

**Audit & Risk Assurance Committee
TABLE OF ACTIONS
Arising from Meeting held on 11 February 2025**

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
AC(24)171	15/10/2024	Falls Management (Reasonable Assurance)	To establish how HDdUHB compares with other Health Boards in terms of numbers of falls	SD/MD	December 2024 February April 2025	<p><u>10 December 2024</u> In Progress The National Audit of Inpatient Falls for 2024 has been completed and provides an All Wales position - we are waiting for our local HB data to be released to benchmark with other HBs - likely to be in Q4 now. There are currently no other national benchmarking processes in place.</p> <p><u>11 February 2025</u> In Progress HBs across Wales are waiting for individual health board data to be released by NAIF – likely to be April 2025.</p> <p><u>15 April 2025</u> Complete The NAIF Report (summary attached at Appendix 1) provides benchmarked data against a broad range of Quality and Assessment criteria which will be scrutinised at the in-patient Falls Group and reported to professional forums to drive improvement. The Nursing Directorate will raise at the All Wales Falls Group, to seek</p>

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						mechanisms for benchmarked data on the number of falls per 1000 bed days (or agreed denominator) and will report any development via QSEC.
AC(25)03	11/02/2025	Management of Bed Capacity (Limited Assurance)	To liaise with Ms Christine James regarding taking the service change process through the written control policy process	AC/PS	February 2025	Complete This meeting took place on 26 March 2025 and a clear process was outlined during the meeting. The protocol needs to be completed in accordance with the requirements of policy 190. The EqIA is currently being developed and these documents will then go out for global consultation to ensure all staff have an opportunity to comment before approval.
AC(25)04	11/02/2025	Mortuary Services (Limited Assurance)	To report the outcome of discussions at the Regional Management Meeting and Regional Mortuary Operations meeting around key issues and lessons learnt relating to the programme	AC	April 2025	In Progress Regional ODN Operations Group has been unable to meet due to quoracy. A review of that is being undertaken. The Mortuary Management Group continues to meet to progress the actions arising from the audit.
			To redact identifiable information in the version of the report published on the Health Board website	JW	February 2025	Complete
			To discuss at the upcoming planning meeting proposed timescales around the management structure and whether these are achievable	AC	April 2025	Complete From a Hywel Dda perspective, all actions in the Audit have been completed, with the exception of the management structure implementation. The structure will be set up through Q1 and Q2 of 2025/26, as discussed at Public Board on 27 March 2025.

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
			To discuss the feasibility of adjusting the above date in the finalised joint report	JJ/AC/ JW	April 2025	Complete Internal Audit advised date cannot be changed, as this was agreed by both Health Boards.
AC(25)05	11/02/2025	Revised Operational Governance Arrangements	To present to a future Board Seminar a 'package' of information relating to the new operational governance structure/ arrangements (and the other frameworks upon which this impacts)	AC	April 2025	Complete Forward planned for 17 April 2025 Board Seminar.
			To schedule an Internal Audit on implementation of the new operational governance arrangements	JJ	April 2025	Complete The audit is included within the draft Internal Audit Plan for 2025/26, which will be presented to the April 2025 ARAC meeting for approval.
AC(25)07	11/02/2025	Audit Wales Update Report	To pass on to those involved with the Digital Deep Dive an invitation to attend a meeting of the All Wales Digital IMs Group	AB	April 2025	Complete The dates for the all-Wales Digital IMs Group have been shared with the Audit Wales team involved in developing the digital review.
AC(25)13	11/02/2025	Health and Safety (Limited Assurance)	To discuss with Mr James Severs how to ensure data informs the HSC Workplan	JW	April 2025	Complete Included within HSC work plan.
			To discuss with Mr Andrew Carruthers the need to clearly articulate core expectations of managers in the new operational governance structure	JW	April 2025	Complete
AC(25)24	11/02/2025	Audit Tracker	To provide an update on implementation of the new operational governance structure	AC	April 2025	Complete Verbal update to be provided at the meeting and on the agenda for Board Seminar on 17 April 2025.



National Audit of Inpatient Falls (2023 Data)

HDUHB Trust Level Data Summary

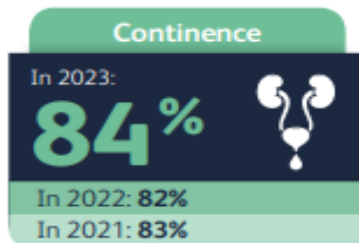
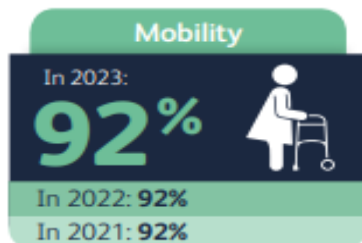
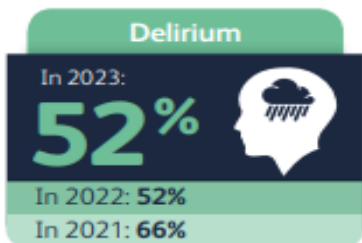
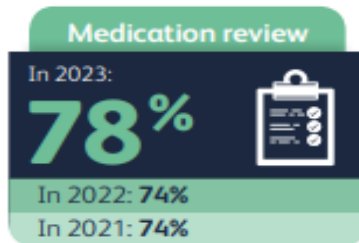
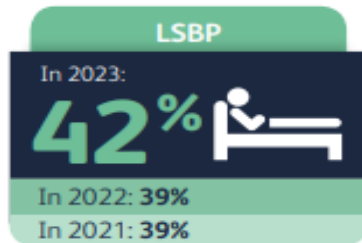
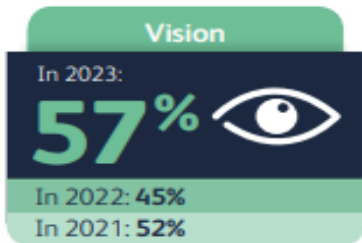
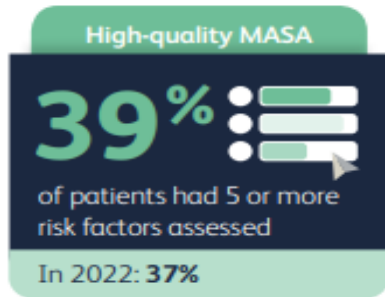


Report at a glance

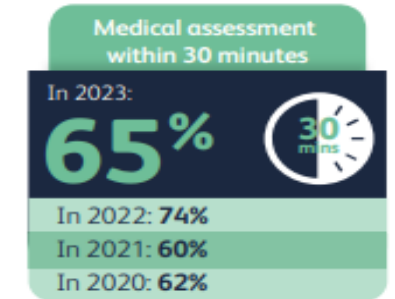
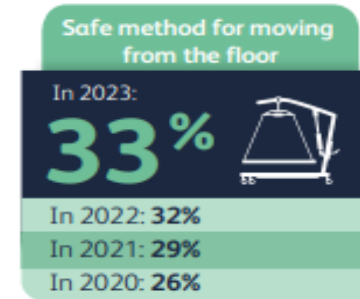
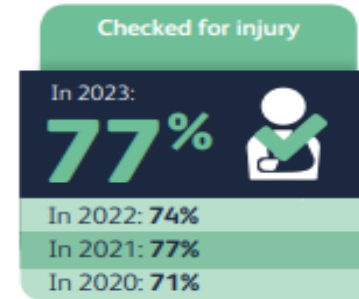
In 2023, 1,959 people sustained a femoral fracture as an inpatient; 1,609 (82%) were due to a fall and included as cases in the National Audit of Inpatient Falls.

Proportion of patients with risk factor assessment

In this report, to address the potential for harm caused by hospital-acquired deconditioning, we present a new approach that focuses on promoting activity using assessments to ensure each patient is fit to move as safely as possible. As such, the name of KPI 1 will be changing from multifactorial falls risk assessment (MFRA) to multifactorial assessment to optimise safe activity (MASA).



Post-fall management



Recommendations

- 1 Trusts and health boards (HBs) should review their policies and practice to ensure older hospital inpatients are enabled to be as active as possible.
- 2 NHS England and Welsh Government should implement national drivers to ensure that all older people are screened for delirium upon hospital admission using the 4AT and reviewed for changes suggestive of a new onset of delirium for the duration of their admission.
- 3 Trusts and health boards should ensure that there are robust governance processes in place to understand when post-fall checks fail to correctly identify a fall-related injury.
- 4 Trusts and health boards should have processes in place to hasten time to administration of analgesia after an injurious fall, to ensure patients who sustain a femoral fracture in hospital are given analgesia within 30 minutes of falling.
- 5 Trusts and health boards are encouraged to prepare for the audit expansion in January 2025.

The full [FFFAP glossary](#) is available on the RCP website.

Don't stop moving

Optimising safety while staying
active in hospital

The 2024 National Audit of Inpatient
Falls (NAIF) report on 2023 clinical data

1 January – 31 December 2023

The latest report collates data around 4 KPIs:




- KPI 1: High-quality multifactorial assessment to optimise safe activity (MASA)
- KPI 2: Check for injury before moving
- KPI 3: Safe lifting equipment used to move the patient from the floor
- KPI 4: Medical assessment within 30 minutes of the fall that caused the inpatient femoral fractures.














Key recommendations

1. Trusts and health boards should review their policies and practice to ensure that older hospital inpatients are enabled to be as active as possible.
2. NHS England and the Welsh Government should implement national drivers to ensure that all older people are screened for delirium upon hospital admission using the 4AT and reviewed for changes suggestive of a new onset of delirium for the duration of their admission.
3. Trusts and health boards should ensure that there are robust governance processes in place to understand when post-fall checks fail to correctly identify a fall related injury'.
4. Trusts and health boards should have processes in place to hasten time to administration of analgesia after an injurious fall, to ensure patients who sustain a femoral fracture in hospital are given analgesia within 30 minutes of falling.
5. Trusts and health boards are encouraged to prepare for the audit expansion in January 2025.

Dashboard for 7A2T. Hywel Dda University LHB - 2023

Dashboard for trust level data for the NAIF clinical audit. Please note that data presented is based on cases relating to inpatient falls between 1 January and 31 December for the year in question. These will include all records that are either completed or in draft at the time of the data cut (31 March of the following year). National median percentages are presented for comparison. These are taken from the related national report. Key performance indicators are not presented in this table, as they are available [here](#) and updated quarterly.

-  Improvement
-  Under national level
-  >50% below than national level

Dashboard	Trust level	National level
Cases analysed	24	1633
Multi-factorial assessment to optimise safe activity (see KPI dashboard for KPI 1)		
Assessment of vision ⁱ	 70.8%	57%
Assessment of lying / standing blood pressure ⁱ	 37.5%	42%
Assessment of lying / standing blood pressure not possible ⁱ	 0%	13%
Medication review ⁱ	 83.3%	78%
Screening for delirium ⁱ	 20.8%	52%
Assessment of mobility ⁱ	 95.8%	92%
Assessment of continence ⁱ	 91.7%	84%
Post fall management (see KPI dashboard for KPI 2, 3 & 4)		
Proportion of patients check for injury where injury is suspected ⁱ	 64.7%	53%
Proportion with analgesia given within 30 minutes of the injury ⁱ	 37.5%	26%
Proportion with severe harm attributed to the fall	 12.5%	68%
Proportion where a hot debrief/swarm huddle was done	 37.5%	40%
Proportion of patients for hot debrief / swarm huddle was done within the same shift	 25%	24%
Proportion where an after action review / structured debrief was done	 41.7%	61%
Proportion where an after action review / structured debrief was done within 5 working days ⁱ	 4.2%	33%

Action Plan 2023



HDUHB to be prepared for the 2025 NAIF Expansion

Share new requirements with In-patient Falls Group

Identify process for capturing additional information required on each site

Identify process for reporting additional cases onto NAIF on each site

Monitor compliance with new requirements through In-patient falls group



Ensure that all patients who have a femoral fracture receive analgesia within 30 minutes

Review and update Falls Scrutiny / Assurance template to capture administration times of analgesia

Monitor compliance through NAIF and Falls Audit tool and report back to QSESC



Ensure older adult inpatients are enabled to be as active as possible

Deconditioning work programmes to include falls prevention

Staff to attend the new falls training programme to increase awareness of promoting independence and preventing falls



Ensure that there are robust governance processes in place to understand when post falls checks fail to identify a fall related injury

Maintain regular assurance and scrutiny of all falls resulting in harm through monthly site meetings, Directorate QSE and QSESC meetings

Monitor compliance through 6monthly Falls Audits

Ensure learning from events and feedback mechanisms are in place to share learning where incidents identified



Ensure all older patients are screened for delirium on admission using 4AT and reviewed for changes suggestive of delirium during their admission

Embed the 4AT into all admission assessments for older adults

Ensure that 4AT assessments are updated where clinically suggested or in response to changes suggestive of delirium



Ongoing Actions

Development of
Falls Training
Programme

Establish SNM Falls
Audit – currently
being piloted
across sites

Improve
compliance with
lying and standing
blood pressures
