



**Y PWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD
QUALITY, SAFETY AND EXPERIENCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	15 August 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Nursing & Midwifery Quality Care Standards Assurance Report 2023/24
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sharon Daniel, Interim Executive Director of Nursing
SWYDDOG ADRODD: REPORTING OFFICER:	Janice Cole-Williams, Assistant Director of Nursing

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The Quality, Safety, Experience Committee is asked to note the Nursing and Midwifery Quality Care Standards Assurance Report. This report covers the period June 2023 to April 2024. The information shows how, as an organisation, we are progressing in identified areas with compliance as the use of digital systems is increasingly embedded in acute clinical environments of care.

This report focusses on Quality Care Standards as reviewed across Nursing & Midwifery. As health care delivery moves more towards a multi professional 'team around the patient' approach it is intended that, going forward, such scrutiny and assurance is sought through multi professional review processes, for example audit, spot checks, peer reviews. This will be discussed through multi professional forums and principles agreed.

Cefndir / Background

Every year a process of audit is undertaken by Hywel Dda University Health Board (HDdUHB) to provide assurance on Quality Care Standards to the Executive Board. There has been a national move to align and standardise many of these audit tools and we have been working on placing these tools in the AMAT digital system for ease of use clinically. These audits are considered against a history of Fundamentals of care (FoC) and via the Health Care Monitoring System (HCMS).

Asesiad / Assessment

The WNCR data is now available to all acute areas and used within local assurance, quality, and development meetings. The clinical informatics team are working with the informatics team to link the information to the Nurse staffing levels dashboard to triangulate the data in real time.

The risks of assessing compliance from digital system completion alone are recognised, acknowledging the potential for quality of assessment to not be to the required standard. Targeted reviews and validations are important in ensuring the ability to draw a high level of assurance from audit findings. This has been undertaken as detailed in the report.

Based on the data available to us in April 2024, the areas recommended for targeted improvements and training are:

- Contenance form completion, for bowel and urine.
- Nutritional assessments to be completed earlier and maintain improvement in accuracy.
- Focussed work to continue in relation to awareness and implementation of passports for those with Learning Disabilities accessing acute care settings.
- Implementation of national care standards audit programme, to include record-keeping scrutiny

Improvements have been noted with compliance in the following areas of risk assessment:

1. ID bracelet
2. Moving and Handling
3. Falls
4. Sleep
5. Purpose T (Pressure Damage)
6. Safeguarding

A schedule of audits, spot checks, peer and validation reviews will be carried out across the next 12 months. This will accompany clinical dashboard data outlined within this report ensuring, as an organisation, we are moving towards a multi professional approach to review and evaluation of care quality standards.

Argymhelliad / Recommendation

The Committee are asked to note this report as assurance of Nursing & Midwifery Care Standards Delivery from June 2023 – April 2024.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1 Provide advice to the Board on the adoption of a set of key indicators of quality of care against which the University Health Board's performance will be regularly assessed and reported on.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply 6. Person-Centred
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply

Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Contained within the body of the report
Rhestr Termau: Glossary of Terms:	
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofiod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	

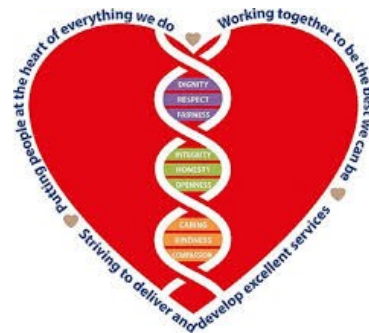


GIG
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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Hywel Dda University Health Board

Annual Nursing & Midwifery Quality Care Standards Assurance Report June 2023 to May 2024



Background:

This report has been updated with information showing data from June 2023 to May 2024, allowing a comparison with 2022-2023 data. The information shows how, as an organisation, we are progressing in identified areas with compliance as the use of digital systems is increasingly embedded in acute clinical environments of care.

Every year a process of audit is undertaken by Hywel Dda University Health Board (HDdUHB) to provide assurance on Quality Care Standards to the Executive Board. There has been a national move to align and standardise many of these audit tools and we have been working on placing these tools in the AMAT digital system for ease of use clinically. These audits are considered against a history of Fundamentals of care (FoC) and via the Health Care Monitoring System (HCMS).

The annual assurance methodology aims to explore care delivered across NHS organisations in line with the new Health and Care Quality Standards which comprises of six domains of quality and six quality enablers.



The Health and Care Quality Standards provide a clear framework to help organisations to plan, deliver and monitor healthcare services in their organisation.

The 2023/24 Nursing and Midwifery Quality report has been written using the 6 domains of quality to set the foundation for future reports. For this report we use the Welsh Nursing Care Record (WNCR) data which has been collected remotely, some observed documentation completion, the Datix incident reporting system and HCMS data.

WNCR is a digital platform used to record patient assessment and care delivery in acute clinical settings. There is a standardised patient admission and assessment tool as well as nationally approved risk assessment tools. The data included in this report has been mainly derived from WNCR and this report can now show comparison data over the past 3 years. Data has been taken from approximately 17000 patients who had their information stored on WNCR during that time. A re-run of compliance data in May 2024 outlines changes, with some measures having remained the same.

Quality Assurance Transition

Over the past two years we have been transitioning as an organisation towards a different way of managing our nursing and midwifery assurance. Part of this information is drawn from digital systems and part will always require a more direct audit approach. This report is no different in this respect. This transition has enabled us to undertake additional actions to ensure our clinical environments are providing care to an acceptable standard and always aiming to improve.

These actions include:

- 1) Standardising audits
- 2) A review of infection prevention and control (IPC) observations have been undertaken within the last year and recommendations are outlined at the end of this report.
- 3) The Improving Together Framework has been adopted by the health board and this sets out the health board's approach to embedding performance and quality improvement through our governance.

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1	Safe Care:	
1.1	Ensuring safety (e.g. ID bracelets in situ) In June 2023 the rate of overall completion was 97%, compared with 93% in May 2024. In The HCMS data from the monthly audits shows that for June 2023 the percentage of patients wearing a legible armband meeting the NPSA requirements was 97.32% compared to 96.74% in May 2024	6
1.2	Promoting independence discharge checklist form Non completion remains very high at 90%	6
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4.2	Pain risk assessment This outlines the risk the service is carrying with the initial assessment done digitally and the 4 hourly assessments undertaken on the paper observations chart. Overall completion on WNCR is 93% for May 2024, as compared with 95% in June 2023. This remains partially digital and on paper.	10
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1 Safe Care:

1.1 Ensuring safety (i.e., ID bracelets placed on patients)

In June 2023 the rate of compliance was 97%. In May 2024, the rate of compliance was 93% completion.

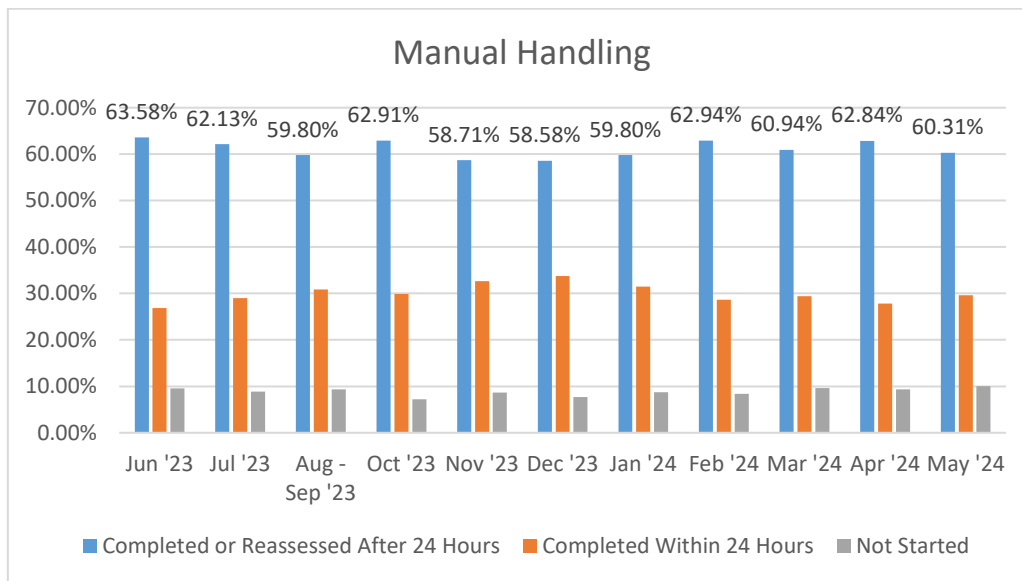
1.2 Promoting independence (Discharge checklist complete)

Completion of this checklist remains poor with 90% not completed in May 2024, very little improvement from 95% in June 2023.

1.3 Moving and Handling (assessment complete)

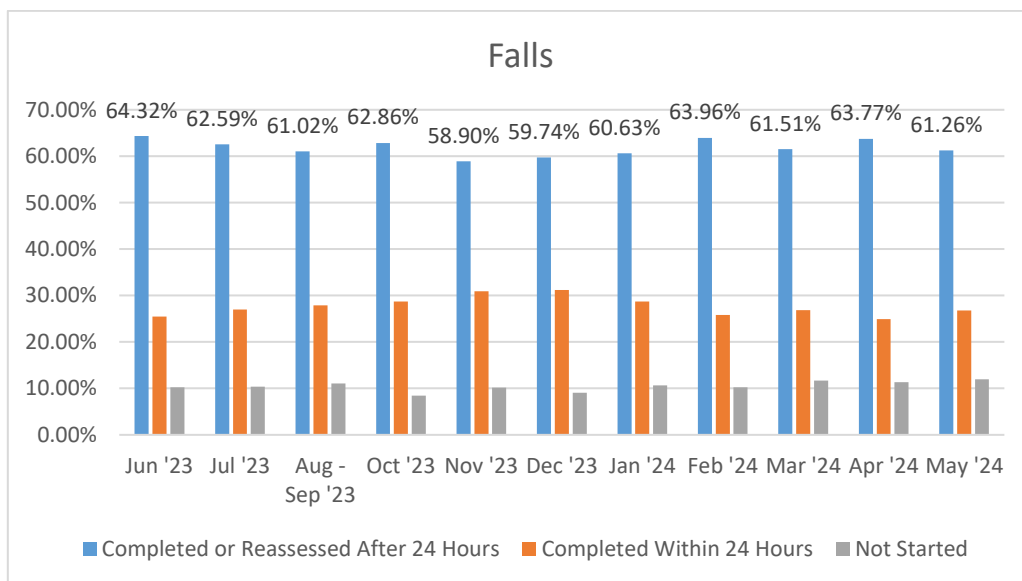
The rate of overall compliance with completing this assessment in May 2024 was 90%. This figure is drawn from adding the Moving and Handling assessment rates completed within 24 hours and those completed after 24hrs. This compares with an overall percentage of 90.5% in June 2023.

Figure 1 Moving and Handling run rates shown in WNCR from June 2023 - May 2024



1.4 Falls Assessment completed in May 2024

Figure 2 Falls Assessment run rates drawn from WNCR in run rates from June 2023 – May 2024



The June data noted all four hospitals complete this document during the patient’s admission process, allowing for assessments on mobility. The data shows similar overall compliance of 88% in May 2024, compared with 89% in June 2023.

To consider if undertaking assessments has a bearing on the incidence of falls, we have looked back at the data on each site over the past year via the Datix system. Consistently throughout 22-23 and again in 23-24 Unscheduled Care, GGH sees the greatest number of falls (although it is recognised that Unscheduled Care, GGH has 254 commissioned beds compared to 130 in Unscheduled Care BGH, 221 beds in Unscheduled Care, PPH and 251 beds in Unscheduled Care WGH (WPAS Live bed state data).

Table 1 Falls- slip/ trip/ falls- patient or service user / all levels of harm 2023-24.

	J u n -	J u l -	A u g -	S e p -	O c t -	N o v -	D e c -	J a n -	F e b -	M a r -	A p r -	M a y -
<i>Falls</i>	2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 4	2 4	2 4	2 4	24
BGH/unscheduled care	25	29	29	18	30	25	27	28	30	28	31	27
GGH/ unscheduled care	51	85	82	76	71	70	89	90	79	87	60	54
PPH Unscheduled care	28	28	38	34	24	29	28	28	26	37	30	28
WGH Unscheduled care	51	22	35	36	23	23	25	42	38	56	59	53
Community Hospitals	13	17	21	11	25	13	22	29	19	27	25	17
Planned care	1		3	1			1	4			1	3
Mental Health in patient wards	27	15	23	37	27	24	8	26	37	43	36	50
Women and children services (Including peads, gynae and maternity)	2	1	3	1	1	3	2		1	1	2	1

The post investigation level of harm was none or low harm for most of the falls incidents. There were 53 incidents across all the services where the level of harm was moderate (15 since December 2023) with a further eight incidents where the level of harm was severe (5 since December 2023).

The National Audit of Inpatient falls 2023 which covers the period 1st January to 31 December 2022 was presented at the inpatient falls meeting in June 2024. The Health Board (HB) audit findings included:

- Multi Factorial Risk Assessment (MFRA) Quality score 35%
- Checked for injury – 82%
- Safe method for moving from the floor 59%
- Medical assessment within 30 minutes 59%

Components of MFRA

MFRA components documented	National	Your trust/LHB
Vision assessment	45%	89 %
Lying / standing BP	39%	24 %
Medication review	74%	88 %
Mobility assessment	91%	100 %
Contenance assessment	82%	89 %
Delirium assessment	52%	39 %

MFRA training is part of the falls training which will be rolled out across the HB. Ongoing work includes awareness & importance of lying and standing blood pressure. 4AT is used across the HB as the delirium assessment tool but further work is required around the completion and monitoring of this assessment.

The Quality Improvement team are working with the informatics team to develop a dashboard. Incidents and data relating to falls are also monitored through the HB Quality and Performance Dashboards and a quarterly report is provided to the falls group from the Quality, Assurance and Safety Team.

Some of the improvement initiatives relating to falls includes:

- Red/green tape initiative on walking aids, to highlight patients at risk (green safe to mobilise, red needs assistance)
- Bay watch - staff member allocated to a bay for observation
- Falls alarm mats
- Training on Multi Factorial Risk assessment
- A falls training package developed to include training on manual handling techniques, therapy session including podiatry, medications management and trauma. The falls training is a hybrid of presentations and simulations
- Post-fall training has been included in the falls training programme which is currently awaiting ratification in July 2024. The Post falls Essential Care after a Patient Fall in Hospital (Adult) Policy has been updated for acute settings and I-stumble introduced for community hospital settings.

1.5 Safeguarding (assessment complete)

In May 2024 the rate was 91%, as compared with 94.5% in June 2023.

2 Effective Care

2.1 Preventing pressure sores (Purpose T form Assessment complete)

The 'Purpose T' assessment is an extensive assessment, and there has been considerable education on this assessment since WNCR has been introduced. Overall compliance with completion is 91% in May 2024, as compared with 92.5% in June 2023. There has been a marginal improvement in completion rates within 24hrs.

To further consider this information, Datix has been accessed for reported pressure damage developed or worsened whilst in hospital of all grades.

Figure 3 Purpose T run rates drawn from WNCR from June 23 – May 2024

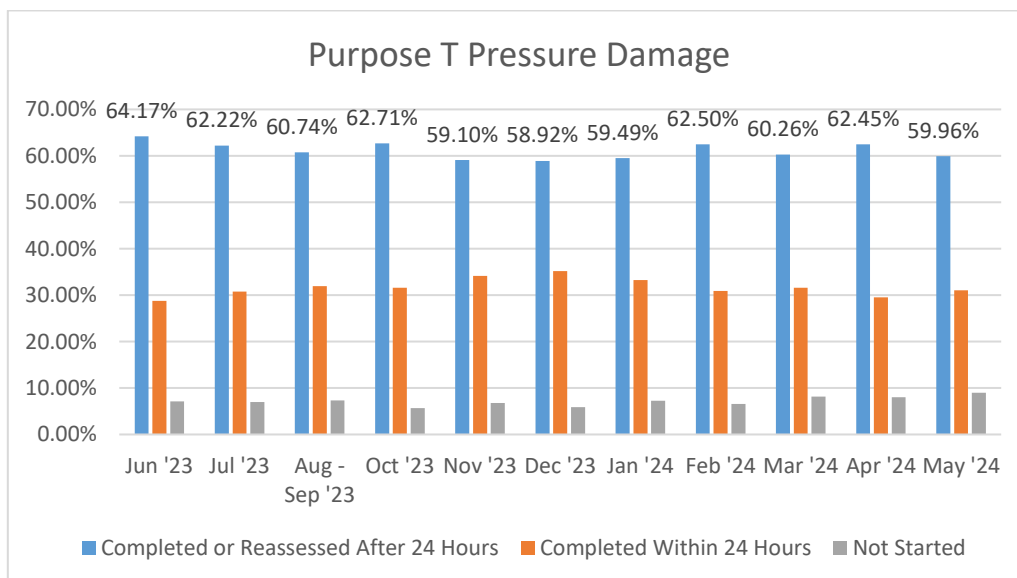


Table 2 Pressure damage developed or worsened in hospital/ all grades 2023-24.

	J u n	J u l	A u g	S e p	O c t	N o v	D e c	J a n	F e b	M a r	A p r	M a y
Pressure Damage	- 2 3	- 2 3	- 2 3	- 2 3	- 2 3	- 2 3	- 2 3	- 2 4	- 2 4	- 2 4	- 2 4	- 2 4
BGH unscheduled care	6	7	2	6	4	5	3	3	7	7	6	8
GGH Unscheduled care	19	19	14	19	20	15	28	23	16	15	18	12
PPH Unscheduled care	6	4	5	6	7	4	9	9	4	8	2	5
WGH Unscheduled care	6	8	7	10	10	5	12	9	12	5	10	7
Community hospitals	1	3	2	4	3	2	2	1	2	1	6	2
Planned care	6	5	5	2	2	4	4	1	3	0	3	4
Mental Health inpatient wards			1			2			1			3
Women and children services (Including peads, gynae and maternity)	1					1	1				2	

There continues to be ongoing training across sites which include workshops on moisture damage reduction and treatment, appropriate use of equipment and nursing documentation. Discussions are ongoing around a communication link to improve the awareness of known pressure damage between areas, looking at utilising a Welsh Clinical Portal (WCP) alert so areas are aware of cases, avoiding duplication in Datix reporting. The Tissue Viability Nursing team have devised documentation, which is now approved for roll out, for moisture damage prevention and treatment, wound dressing formulary and standardised body map.

Practice Development Nurses are linking with podiatry around foot health assessment and reviewing previous assessment and care plan prior to relaunch. Discussion ongoing around a workplace assessor for tissue viability to enhance the champion role, staff competence and patient care.

Acute Medical Assessment Unit (AMAU), Prince Philip Hospital are piloting reverting back to paper intentional rounding due to acuity and function of the unit. This has seen an improvement in the quality of documentation and reduced the number of acquired pressure damage in the area. Reasons for this are being explored.

The Emergency Department (ED), Glangwili Hospital have undertaken a Quality Improvement project looking at reducing acquired pressure damage within the department and 2 identified care homes within community. The project has seen a 40% reduction in acquired pressure damage since before implementation of the project within ED resulting in 0.6% of patients admitted with acquired pressure damage.

3 Person-Centred Care:

3.1 Communication and information (Cognition and Mental Health assessment complete)

The Cognitive Ability assessment compliance on WNCR completion is at 99% in May 2024, as compared with 99% in June 2023.

3.2 Respecting people (What matters to me? And LD assessment complete)

'What matters to me' was a relatively new form to HDdUHB when WNCR was introduced. It remains the biggest training need within sites.

Compliance with completing the 'What matters to me' form has improved across all sites. From January 2022 to February 2023 there is an increase of 5% compliance, with the highest being 49% in November 2022. In May 2024 this rate had improved to 66% overall.

4 Timely Care

4.1 Sleep, rest and activity (Sleep assessment complete)

Sleep hygiene and assessments needs increased focus by nursing staff due to the impact it has on patient welfare and recovery.

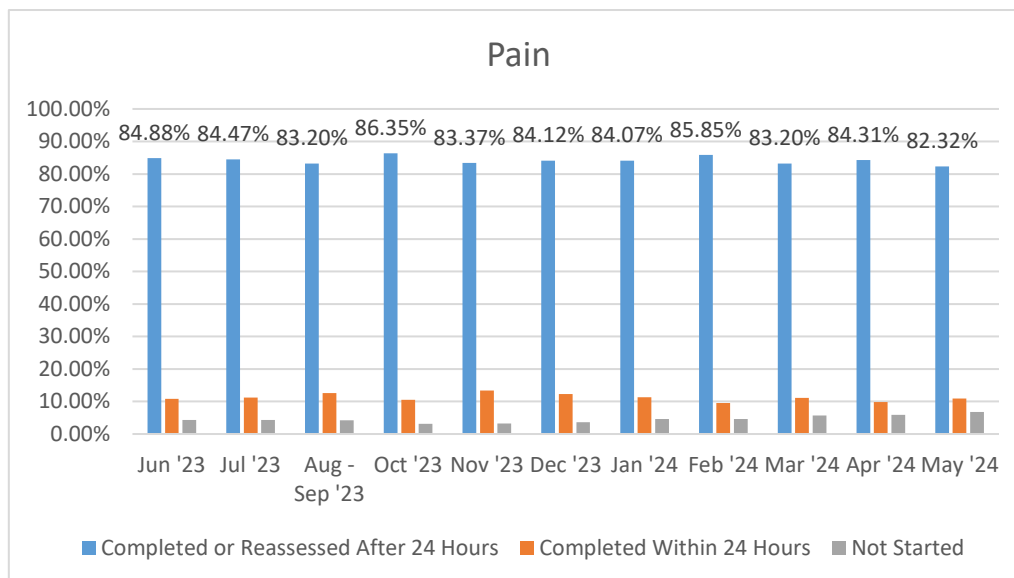
Compliance with completion of the sleep assessment has remained broadly the same as last year at 98% complete, as compared with 97% in June 2023.

4.2 Pain risk assessment

Pain assessment remains part of the paper-based NEWS score chart. Audit reporting shows that using WNCR the initial pain assessment is well documented. However, the 4 hourly repeat assessment is not completed as well digitally. This graph only represents the digitally inputted assessments. For full reporting in future, manual assessment audits of NEWS charts is also required.

Overall compliance with pain risk assessment of WNCR has remained stable, from 95% in June 2023 to 93% in May 2024.

Figure 4 Pain assessment completion data drawn from WNCR from June 2023 – May 2024



5 Efficient Care:

5.1 Personal hygiene / care

The personal care overall compliance noted in WNCR is at 89% in May 2024, as compared with 92% in June 2023.

5.2 Frailty assessment observed and spot checked.

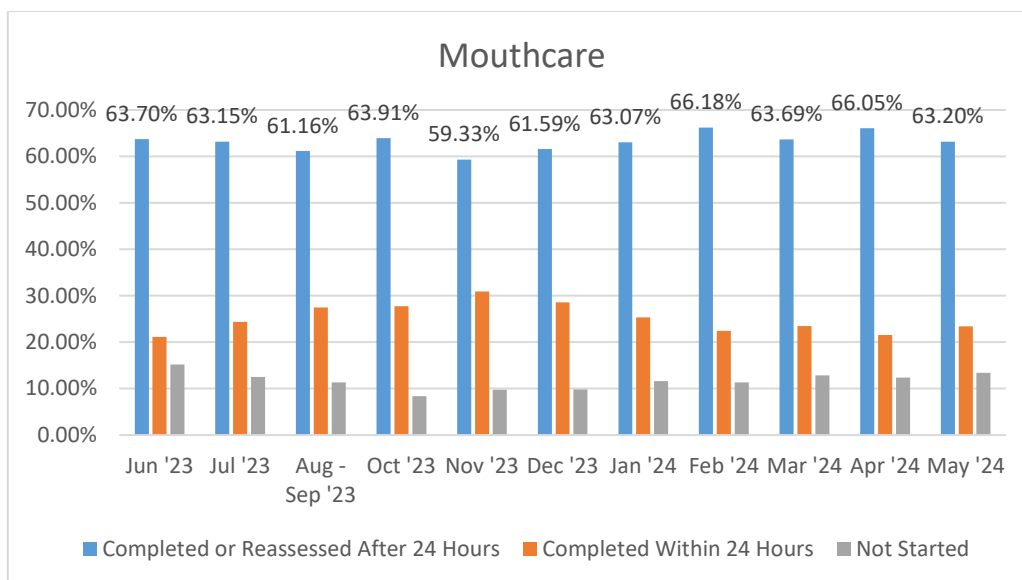
The recognition and management of frailty is multi-professional and there are several streams of work within HDdUHB to address this, with a focus on community assessment following people through our system. The Clinical Frailty Score being the choice measure of frailty. As frailty pathways are being established across acute and community services,

means of monitoring and evaluating accuracy and impact of frailty scoring are being explored. Clinical areas with frail patients are currently utilising the same Quality Indicators as others. Frailty specific indicators are to be agreed.

5.3 Does the patient have a mouthcare care plan linked to their mouth care assessment?

The rate of overall completion is 87% for May 2024. This is a new form to be digitalised so now needs to be audited to assess the quality of data collection.

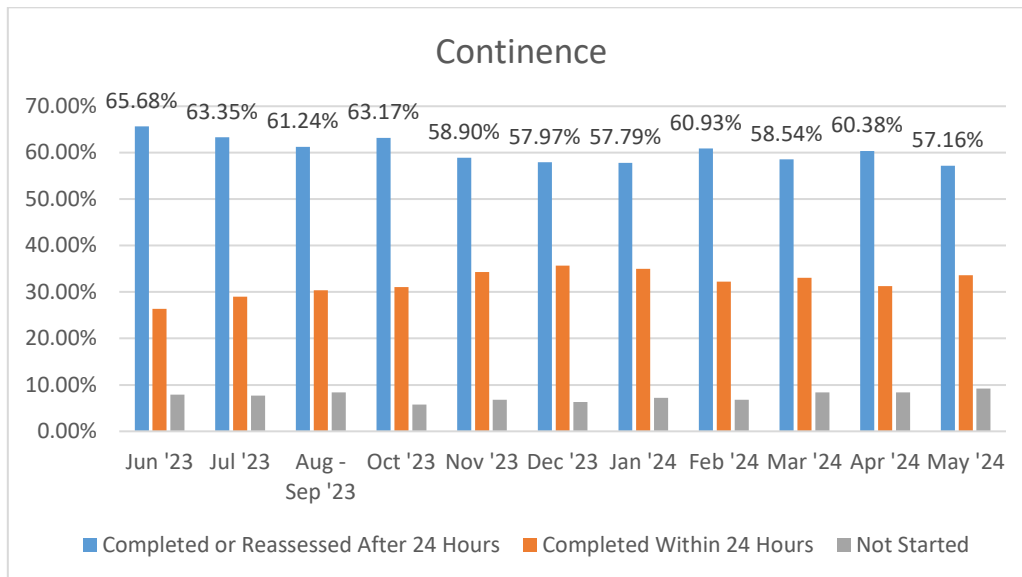
Figure 5 Mouthcare assessment completion data drawn from WNCR from June 2023 – May 2024



5.4 Continence risk assessment

The WNCR urinary continence risk assessment completion in May 2024 shows 91%. It is noted that 57% of this is completed 24 hours. The bowel continence risk assessment chart is a relatively new form introduced into digital. The overall compliance in May 2024 is 77% completion. It is however noted, that of this only 11% are completed within 24hrs. These assessment forms could be improved in the swiftness of completion across all acute sites.

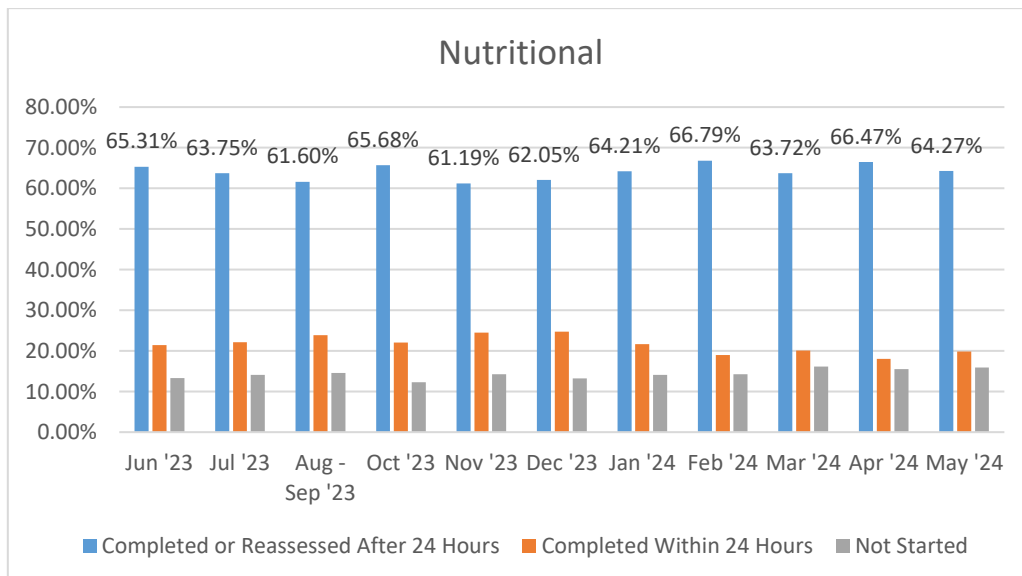
Figure 6 Continence assessment completion drawn from WNCR data from June 2023 – May 2024



5.5 Nutrition Risk assessment (WAASP screening tool for nutritional risk i.e. Nutrition form complete)

The Nutrition risk assessment tool completion in May 2024 shows 64% completed or reassessed after 24 hours and only 20% completed within 24 hours, resulting in an overall completion rate of 84%. This requires continued focus, aligned to the ongoing workstream with dietetics and Quality Improvement Practitioners.

Fig 7: Nutritional risk assessment compliance in WNCR from June 2023 – May 2024



In June 2023 a request came from the Executive Director of Nursing to review and strengthen our processes associated with nutritional risk screening within the Health Board. To ensure appropriate treatment outcomes were identified for Acute adult in-patients, there was a focus on the accuracy of Nutritional screening and its accompanying processes were explored. Quality Improvement methodology was utilised to interpret the data captured during the scoping. The aim was to capture a snapshot across the Health Board to analyse the accuracy of the Nutritional screening. The analysis undertook a Multi-disciplinary (Nursing, Dietetics and Quality Improvement Practitioners) collaborative approach. The Nutritional screening and risk assessment outcomes were noted for 10 randomly selected patients per ward across the 4 acute Sites.

The total number of Nutrition risk assessments reviewed during the scope was 345 across the 4 acute sites, 62% assessments were completed accurately and 38% were not accurate for the patients reviewed. The stress factor domain was found to be the most underscored. Out of 120 patients across the Health Board, 77 Patients risk assessment score outcome, and therefore nutritional care plan, would have changed.

As part of the action plan to improve this, the Quality Improvement team are leading, with support from Nutrition and Dietetics, acute-based ward nutrition champions training. Undertaking the audit again in 6 months. All acute sites within HDdUHB now have a monthly on going multi-professional Nutrition and hydration Assurance meeting timetabled.

A standardised agenda is followed for all sites where the Nutrition champions training numbers are discussed, as well as the nutritional risk assessment tool eLearning numbers. These operational groups report to the Health Board Nutrition and Hydration Group. A Nutrition Champion ward poster has been developed as a visual reminder of the key actions to ensure identification and support for patients at risk of malnutrition.

Fortified milkshakes for our patients who are moderate/ High risk from their WAASP screen are available on each site and the use of red tray/mat process and blue crockery has been relaunched. Our front door services have now got a hot drink vending machine and a vending machine with food.

Mealtime Observations have taken place across the Health Board with outcomes-based assurance meetings for What went well (WWW) and Even Better If (EBI). Themes have been identified and actioned.

Three of our sites (Prince Philip, Withybush and Glangwili Hospitals) now build patient menus online (Symbiotic). There has been a drive to support and implement this across these sites. We also now have electronic menus so patients can review them in a timely manner prior to menu building. We are working with a Project manager and Communications team to launch these as they have only recently become available.

5.6 Table 3 Datix information: - Medication administration errors only/ all levels of harm

	J u n -	J u l -	A u g -	S e p -	O c t -	N o v -	D e c -	J a n -	F e b -	M a r -	A p r -	M a y -
Medication Management	2 3	2 3	2 3	2 3	2 3	2 3	2 3	2 4	2 4	2 4	2 4	2 4
BGH Unscheduled care	6	4	1	2	5	2	8	3	3	3	0	0
GGH Unscheduled care	7	5	7	13	7	8	7	4	8	14	4	7
PPH Unscheduled care	9	6	9	3	11	10	12	12	8	3	12	2
WGH Unscheduled care	7	8	4	9	7	4	9	13	24	24	10	8
Community hospitals	0	3	2	4	2	11	2	4	2	1	2	2
Planned care	3	4	1	1	5	4	3	2	5	3	1	4
Mental Health inpatient wards	3	2	1	1	6	5	10	3	6	3	9	4
Women and children services (Including peads, gynae and maternity)	5	3	2	2	2	2		2	3	2	5	1

The post investigation level of harm for the medication administration errors was none or low for the majority of incidents, with six deemed to be moderate harm (two of which were reported since December 2023).

There have been several focused areas aiming to improve medicines management. These include working with WAST to encourage patients to bring their own medicines into hospital alongside ensuring that patients medicines accompany them when they are transferred to different wards and community hospitals. 2024 will also see the launch of the multi-professional medical errors policy which will be audited for compliance within prescribing, administration, and dispensing errors.

The figures in the 12-month table, show peaks and troughs throughout the year and all are reported quarterly to heads of Nursing and taken to local scrutiny groups. This year also sees e-prescribing and administration software being procured to enable this to be managed in a greater quality framework.

Work has been underway to examine the prevalence of current state medicines errors and the predicted future state post electronic prescribing medicines administration system EPMA implementation and it is anticipated that it is anticipated that 65% of medication errors can be eliminated with the introduction of an electronic Prescribing & Medicines Administration system.

Improvement work around medication administration includes study sessions with practice development and Quality Improvement team support, green transfer bags to be rolled out across site for inpatient transfer to reduce medications being left on previous wards, pilot of new intravenous infusion lines, which can be flushed resulting in the full dose of intravenous (IV) medication being given, switching medication from IV to oral being promoted to reduce the number of days patients require IV medication; single nurse IV medication trial to commence on Clinical Decisions Unit in Glangwili Hospital and a new flow chart devised for the administration and destruction of controlled medication for ward staff.

6 Equitable Care

6.1 Relationships

HDdUHB commenced a pilot of social workers/care needs assessors accessing the WNCR record remotely to enable more timely assessment of patients in Pembrokeshire. This is working well and is required to be scaled to other counties in 2024. WNCR has been audited for other professionals who access it for information and many of our AHP and Medical colleagues' access to read and view the system. Student access to WNCR is also being managed nationally and locally to enable a system where students are allocated one Nadex (Cymru ID) account that moves with them to all settings.

7. Service Updates:

Community Nursing Update

Across community services, A Healthier Wales (2018) and the Strategic Programme for Primary and Community Care (2018) and National Community Nursing Service specification (October 2022) is providing the strategic direction and vision for change in line with the changing needs of our population. All these focus on the principles of strengthening community services by upskilling the community teams and improving access to systems and processes.

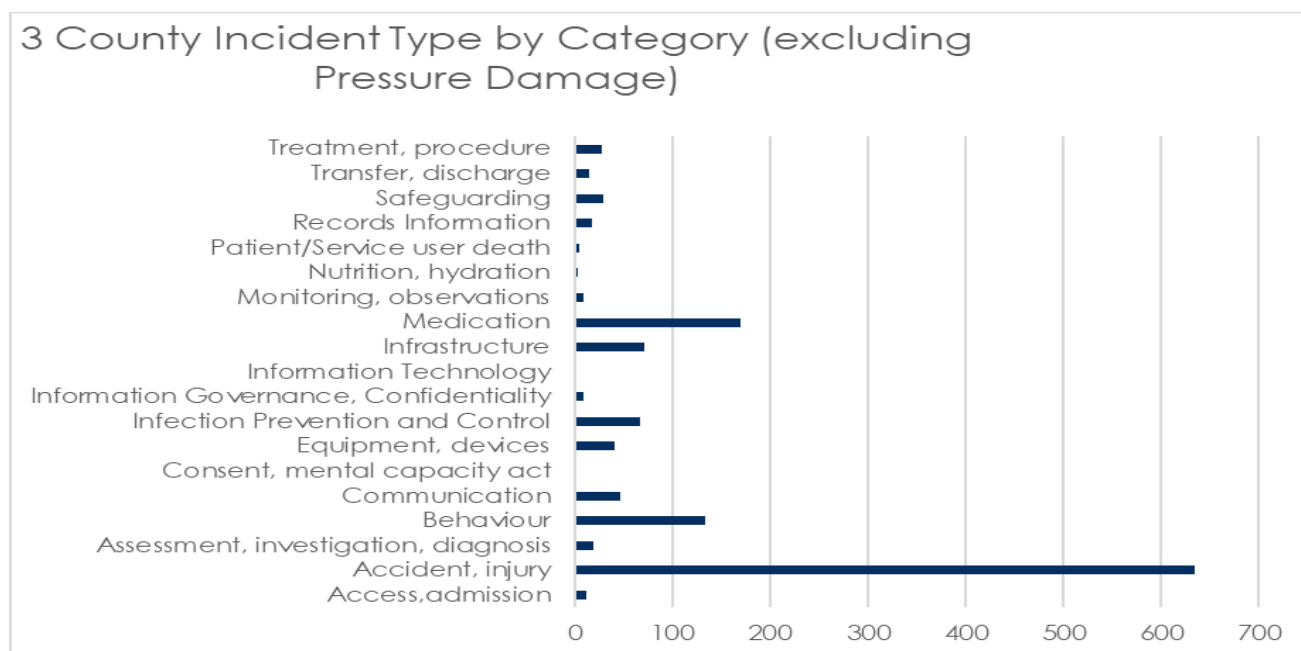
Despite the many challenges within the financial and workforce drivers, growing populations, rising demand for health services, increasing numbers of people with long-term health problems and significant health inequalities, there is a clear commitment, professionalism

and dedication the community nursing teams have shown in maintaining high standards of care and keeping the person at the centre of all they do.

Embedding the principles of the National Community Nursing Service Specification, increasing the leadership and supervision within the teams, ensuring all teams have access to administration support and reviewing the Service Specification Action Plan which has resulted in:

- All District Nursing services across HDUHB having appropriate referral and triage systems in place to meet the requirements of a two-hour, 72 hour and 10 working day response to referrals. CIVICA e-scheduling supports teams with auditing of response times.
- All referrals to district nursing services out of hours are received via 111 and Acute Response Teams as well as directly from GP OOH's in some areas.
- 24 hours district nursing services is provided through a combination of district nursing (8-6pm) and acute response teams (6pm-8am).
- District / Community Nursing Services across HDdUHB are revising their patient record documentation and as part of this review have added the clinical frailty scale to the community nursing risk assessment booklet.

There were 391 reported slips, trips and falls across all community hospitals between April 2022 and March 2024 with 1 fall resulting in serious injury (fractured neck of femur).



Falls prevention work is underway across the 3 counties, including implementation of I Stumble within Community Hospitals to support assessment of fallen patient outside of medical cover, however, given the rehabilitation nature of community hospitals and the ethos to encourage patients to regain independence it is not possible to reduce falls completely, with the emphasis on avoidable falls and serious injury. Approaches to mitigate the risk of falls includes enhanced patient supervision, cohorting of patients at risk and bay watch, increasing the numbers of staff available to support patients at high risk.

Primary Care Update

In 2023 three registered nurses completed the Hywel Dda University Health Board “New to General Practice Nursing Programme” a collaboration between health boards and HEIW. The course provides a comprehensive evidence-based training package which ensures patients benefit from care received. The programme was introduced to fast-track training for newly qualified or new to primary care nurses as part of the Primary Care workforce plan.

In 2023 the Lead Nurse from two of our managed practices in Carmarthenshire led the nursing and practice team to make changes to practice following the “Green Agenda” in a sustainable inhaler prescribing Initiative. The initiative guaranteed all patients were seen prior changing of inhalers to ensure a patient centred and equitable approach. The practices were within the top five practices in Wales for this change and were successful in being awarded a Collaborative award from the Health Board.

In 2023 an audit by the Primary Care nursing team was carried out in all Health Board managed practices, looking at nurse documentation and processes. This was primarily around discussions nurses had with patients regarding commencing or titrating of medication especially in their Chronic disease clinics.

Issues identified follow.

- Poor /No documentation of discussions with prescribers when changes / titration had been discussed with patients.
- Rationales for care pathways not documented.
- No standardisation for contraceptive reviews.
- No standardised process’ for all medication given by nurses to be on repeat prescribing.

The audit also highlighted the variability of work undertaken by practice nurses in different practices especially the depth of knowledge within chronic disease clinic.

Working with our Medicine Management colleagues, processes are now in place and documentation and referencing to care pathways have improved enormously as per NMC standards. Clinical expertise, leadership responsibilities and an expectation to contribute to the improvement and development of patient care continues to be supported and undertaken within the nursing teams. The STEEP principles of Safe, Timely, Efficient, Effective, Equitable Person Centred (STEEEP) care, continues to promote a holistic care culture within the Primary care nursing teams and focus on patient safety.

We are working on a competency matrix to identify training needs whilst also standardising care by the introduction of templates in some disease areas.

Our plan is to continue these audits on a regular basis to review changes already made and ensure they are embedded in good practice to safeguard safe effective care for our patients in Primary Care.

Mental Health and Learning Disabilities Update

During 2023/24 the Mental Health and Learning Disabilities Directorate has formed a Serious Incident Learning Forum to strengthen oversight and effectiveness of its Serious Incident Review process, generate methods of embedding learning and escalation of points of learning at Health Board and system level. Early outcomes include strengthening delivery

of Serious Incident Review processes through reorganisation and targeting of resource and development of a formal offer of staff support within this.

A range of actions have been progressed across the Mental Health and Learning Disabilities Directorate in response to a national review of mental health discharge. Action themes will continue into 2024/25 as the Health Board participates in an emerging national mental health safety programme which has an initial focus on reducing harm in inpatient settings and providing safe and effective discharge.

Since May 2023 more than 350 staff from all professional backgrounds have attended interactive training related to the implementation of a framework for supporting people with Mental Health and Substance Misuse problems across the Health Board footprint. This work has now also been expanded to include colleagues from children and young peoples' services, police, probation, housing, primary care, and other Health Board departments. Recognising the vital role that unpaid carers contribute to supporting people with mental health and learning disability needs, all teams within the directorate are engaged with the Investors in Carers accreditation scheme with the aim that all teams will achieve a minimum of a Bronze Award by the end of 2024. Several teams have already achieved this and are now working towards their Silver Awards.

The Perinatal service are currently working towards College Centre for Quality Improvement (CCQI) accreditation which will enable them to join the Perinatal Quality Network, which works with network members to share best practice at a national level. It uses a review and accreditation process to promote the highest level of care.

A number of priorities are identified for continuing focus during 2024/25 including:

- Conclusion of an Inpatient Establishment Staffing Review against principles defined nationally for mental health inpatient assessment and treatment services.
- Support to develop a Health Board strategy for Reducing Restrictive practices with defined improvement goals for the Mental Health and Learning Disabilities Directorate.
- Support to develop a Health Board wide Learning Disabilities Steering Group.

Paediatric Services Update

The paediatric WNCR development remains ongoing, and DHCW are working with Health boards to standardise the documentation assessments across Wales as part of this work.

Following the MATNEOSSP discovery report in February 2023 there has been a transition phase where the team have undertaken spreading and scaling of bright spots into other health boards, followed by training and projects in achieving behaviour change and development of task and finish groups to implement care bundles. These have been developed and data is being collected to obtain assurance of our ability to recognise the deteriorating women and baby and providing the evidence that high standards of care are being provided to the population we serve.

PERIPrem Cymru was launched in April 2023. This is a 10 element care bundle to reduce brain injury in preterm babies and improve their long-term outcomes. We have made significant progress in improving outcomes in HDdUHB, as initially we had 0% of our mothers and babies fully optimised with all elements needed to provide a positive outcome for them and their baby, now we have reached 50%, 18 months later. We are particularly proud of initiating a shift in culture in regard to breastfeeding and there has been a significant drive for antenatal expressing, resulting in an increase in babies receiving early

maternal breast milk (within 6 hours of birth) from 8% to a much improved 67%, which is currently being sustained.

Documentation audits remain at 80%, and evidence for improvement noted during reviews. The Practice Development Nurse has planned to deliver documentation training for the doctors in October and for newly qualified nurses on preceptorship.

Maternity Services Update:

Midwifery service commenced their digital journey in 2023-24. Two members of the midwifery service have joined the clinical informatics team to lead on the procurement and installation of the new digital maternity system.

The creation of a Women and Children's Risk and Governance Strategy is to articulate the multiple methodology adopted to maximise the opportunity for learning, mitigate risk and enable growth of the services. Learning is a recognised part of ongoing quality improvement in health care. Many factors affect quality of care including the organisation of services, leadership, monitoring systems, adequate infrastructure, the resources available both human and material, and continual improvement.

The focus relates to system learning and the opportunities to fundamentally understand the what, the why and the so what of systems learning whilst simultaneously supporting individual and professional accountability. Accountability is about sharing what happened, learning and being completely responsible for making changes for the future safety of staff and patients. The processes are designed to support staff to help them work safely whilst recognising and holding the understanding of accountability.

This has been a significant service improvement by way of implementing a Risk and Governance Strategy which has encompassed both maternity and neonatal services, this has resulted in a 36% increase in incident reporting which has promoted an opportunity for growth and change. By implementing a transparent and objective process of incident review the service has seen a paradigm shift in incident reporting and subsequent learning from adverse events, resulting in improved outcomes for women and their babies. The service has reviewed strategies for learning from adverse events and have adopted a strategic and holistic approach which has enabled meaningful learning and change. This has had a positive impact on patient safety and the service has seen a downward trend in the stillbirth rate since its implementation of the strategy in 2021. This rate has continued to decline further, the service has also seen reducing rates of hypoxic ischaemic encephalopathy (brain injuries to babies) most notably in labour, there has also been a downward trend of postpartum haemorrhage (excessive blood loss following birth). There has also been a positive impact on staff experience, which has been reflected in improved Royal College of Midwives culture survey, and improved GMC survey and generally reduced rates of both staff turnover and the number of vacancies.

The maternity service at Glangwili and Bronglais Hospitals underwent an unannounced HIW inspection in 2022 and 2023 respectively, with both reports commenting on improved staff culture and the positive impact of the risk and governance strategy. This work has been highlighted by the Maternity and Neonatal Safety Support Programme as a "Bright Spot" in 2023 and was recognised nationally when the Maternity and Neonatal Risk and Governance were recognised as the winners of the HSJ Patient Safety Award in 2023 and later that year received an NHS Wales Award again in recognition of the impact of the improvement on patient safety. In 2024 Hywel Dda Maternity and Neonatal services were highlighted by the

RCM Midwives Journal as an area of good practice, noting that the collaboration and co-production of services leads to enhanced outcomes for service users.

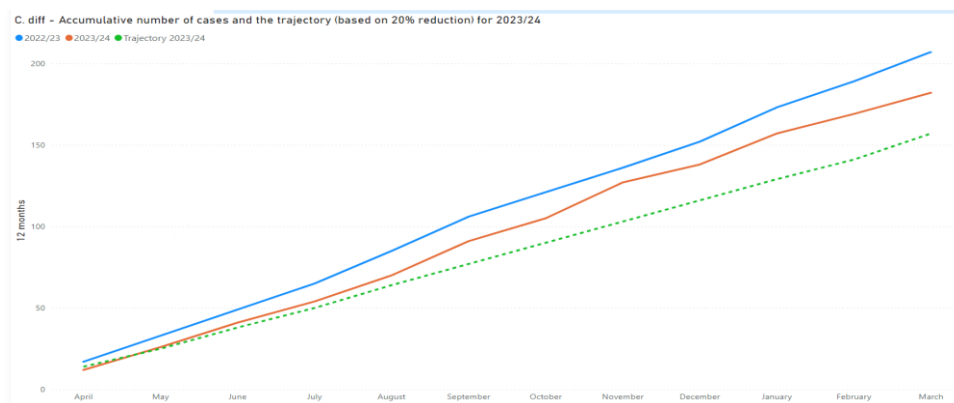
The Maternity Services at Hywel Dda University Health Board have recently been shortlisted for three prestigious awards in the 2024 RCM Awards

Infection Prevention Update

The Infection Prevention Team (IPT) supports a variety of audits including hand hygiene, environmental cleanliness and quality indicator audits. Validated hand hygiene audits undertaken by the IPT indicated that there was a discrepancy between the audit scores entered onto Fundamentals of Care and actual compliance. There are a multitude of studies on hand hygiene compliance and the evidence informs us that the average for hand hygiene compliance remains significantly low. The literature informs that the true hand hygiene adherence rate for healthcare workers is estimated between 20-40% (Kaveh *et al* 2021).

HDUHB Validated Hand Hygiene October 2023			
Hospital Average	Total % HH	Total BBE	%
BGH	60%	94%	
GGH	34%	94%	
PPH	66%	96%	
WGH	48%	90%	

Quarterly validated hand hygiene audits by the IPT have been undertaken for assurance purposes with hand hygiene training instigated in areas where poor adherence noted with some degree of improvement (as above). One of the focus points throughout this year has been on decreasing our infection rates and specifically *C.diff* rates. With a multifactorial approach we have achieved a reduction of 10% in *C.diff* rates.



The infection control section within WNCR compliance with completed assessments is 91.1% adding an additional 1.2% for partially complete in May 2024.

Nursing Audit Update

The Chief Nursing Office for Wales directed an All-Wales approach to core national quality and safety audit assurance, following the publication of NHS Quality and Safety Framework (2021), and set out 15 actions from which audits, improvement plans, and learning would provide the quality and safety assurances required. The NHS Quality and safety Framework (2021) sets out clear objectives to improve outcomes for people accessing health care, aligned to ‘A Healthier Wales’ (WG 2018, revised 2022), and ‘The Health and Social Care (Quality and Engagement) (Wales) Act, (2020). The Duty of

Quality requirements means that NHS organisations have a duty to create a culture of quality within organisations and to focus on improving the quality of health services and outcomes for the population on an ongoing basis.

To meet this directive, an All-Wales audit assurance working group was formed which following the completion of all actions by Welsh Health Boards and Trusts, closed on 10.11.23. HDdUHB Senior Nursing and Midwifery Team (SNMT) supported implementation of the audits.

The national approved 5 'All Wales core audits' have been added to the Audit Management and Tracking (AMaT) system and an audit timetable has been developed. Services are now working through to local implementation of these audits. The "All Wales core audits" are

- Bare below the elbow
- Infection Prevention and Control
- Medicines management
- Handwashing
- Personal protective equipment
- Senior Peer review

With a focus on Safe, Timely, Effective, Efficient, Equitable and Person–Centred care (STEEEP), the Health Board are reviewing previously undertaken audits, in line with these new standards for quality. The following audits are under review

- Preventing pressure and tissue damage
- Discharge
- Fluid balance
- Nutrition, hydration and mealtimes
- Falls
- Professionalism
- Standards of record keeping

8. Conclusions and Recommendations

8.1 Summary of the lessons learnt from the quality assurance report for 2023-24

The WNCR data is now available to all acute areas and used within local assurance, quality, and development meetings. The clinical informatics team are working with the informatics team to link the information to the Nurse staffing levels dashboard to triangulate data in real time.

Hywel Dda UHB acknowledges and manages the risk of nursing documentation being part digital and part paper assessments.

Based on the data available to us in May 2024, the areas recommended for targeted focus, improvement and training are:

- Timeliness of undertaking risk and fundamentals of care assessments needs, with a significant proportion of documentation not being completed within 24hrs of admission to hospital. This has the potential to impact on care delivery against need and negatively impact upon patient experience.
- Continence assessment completion, for bowel and urine.

- Nutritional assessments to be completed earlier.
- Focussed work to continue in relation to awareness and implementation of passports for those with Learning Disabilities accessing acute care settings.
- Discharge checklist completion, understanding the main drivers for such high levels of non-completion.

A schedule of audits, spot checks, peer and validation reviews will be carried out across the next 12 months. This will accompany clinical dashboard data outlined within this report ensuring, as an organisation, we are moving towards a multi professional approach to review and evaluation of care quality standards.