009 audit results; organisations have introduced the 1000 Lives Plus SKIN bundle. Transforming Care has been introduced into 75% of wards in Welsh hospitals, the remaining 25% of Wards will adopt Transforming Care over the next 12 months. This programme includes activities such as ‘intentional rounding’. These two initiatives are having a positive effect on the prevention of avoidable pressure ulcers and effective management of acquired pressure ulcers.

Areas Requiring Attention Identified in 2010

The 2010 data showed that the two areas that needed attention were:

a) Respecting People & Relationships (Standard 2&5)

b) Personal Hygiene and Appearance (Standard 8)
Areas Requiring Attention Identified in 2011

Despite Health Boards showing a year on year improvement in the areas identified below, the 2011 audit has shown that further improvement is required:

a) Personal Hygiene and Appearance (Standard 8)
b) Oral Health and Hygiene (Standard 10)

Whilst a few of the Health Boards and Trust have shown significant improvement on their 2010 results, it is anticipated that with the introduction of the All Wales Mouth Care Bundle in 2012, roll out of Transforming Care and implementation of the Older People’s Commissioner for Wales’ Health Board/Trust Dignity Action Plans that the 2012 audit will show improvement in both these areas across all NHS providers.

2012 Data

Health Boards/Trusts continue to show year on year improvement in the areas identified below, however 2012 audit has shown that further improvement is required:

a) Respecting People & Relationships (Standard 2&5)
b) Personal Hygiene and Appearance (Standard 8)
c) Oral Health and Hygiene (Standard 10)

Issues relating to respecting people and relationships are being addressed through the Older People’s Commissioner for Wales’ Dignity Health Board/Trust Action Plans which are monitored through the Welsh Government Quality and Delivery Meeting on a monthly basis.

The All Wales Documentation working group has developed an agreed national data set. Further work is required in this area, support by NWIS will assist in ensuring that all Health Boards/Trusts have access to the data set and we would expect improvement in compliance with this standard during the 2013 audit.

The Chief Nursing Officer is establishing an All Wales working group as part of the Free to Lead Free to Care Post Implementation initiative to address the issue of nail, hair and foot care. The working group is scheduled to report in early 2014.

The introduction of the All Wales Mouth Care bundle in mid 2012 has already had an impact on improving the patient experience; however, full implementation to all areas has not yet been completed.

One area in particular that has been identified by a number of Health Boards as needing improvement is:

c) Sleep, Rest and Activity (Standard 6)
Nurse Directors in discussion with the Chief Nursing Officer for Wales will agree what work is needed to address the issues identified.

**Patient Comments**

Many Health Boards have invited volunteers, Community Health Council members and Patient Liaison Group members to assist in patients in answering the User Experience questionnaire undertaken as part of the audit.

Below is a sample of some of the comments made by patients during the audit process:

“I have been given regular opportunities to ask questions about my care.”

“The staff always passed on telephone messages from my family even though they were busy.”

“After lunch there is a rest period where the ward goes quiet, this is really good.”

“I was treated with the utmost respect.”

“I had my discharge explained to me which allowed me to plan ahead.”

“The nurses acted quickly when I told them I was in pain.”

“Staff made very effort to make less noise at night.”

“The toilets are clean and well sign posted.”

“The facilities in the birth centre are exceptional.”

“Staff helped me brush my teeth every day.”

“Dad has put on weight in hospital so he must be enjoying his food.”

“I would not change anything the staff were lovely.”
Conclusion

The All Wales Fundamentals of Care Audit Tool is now in use across all hospitals in NHS Wales. Work has continued throughout 2012 in adapting and developing the tool for use in Paediatrics, Theatres, Outpatients, Accident & Emergency Depts and Community Nursing Services. The group has been working on the development of a number of questions relating to dementia and mental health issues for use in the acute setting.

This is the fourth All Wales Fundamental of Care audit to be undertaken and organisations at all levels are becoming more familiar in the use of the tool.

The information gathered will continue to be used to help organisations to prioritise local action but also to influence all Wales work to improve the standards of patient care and enhance the overall patient experience.
All Wales Fundamentals of Care Annual Audit Summary - RAG Report

STANDARD 1: Communication and Information
Principle: You will receive full information about your care in a language and manner sensitive to your needs

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STANDARD 2&5: Respecting People and Relationships

RESPECTING PEOPLE Principle: Your human rights to dignity, privacy and informed choice will be protected at all times, and the care provided will take account of your individual needs, abilities and wishes

RELATIONSHIPS Principle: You will be encouraged to maintain your involvement with family, friends and to develop relationships with others, according to your wishes

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### STANDARD 3: Ensuring Safety

**Principle:** Your health, safety and welfare will be actively promoted and protected. Risks will be identified, monitored and where possible, reduced or prevented.

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### STANDARD 4: Promoting Independence

**Principle:** The care you receive will respect your choices in making the most of your ability and desire to care for yourself.

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**STANDARD 6: Sleep, Rest and Activity**

**Principle:** Consideration will be given to your environment and comfort so you may rest and sleep

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**STANDARD 7: Ensuring Comfort, Alleviating Pain**

**Principle:** You will be helped to be as comfortable and pain free as your condition and circumstances allow

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**STANDARD 8: Personal Hygiene, Appearance and Foot Care**

**Principle:** You will be supported to be as independent as possible in taking care of your personal hygiene, appearance and feet.

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**STANDARD 9: Eating and Drinking**

**Principle:** You will be offered a choice of food and drink that meets your nutritional and personal requirements and provided with any assistance that you need to eat and drink.

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STANDARD 10: Oral Health and Hygiene

**Principle:** You will be supported to maintain a healthy, comfortable mouth and pain free teeth and gums, enabling you to eat well and prevent related problems

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STANDARD 11: Toilet Needs

**Principle:** Appropriate, discreet and prompt assistance will be provided as necessary, taking into account your specific needs and privacy

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STANDARD 12: Preventing Pressure Sores / Ulcers

**Principle:** You will be helped to look after your skin and every effort will be made to prevent you from developing pressures sores

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**Key:** Fundamentals of Care Audit Compliance Scoring Matrix

- **Red** 10% - 50% compliance
- **Amber** 51%- 84% compliance
- **Green** 85% - 100% compliance
### Fundamentals of Care Audit - Compliance Scoring Matrix

<table>
<thead>
<tr>
<th>Standard of Compliance</th>
<th>Level of Control</th>
<th>Level of Control Descriptors</th>
<th>Suggested Actions</th>
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<tr>
<td>0-10%</td>
<td>No Awareness</td>
<td>Failure to demonstrate awareness/compliance with any of the requirements set by the standards.</td>
<td>1. Review by Executive Nurse Director, Assistant Director of Nursing and Lead Nurse responsible for the area - <strong>within 10 days of report</strong></td>
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<tr>
<td>11-30%</td>
<td>Minimal Awareness</td>
<td>A low degree of awareness/compliance with the requirements set by the standards, but no approaches have been developed to address them</td>
<td>2. Appraise the Ward Manager - <strong>to be undertaken within 2 weeks of report</strong></td>
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<tr>
<td>31-50%</td>
<td>Moderate Awareness</td>
<td>There is recognition of the key issues to be addressed and there is a range of options identified to address them.</td>
<td>3. Carry out Root Cause Analysis using the 10 steps Triangulation framework [see reverse] - <strong>within 24-48 hrs of report</strong></td>
</tr>
<tr>
<td>51-60%</td>
<td>Responding</td>
<td>Steps are being taken to address the key issues with evidence of practical application. In the very early stages of compliance</td>
<td>1. Carry out Root Cause Analysis using the 10 steps Triangulation framework [see reverse] - <strong>within 10 days of report</strong></td>
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<tr>
<td>61-84%</td>
<td>Developing</td>
<td>Demonstrable evidence that work is ongoing to achieve compliance.</td>
<td>2. Set clear objectives - <strong>will be reviewed on a fortnightly basis</strong></td>
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**Designed by Rebecca Thomas, Transforming Care Facilitator, Cwm Taf Health Board**
<table>
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<tr>
<th>85-90% Practicing</th>
<th>There are well-developed plans being implemented that address the key issues with evidence of evaluation and benchmarking leading to continuous improvement. <strong>High level of compliance</strong></th>
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<tr>
<td>91-100% Leading</td>
<td>There is evidence of innovative practice, which is being shared across and beyond the organisation to others. They are further developing their approaches to ensure long term sustainable improvement. <strong>Full compliance</strong></td>
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**REVIEW IN 8 MONTHS**

1. Carry out Root Cause Analysis using the 10 steps Triangulation framework [see reverse]- **within 10 days of report**

2. Set clear objectives for ongoing monitoring – **should be reviewed on a monthly basis**

Designed by Rebecca Thomas, Transforming Care Facilitator, Cwm Taf Health Board
10 Step approach to Triangulation - a framework for data triangulation

Planning for Triangulation

Step 1. Identify key issue/s to be explored
Step 2. Identify data sources and gather background information
Step 3. Gather data/reports
Step 4. Make observations from each data set.

Hint: Consider FoC, Care Metrics, Datix etc.

Step 5. Note trends across data sets and formulate theory/suggestions
Step 6. Check [corroborate, refute, modify] theory/suggestions
Step 7. If necessary identify additional data and return to STEP 3
Step 8. Summarise findings and draw conclusions

Conducting Triangulation

Communicating Triangulation

Step 9. Communicate results and recommendations
Step 10. Outline Action Plan based on findings.