Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	07 December 2021
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Nursing Assurance Annual Audit 2021
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Mandy Rayani, Director of Nursing, Quality & Patient Experience
SWYDDOG ADRODD: **REPORTING OFFICER:**	Sharon Daniel, Assistant Director of Nursing, Workforce and Professional Standards Lesley Jones, Head of Nursing Professional Standards and Digital Alex Walsby, Clinical Lead Nurse Kim Stevens, Information Analyst

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 2021 Nursing Assurance Annual Audit was undertaken across in-patient services of Hywel Dda University Health Board (HDdUHB) during October 2021, utilising the new Wales Nursing Care Record (WNCR). The WNCR is a standardised All Wales system that records patient assessment and the delivery of care. It is available via a digital platform which is currently being rolled out across HDdUHB. The purpose of this report is to present the results to the Quality, Safety and Experience Committee (QSEC), and to highlight the audit findings in relation to the key areas of practice. Whilst it is not possible to make comparisons to the results from the Health & Care Standards Fundamentals of Care (FoC) Audit previously conducted, the report does provide an update on quality improvement work undertaken in 2020/2021 in response to the previous Assurance Report in 2019.

The narrative highlights areas of good practice that have been identified and areas requiring improvement. Unless indicated otherwise, the compliance levels are given as a percentage for the purpose of this summary report, however numbers are provided in the full report.

QSEC is asked to recognise this new approach to conducting the annual audit utilising the WNCR and the audit findings for 2021 presented in this report.

Cefndir / Background

Between 2009 and 2014, the NHS in Wales undertook a national audit of care and service delivery. Since 2015, the audit has been conducted against the standards set in the Health and Care Standards (2015) document to bring together and update the expectations previously set out in “Doing Well Doing Better Standards for Health Services in Wales”, and the “Fundamentals of Care” (FoC) Standards 2003. The Health and Care Standards are currently under review to ensure alignment with the new legal duty of quality, in the Health and Social Care (Quality and Engagement) (Wales) Act 2020

Since 2016, the Chief Nursing Officer (CNO) has not mandated that any element of the audit is required; however, the Senior Nursing and Midwifery Team (SNMT) within HDdUHB made the decision that all applicable clinical areas should continue to undertake the audit.

Due to the operational challenges posed by the COVID-19 pandemic, 2020 saw a break in the process. This, together with the decision taken nationally by Digital Health & Care Wales (DHCW) not to support the Health & Care Monitoring System (HCMS) FoC audit tool going forward, provided the opportunity to review the audit and assurance practices within Nursing. Coinciding with this was the phased introduction of the electronic Wales Nursing Care Record (WNCR) at HDdUHB. WNCR is a digital platform used to record patient assessment and delivery of care. Currently, there is a standardised patient admission and assessment tool and additional nationally approved risk assessment tools. All adult inpatient wards across HDdUHB adopted the paper version of WNCR in late 2020 and the digital roll out of WNCR commenced in April 2021, starting first in South Pembrokeshire Hospital and Withybush General Hospital (WGH). By the time of the audit, Prince Philip Hospital (PPH) and Bronglais General Hospital (BGH) were also using the WNCR.

The WNCR has its own audit tool to monitor the compliance with patient assessment. As a means of providing some assurance relating to nursing care delivery, the Senior Nurse Management Team (SNMT) agreed to use the data collected via the WNCR audit tool to assess the care delivered as a snapshot of documentation compliance in October 2021. In conjunction with this, patient experience feedback received during this period, workforce evaluations and other relevant data collection tools have also been considered.

Asesiad / Assessment

A copy of the Annual Report is included (Appendix 1)

Learning from previous audits, the Quality Improvement Team progressed work in relation to medicines management and rest and sleep. Recognising that this work has been impacted by the pandemic, the learning from the 2019 audit is detailed in Appendix 1.

The WNCR Audit Programme consists of 89 questions and, similarly to FoC, assessments relating to patient care are measured. The audit tool has been designed by Digital Health Care in Wales (HCW) and is completed via Microsoft Forms. The opportunity to capture this data digitally and in real time will be significant going forward, however there are some limitations in terms of the ability to capture certain qualitative metrics, for example, an assessment of a patient's requirements for sleep and rest is completed, but not the outcome from the patient experience. Thus, it will be necessary to triangulate the information from the WNCR audit with other data including patient experience feedback and workforce evaluations (Appendix 3 and Appendix 4).

The Method Undertaken

- The request was made for all inpatient areas to complete 5 audits during September 2021.
- The audit tool takes approximately 40 minutes to complete per patient.
- For areas that had rolled out WNCR, this involved an audit of the assessments completed electronically via WNCR. For others, it was necessary to audit paper records, which is likely to have been more time consuming.
- The completed data set was requested from DHCW where it is held on a central database.

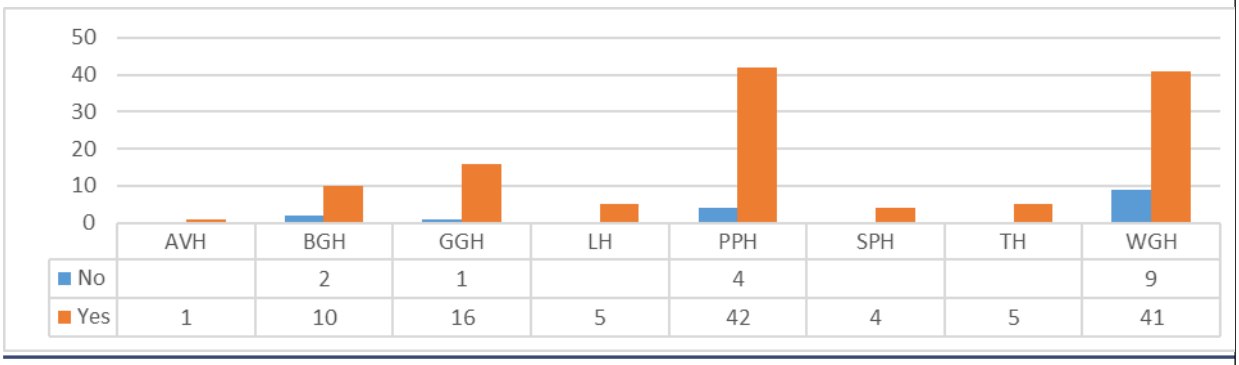
There were 139 responses from eight hospitals with inpatient beds and the results are presented on a whole site-based level. Going forward, the vision is to present the findings on a ward/departmental basis. The report also recognises the significant operational pressures which, for those areas where digital capture was not possible, was challenging.

The data is presented as 20 themes (Appendix 2), 14 of which are detailed within the main body of the report. It is unclear what the 'Not Applicable' responses indicate, thus for the purpose of this report, percentages have been calculated on the 'Yes' and 'No' responses.

Summary

There are several diagrams noted in the report which outline the audited documentation on each site.

1. Documentation completion and Adult inpatient assessment:
   The diagram below demonstrates the data presentation, and this specific graph is in response to whether all aspects of the patient's care domains had been assessed.



	AVH	BGH	GGH	LH	PPH	SPH	TH	WGH
No		2	1		4			9
Yes	1	10	16	5	42	4	5	41

   From the results above, it can be determined that the use of WNCR did not directly impact on the completion of the assessment documentation. This is positive to note when moving from a paper-based system to a digital system. The audit further noted that some documentation was better completed than others. An upgraded version of the WNCR system will permit an automated prompt to complete assessments.

2. Learning disabilities: The majority of patients were assessed for a **learning disability**. It is unclear, but likely, that the 'Not Applicable' responses are patients who do not have a learning disability, indicating that an informal assessment was made.

3. Cognitive impairment: was also assessed well in these patients.

4. Pain: Most patient's pain has been assessed. There were 127 positive responses to this question indicating that there was documented evidence that pain had been assessed across all sites. However, documented evidence of re-assessment was lower. It is anticipated that this will improve once all areas are on the digital platform and the automated prompt function is available.

5. Falls and bone health: 23 of the 139 audited patient records assessed had a fall whilst in hospital. Most responses to this were positive, indicating that falls assessments had been completed. However, an improvement is required in risk assessment following transfer between wards. A triangulated approach will be taken by the Falls Practitioner to support improvements in inpatient falls. Further investment into a Clinical Falls Lead to cover the whole organisation has been proposed to support this work. The All-Wales Digital Frailty Assessment is scheduled to be available in Quarter 4, 2021/22.

6. Continence: 29 patients across all sites were identified as having a urethral catheter. Of these, 26 patients had a catheter care bundle that had been completed in an appropriate timescale. The All-Wales digital Urinary Catheter Bundle is scheduled to be available in Quarter 2 of 2022/23.

7. Mouth Care: There is evidence that **mouth care** has been assessed in the appropriate timeframe. The All-Wales Digital Mouthcare Assessment is scheduled to be available in Quarter 3 or 4 of 2021/22.

8. Pressure Ulcers: There is evidence that **pressure ulcers** are being assessed appropriately. The All-Wales Digital Skin Assessment and Repositioning Chart is scheduled to be available in Quarter 3 or 4 of 2021/22.

9. Patient handling: The majority of patients (n.118) had their patient handling needs assessed within 6 hours of admission and most patients were re-assessed in appropriate timescales or if their condition changed although again it is hoped that the automated prompts will promote improved compliance.

10. Nutrition and Food charts: NB: Data excluding 'Not Applicable' responses
    a. only 74% of patients had their weight recorded within 24 hours of admission
    b. 85% of patients had a nutritional risk assessment within 24 hours of admission and
    c. 85% of nutritional risk had been reassessed within accordance with appropriate timescales

    The data indicates that an improvement in Registered Nurses signing food charts for each 24-hour period is necessary. The All-Wales Digital Food Chart is scheduled to be available in Quarter 3 or 4 of 2021/22.

11. Fluid charts: there was evidence that the fluid balance chart had been recorded and calculated accurately and kept up to date in 84% of the documents audited. The All-Wales Digital Fluid Chart is scheduled to be available in July 2022.

12. Sleep, hygiene, and foot care:
    a. From the audit results, all areas showed good compliance with assessing patients sleep patterns, however the community hospitals were slightly more consistent with 93% compliance, versus 88% in the acute hospitals.
    b. All the records audited with the exception of 2, indicated that hygiene needs were assessed. Foot care was less reliably assessed, with 35 records indicating that the assessment had not been undertaken across the 4 acute hospitals.
    c. The community hospitals were more consistent with the foot assessments.

Other data sources indicating care delivery were captured as part of the 2021 Nursing Assurance Audit from the Health Care Monitoring System (HCMS) system that is still accessible (Table 1). Please note: this information is a snapshot view and does not indicate a trend.

TABLE 1: HCMS Observational Audit findings:

	Hand hygiene	Ward hygiene
BGH	93.39%	98.2%
Glangwili General Hospital (GGH)	96.38%	90.64%
PPH	93.3%	86.31%
WGH	96.65%	97.48

Carms Community hospitals (Amman Valley Hospital only)	100%	87.5%
South Pembrokeshire	100%	100%
Tregaron Community Hospital	40%*	74.34%

* Tregaron Community Hospital senior nursing leads are looking into this anomaly of a 40% hand hygiene score and the 74.34% ward hygiene score. This information is available to senior nurses about their clinical areas and is often used to fuel internal discussions about hand hygiene.

Education input

Whilst staff have, and continue to, work tirelessly through the COVID-19 pandemic, update sessions in each setting are proposed to give an overview to nursing and Healthcare Support Worker staff on the assessments. This training will be placed in our preceptor training and open to substantive staff also. The training will constitute an update on (as a minimum):

1. Falls
2. Nutrition
3. Pain
4. Inpatient assessment chart

This will be helpful for all staff. It will also aid the transition that has been made from moving from paper to digital assessments in some areas.

In conclusion, compliance with patient assessments is good with most assessments being completed albeit with some areas for improvement as summarised above. There is some variability between hospital sites and the data has been fed back to each Heads of Nursing. There was little identifiable difference between areas using WNCR digital records and traditional paper records. The download of data from WNCR digital record will eliminate potential auditor bias.

Looking forward to 2020

The automated prompts in the next version of WNCR, which will be in place from 2022, should improve compliance with reassessment standards. The availability of new digital documents planned for 2022/23 and beyond will present an opportunity to further improve documentation processes in terms of assessment and evaluation, and also the care planning and implementation elements of the nursing process.

HDdUHB Nursing and Midwifery teams undertake several audits in clinical practice, including HCMS monthly audits. There is an opportunity to explore whether the information generated by WNCR is useful to operational managers, firstly by reducing some of the audits undertaken with the benefit of releasing nursing time back to the ward staff who traditionally collect the audit data. In addition, this approach provides a more accurate and valid compliance picture by reducing the unconscious bias element of self-auditing i.e. an automated download from the digital system.

Going forward, ward managers will have as near to a real-time dataset with which they can take a view of which assessments need to be completed or updated and where quality improvement activity needs to be focused. SNMT agreed at its November 2021 meeting to commence a pilot to:

1) evaluate the usefulness of the data in initiating, or contributing to, improvements that can be made with patient assessment and compliance.
2) Assess whether the data aids identification of educational gaps for nursing staff.

3) Provide access to the data to selected Clinical Nurse Specialist (CNS) teams to gain understanding of the usefulness of the data to their work.
4) Compare and contrast the WNCR data alongside the HCMS audits for opportunities to substitute or support current internal audits, with the potential to replace elements of the HCMS audit going forward.
5) Ensure a governance structure is in place that provides assurance that the WNCR data is being reviewed and acted on. There is opportunity to embed this in the nursing assurance arrangements.

Argymhelliad / Recommendation

The Quality, Safety & Experience Committee is asked to receive assurance from the content of the 2021 Nursing Assurance Annual Audit Report.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 Scrutinise, assess and seek assurance in relation to the patient impact, quality and health outcomes of the services provided by the Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply

Effaith/Impact:	
Ariannol / Financial: **Ansawdd / Patient Care:** **Gweithlu / Workforce:** **Risg / Risk:** **Cyfreithiol / Legal:** **Enw Da / Reputational:** **Gyfrinachedd / Privacy:** **Cydraddoldeb / Equality:**	It is recognised that good quality care will cost less, than poor quality care, although showing this in cash releasing terms is known to be very difficult. However, this report recognises that standards of care can still be improved in key areas. If areas of local improvement work are supported and prioritised, there remains potential to both improve the care experience and also deliver greater efficiencies.

Appendix 1

Hywel Dda University Health Board

Annual Inpatient Assurance Report

October 2021

Background

Annually, a process of audit is undertaken by Hywel Dda University Health Board to provide assurance to the Quality, Safety and experience Committe on quality care standards. In recent years, the tool used to support this process was the Fundamentals of Care (FOC) Audit, inputted via the Health Care Monitoring System.

Historically, the audit process began in 2009 in national response to:

- Inconsistencies of quality across service settings and areas
- Emphasis on service efficiency and cost, rather than quality of care.
- Common themes in complaints and compliments.
- Increasing expectations of service users.
- Developing partnerships with service users and between organisations.
- Lack of clarity for service users on what they should expect.
- Increasing focus on regulation and performance.
- The awareness of 'Essence of Care', DOH, 2001 (England).

The annual assurance methodology aims to explore the experiences of patients and service users, and the care delivered across NHS organisations in line with the 7 domains of the Health & Care Standards: Staying Healthy; Safe Care; Effective Care; Dignified Care; Timely Access; Individual Care; and Staff and Resources.

In 2017 a few concerns were identified regarding medicines managements within nursing practice. These concerns were raised from a range of sources including Datix reports, MERG and internal routine audits. In addition, Health Inspectorate Wales (HIW) carried out observation visits, which highlighted some medicines management issues.

Consequently, a HDDUHB wide audit on medicines management was carried out in late 2017, 2018 and 2019 to ascertain what, if any concerns there were. This audit included compliance related to administration, documentation, storage of medicines, wastage, and self-administration of medicines.

The outcomes from the 2019 audit include the following:

- Registrant signature lists on all areas has increased however remains low at 76%
- Storage issues, which include ensuring that cupboards are, locked remains an area of concern.
- Medicines being appropriately stored away showed variable compliance across the HB.
- Ensuring that storage rooms are locked remains a concern.
- Compliance with using the guidelines for self-administration remains very low.

Monitoring care delivery remains as important now as it was in 2009 and the 7 domains remain relevant. It allows health care organisations to understand the impact of clinical services and identify good practice and areas for improvement. While the data should not be used in isolation, it can aid the identification of opportunities to improve the quality of fundamental aspects of health care.

Recognising that the process of receiving care is as important to patient experience as the outcome of care, there are 12 aspects of practice/care pertinent to the annual assurance audit process:

- Communication and information
- Respecting people
- Ensuring safety

- Promoting independence
- Relationships
- Sleep, rest and activity
- Ensuring comfort, alleviating pain
- Personal hygiene and appearance
- Eating and drinking
- Oral health and hygiene
- Toilet needs
- Preventing pressure sores

The last HCSFOC annual audit undertaken was in 2019 and the learning from this audit showed the following:

Patient experience

- Rest & Sleep (HCMS Standard 4.1) remained the lowest scoring aspects of care from a patient's perspective. The Professional and Practice Development Team commenced some quality improvement work with key teams to explore ways of improving the patient experience around rest and sleep, which included the use of hospitality packs/ear plugs/masks. The majority of the patients who completed the questionnaires were able to do so themselves. Teams were therefore advised to randomly select the patients who were given the questionnaire to capture patients who are frail and vulnerable and who might not be able to complete the questionnaire independently are not excluded from having the opportunity to provide feedback about their care

Operational element

- Record keeping around assessment and care planning remained an area requiring improvement. It was anticipated that the introduction of WNCR would address a number of these issues

Staff Survey: Although the compliance score have seen changes since the staff survey was first undertaken in 2013, the themes of the comments have remained fairly consistent. The themes from the comments provided by staff included:

- Concerns about staffing with comment about ''staffing deficits', 'low staffing', 'lack of staff' and 'staff shortages' a recurring theme in the comments.
- Staff feel valued by their immediate team but not always by the wider organisation.
- The feeling of not being listened to and lack of feedback when concerns are raised.
- Demands of the service, particularly around patient flow.

2020 saw a break in the process due to the operational challenges posed by the Coronavirus pandemic, providing the opportunity to review audit and assurance practices. Coinciding with this, was the phased introduction of the electronic Wales Nursing Care Record (WNCR) into Hywel Dda University Health Board. WNCR is a digital platform used to record patient assessment and care delivery. There is a standardised patient admission and assessment tool and additional nationally approved risk assessment tools. Hywel Dda University Health Board commenced the roll out of WNCR in April 2021, starting first in Withybush hospital and South Pembs hospital. By the time of audit, Prince Philip and Bronglais were also using WNCR.

WNCR has its own audit tool to monitor the compliance with patient assessment. As a means of providing some assurance relating to nursing care delivery, the senior nursing and midwifery team elected to use data collected via the WNCR audit tool to assess the care delivered as a snapshot of

documentation in October 2021. In conjunction with this, patient experience feedback received during this period (appendix 2), workforce evaluations (appendix 3) and other relevant data collection tools have also been considered.

The WNCR audit programme consists of a total 89 questions, similarly to FOC, assessments relating to patient care are measured. The audit tool was designed by DHCW and is completed via Microsoft Forms.

There are a few limitations of the WNCR audit, including the lack of corporate elements of care delivery that would have been assessed in previous years, including assessment of resources and facilities available to ward areas that enable the delivery of healthcare, for example, policy, education and training, patient information, equipment and furnishings, or the patient or staff experience questions. In addition, the WNCR audit tool does not include the qualitative outcomes, for example, an assessment of a patient's requirements for sleep and rest is completed, but not the outcome from the patient experience.

Situation

Preparation:

The request was made for all inpatient areas to complete 5 audits during the period of September 2021. To gain engagement, all senior nursing managers for inpatient areas in Hywel Dda University Health Board were met by the Corporate Head of Nursing and Corporate Lead Nurse. The audit process was discussed and the electronic link to the audit tool was circulated to the nursing leads following the meetings.

The audit tool was approximated to take 40 minutes to complete per patient. For areas that had rolled out WNCR this involved an audit of the assessments completed electronically via WNCR. For others, it was necessary to audit paper records, which is likely to have been more time consuming.

Logistics:

Each clinical area that provides inpatient care was asked to

- Select 5 sets of patient records per clinical area for inclusion
- Complete the WNCR audit via Microsoft Forms
- Complete the data entry between mid-august with submissions to be completed by the 26th September. This date was extended until 2nd October to encourage completion.

The completed data set was requested from DHCW where it is held on a central database.

HD data WNCR audit Sept Oct.xlsx

Response rate:

139 responses from 8 hospitals with inpatient beds, and 1 anomalous entry where the hospital origin was unable to be identified. It is important to note that the responses are not proportionate to the size of the sites, and therefore the greater the number of completed audits provide a greater chance of assessing practice.

Bronglais: 12

Carmarthenshire community: 6

Glangwili: 17

Prince Philip: 46

South Pembs: 4

Tregaron: 5

Withybush: 49

Assessment

Challenges

Several challenges were experienced with the audit method. Most significantly, once the audit process had commenced, it was highlighted that ward areas were only able to identify themselves by site and not ward name. This has resulted in the findings being at a whole site-based level, without the opportunity to further drill down into ward based specifics. Furthermore, as the audit data is centrally held by DHCW, monitoring of completion was unable to be assessed until the audit completion date had passed. This limited the opportunities to provide additional support to areas that were struggling to complete the audit. Undertaking these additional audits with such operational pressures was also challenging.

Site specific results

The data received back from DHCW was split into themes to make the interpretation of the 89 questions manageable. There are 20 themes in total (appendix 2), however the findings of this report will focus on the following 14 themes:

- Documentation completion
- Adult inpatient assessment
- Learning disabilities
- Cognitive impairment
- Pain
- Falls and bone health
- Continence and Catheters
- Mouth care
- Pressure ulcers
- Patient handling
- Nutrition and food charts
- Fluid charts
- Hygiene, sleep and foot care
- Discharge

The following audits are excluded from the findings due to the small number of patients identified:

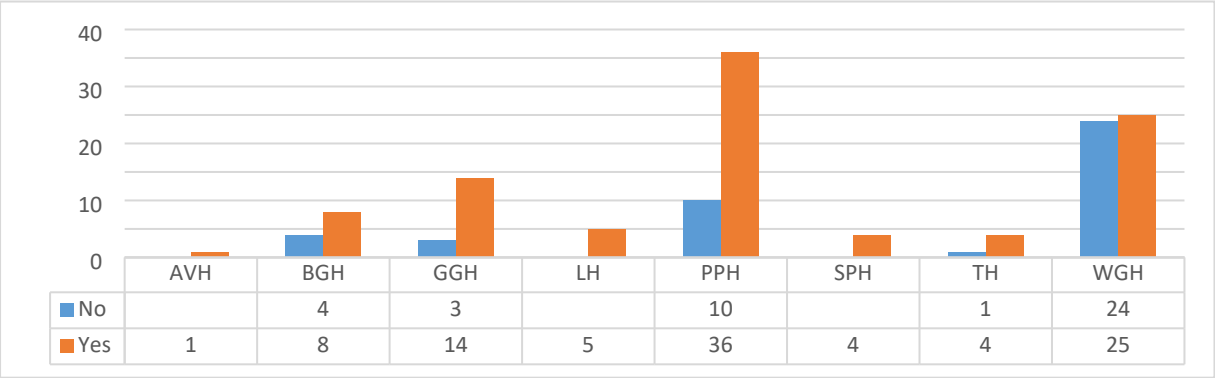
- Sepsis (n.7). This is audited regularly by the RRAILS group within the HDDUHB.
- End of life care (n.3)

- Decision Support Tool (n.13)

Documentation completion and Adult inpatient assessment:

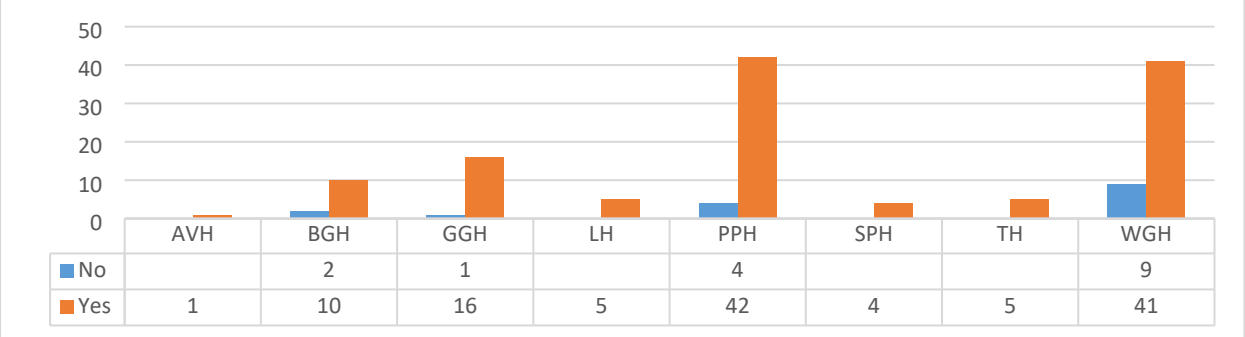
All bar one of the records audited had a documented date and time of completion, and were described as legible.

Completion of all sections of the adult inpatient assessment documentation:



	AVH	BGH	GGH	LH	PPH	SPH	TH	WGH
No		4	3		10		1	24
Yes	1	8	14	5	36	4	4	25

Evidence that all aspects of the patient's care domains were assessed:

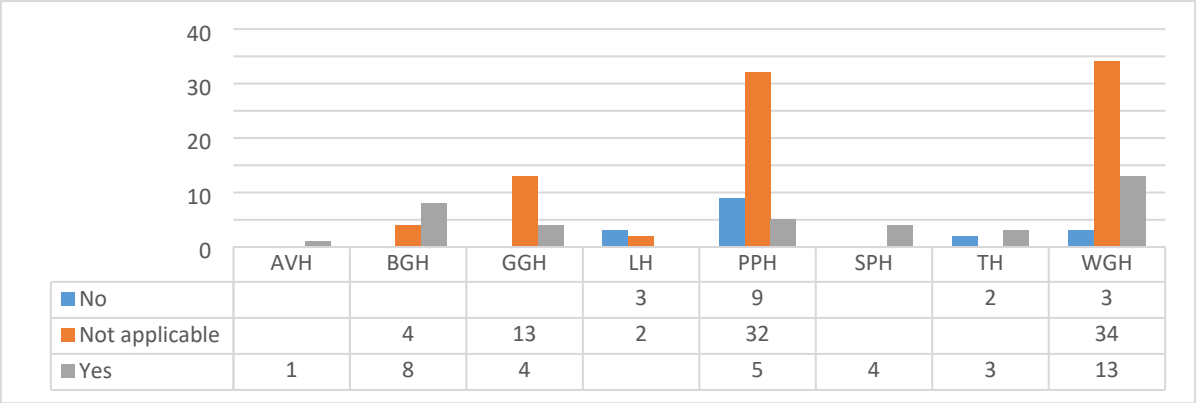


	AVH	BGH	GGH	LH	PPH	SPH	TH	WGH
No		2	1		4			9
Yes	1	10	16	5	42	4	5	41

From the above results it would appear that the use of WNCR did not directly impact on the completion of assessment documentation.

Learning disabilities:

Has a learning disability been assessed?

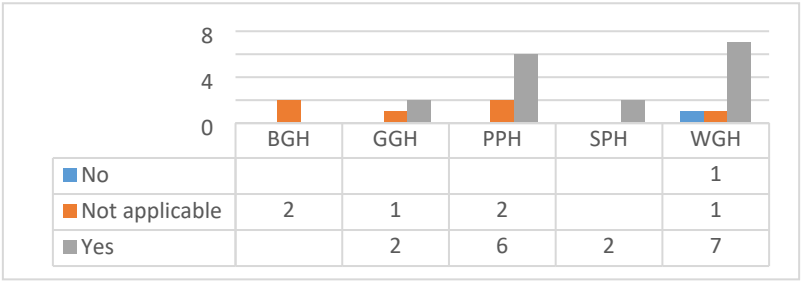


	AVH	BGH	GGH	LH	PPH	SPH	TH	WGH
No				3	9		2	3
Not applicable		4	13	2	32			34
Yes	1	8	4		5	4	3	13

This shows that the majority of patients were assessed for a learning disability. It is unclear, but likely, that the 'not applicable' responses are patients who do not have a learning disability, indicating that an informal assessment was made.

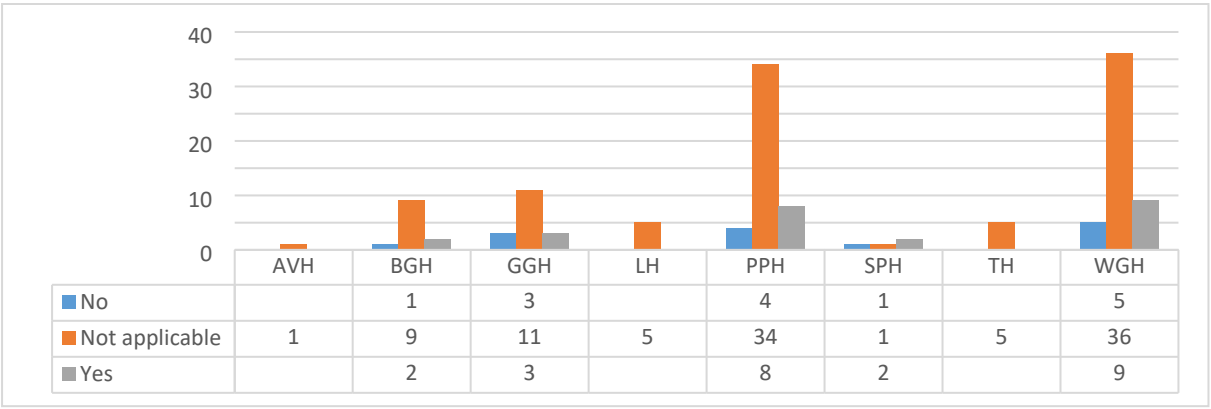
Cognitive impairment:

For this episode of care, where the patient has an identified care need in respect of cognitive impairment, is a nursing care plan in place?



	BGH	GGH	PPH	SPH	WGH
No					1
Not applicable	2	1	2		1
Yes		2	6	2	7

For this episode of care, where the patient has an identified care need in respect of cognitive impairment, is there evidence that there is an up-to-date plan of care?



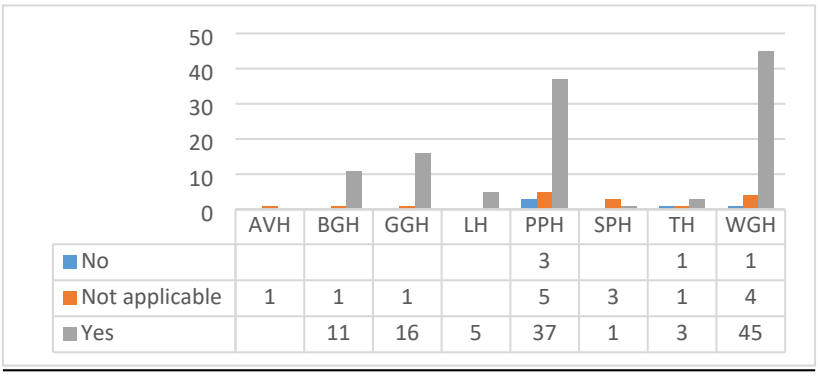
	AVH	BGH	GGH	LH	PPH	SPH	TH	WGH
No		1	3		4	1		5
Not applicable	1	9	11	5	34	1	5	36
Yes		2	3		8	2		9

Again, it is unclear, but likely, that the 'not applicable' responses are patients who do not have a cognitive impairment, indicating that an informal assessment was made.

Pain

There are 4 questions under pain assessment:

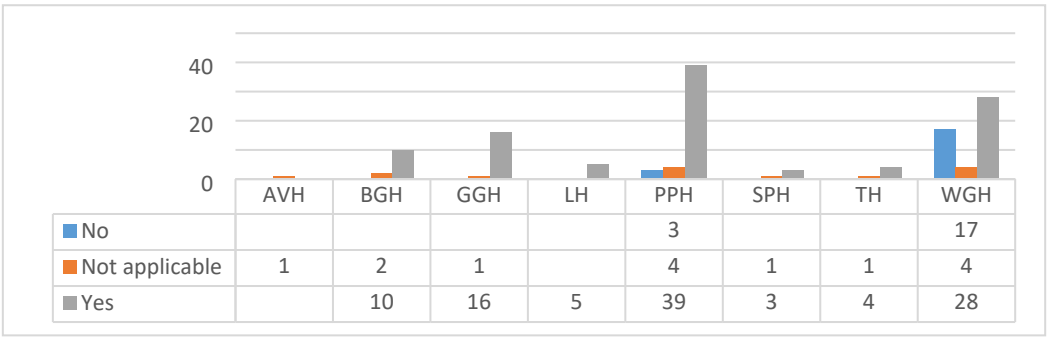
1) Has the appropriate pain tool been documented?



	AVH	BGH	GGH	LH	PPH	SPH	TH	WGH
No					3		1	1
Not applicable	1	1	1		5	3	1	4
Yes		11	16	5	37	1	3	45

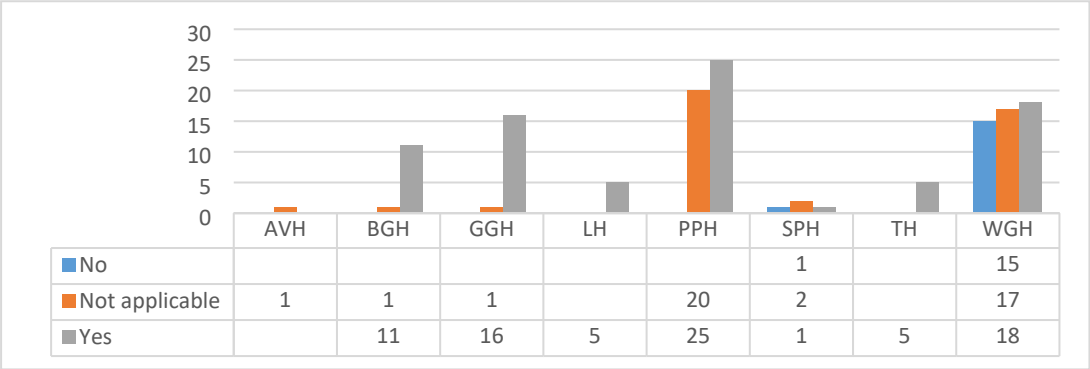
2) For this episode of care, is there documented evidence that the patient's pain has been assessed?
There were 127 positive responses to this question indicating that there was documented evidence that pain had been assessed across all sites. There was 1 non-applicable response and 1 response that pain had not been assessed. Both of these responses were from Withybush hospital.

3) Has the pain been reassessed within an appropriate timeframe?



	AVH	BGH	GGH	LH	PPH	SPH	TH	WGH
No					3			17
Not applicable	1	2	1		4	1	1	4
Yes		10	16	5	39	3	4	28

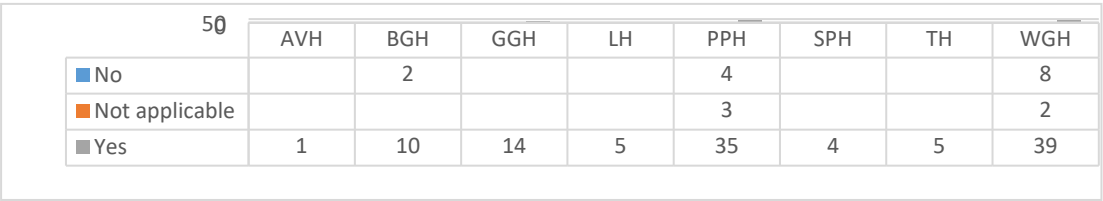
4) For this episode of care, is an appropriate pain care plan in place?



	AVH	BGH	GGH	LH	PPH	SPH	TH	WGH
No						1		15
Not applicable	1	1	1		20	2		17
Yes		11	16	5	25	1	5	18

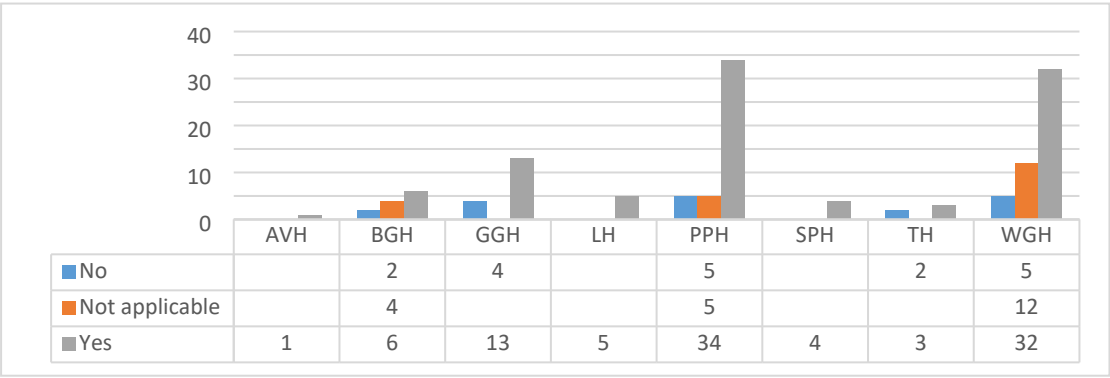
Falls and bone health

1) Has the falls and bone health multifactorial risk assessment been completed within 6 hours of admission?
The majority of responses to this were positive, indicating that falls assessments had been completed. There were 5 non applicable responses (3xPPH and 2xWGH) which are unclear as to the status of the assessment; and there were 14 responses where the assessment had not been completed.



	AVH	BGH	GGH	LH	PPH	SPH	TH	WGH
No		2			4			8
Not applicable					3			2
Yes	1	10	14	5	35	4	5	39

2) Has the falls and bone health multifactorial risk assessment been reassessed in line with falls guidance?

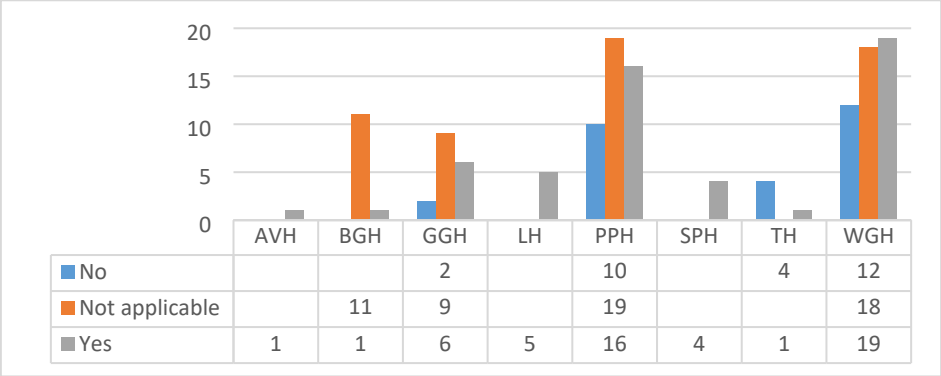


	AVH	BGH	GGH	LH	PPH	SPH	TH	WGH
No		2	4		5		2	5
Not applicable		4			5			12
Yes	1	6	13	5	34	4	3	32

3) Did the patient suffer a fall whilst in hospital?
23 Out of 139 of the audited patient records evidenced that the patient had fallen whilst in hospital.
GGH x6
LCH x2
PPH x6
SPH x3

TCH x1
WGH x5

4) Is there written evidence of updating multifactorial falls risk assessment following transfer between wards?

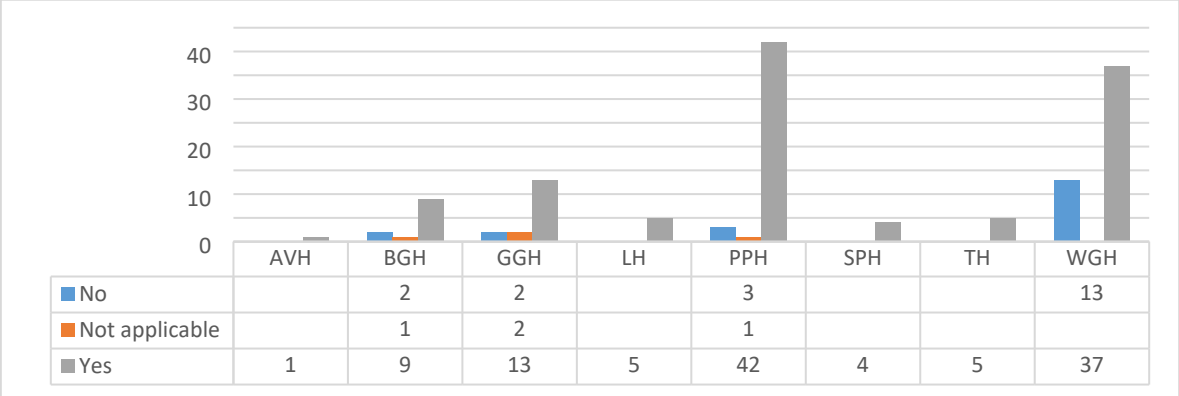


	AVH	BGH	GGH	LH	PPH	SPH	TH	WGH
No			2		10		4	12
Not applicable		11	9		19			18
Yes	1	1	6	5	16	4	1	19

A triangulated approach will be taken by the Falls practitioner to support improvements in inpatient falls. Further investment into a clinical falls lead to cover the whole organisation is needed to support this work

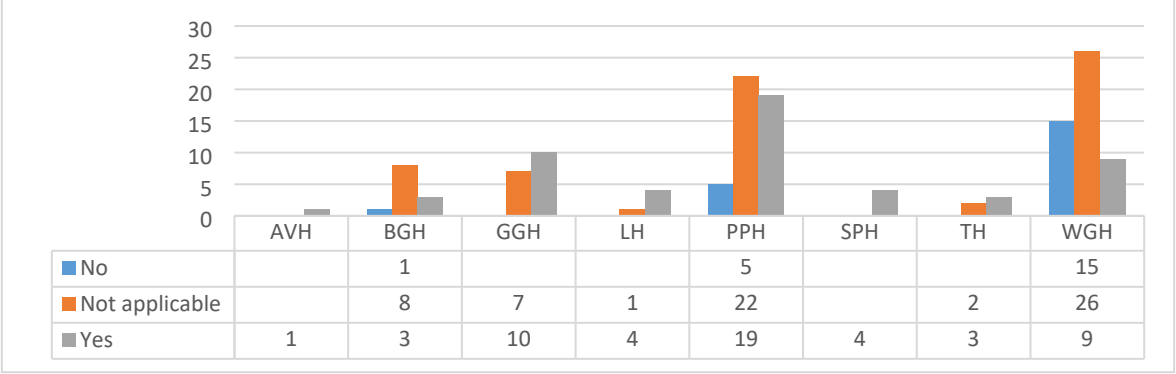
<u>Continence:</u>

Is there an assessment of the patient's continence needs within 4 hours of admission?



	AVH	BGH	GGH	LH	PPH	SPH	TH	WGH
No		2	2		3			13
Not applicable		1	2		1			
Yes	1	9	13	5	42	4	5	37

For patients with identified continence needs, is there a completed, up to date care pathway (All Wales Continence Bundle / Pathway)?

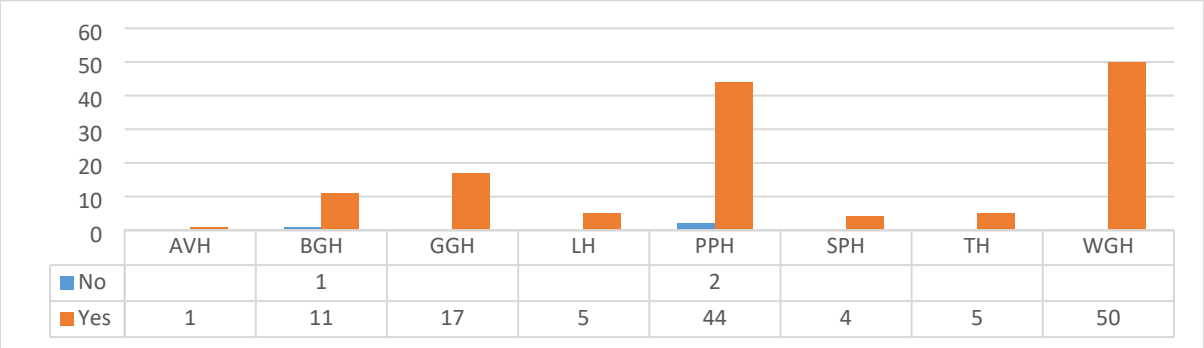


	AVH	BGH	GGH	LH	PPH	SPH	TH	WGH
No		1			5			15
Not applicable		8	7	1	22		2	26
Yes	1	3	10	4	19	4	3	9

29 patients across all sites were identified as having a urethral catheter insitu. Of these, 26 patients had a catheter care bundle that had been completed in an appropriate timescale. Interestingly, the 3 patients without a care bundle were from WGH (n.2) and SPH (n.1), both of which are areas using WNCR.

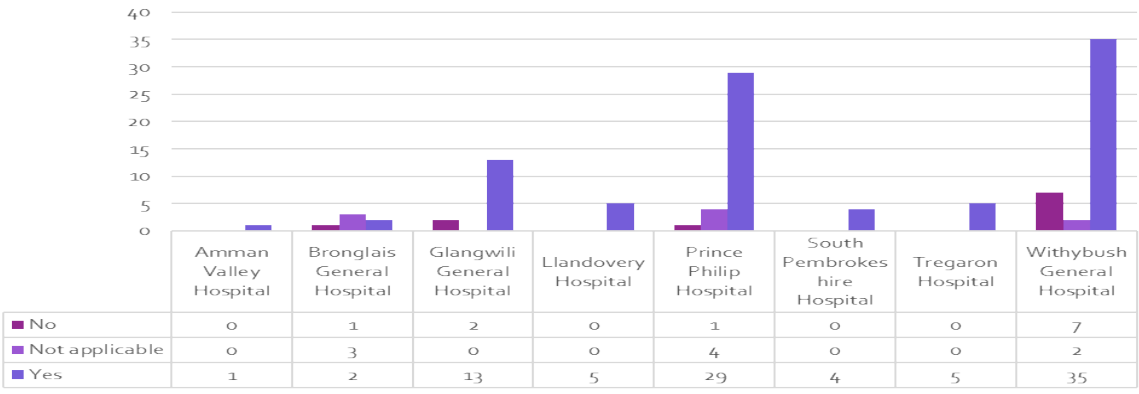
Mouth Care:

For this episode of care, is there documented evidence that the patient's mouth hygiene has been discussed?



	AVH	BGH	GGH	LH	PPH	SPH	TH	WGH
No		1			2			
Yes	1	11	17	5	44	4	5	50

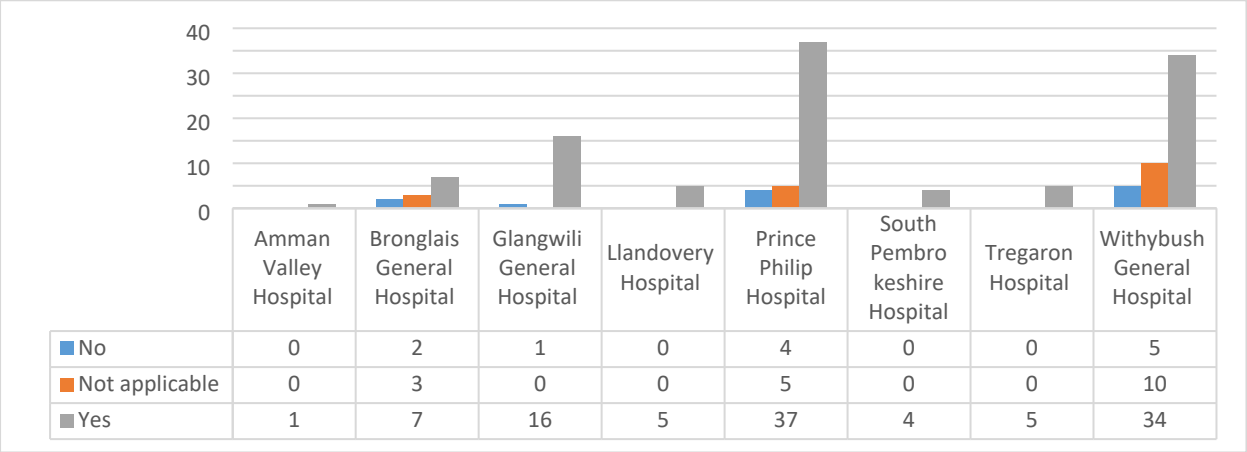
Is there evidence that mouth care assessment has been reassessed within appropriate timescales?



	Amman Valley Hospital	Bronglais General Hospital	Glangwili General Hospital	Llandovery Hospital	Prince Philip Hospital	South Pembrokeshire Hospital	Tregaron Hospital	Withybush General Hospital
No	0	1	2	0	1	0	0	7
Not applicable	0	3	0	0	4	0	0	2
Yes	1	2	13	5	29	4	5	35

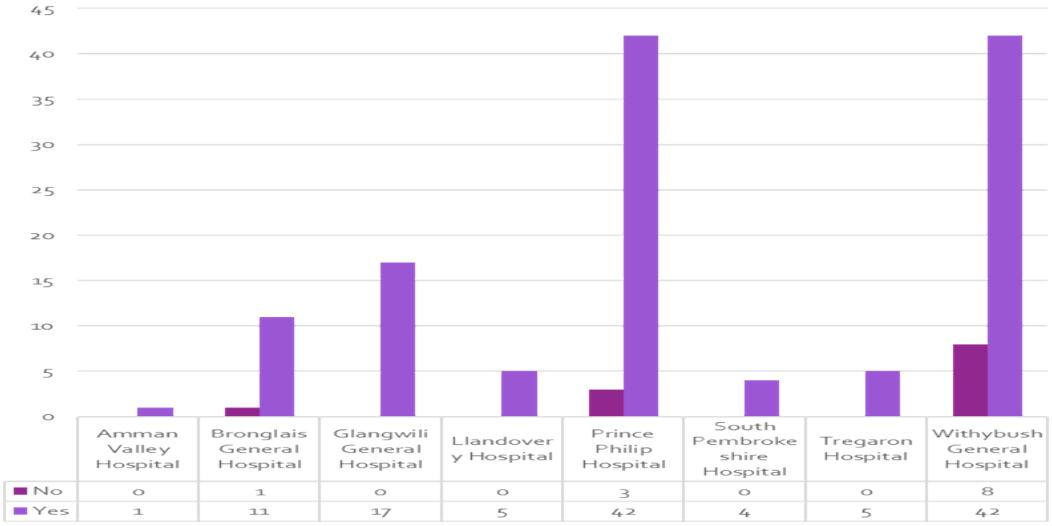
Pressure ulcers:

Has the pressure ulcer risk been reassessed in accordance with the pressure ulcer risk category and within appropriate timescales?



	Amman Valley Hospital	Bronglais General Hospital	Glangwili General Hospital	Llandovery Hospital	Prince Philip Hospital	South Pembrokeshire Hospital	Tregaron Hospital	Withybush General Hospital
No	0	2	1	0	4	0	0	5
Not applicable	0	3	0	0	5	0	0	10
Yes	1	7	16	5	37	4	5	34

On admission to the ward, has a pressure ulcer risk assessment been undertaken within 6 hours of admission?



	Amman Valley Hospital	Bronglais General Hospital	Glangwili General Hospital	Llandovery Hospital	Prince Philip Hospital	South Pembrokeshire Hospital	Tregaron Hospital	Withybush General Hospital
No	0	1	0	0	3	0	0	8
Yes	1	11	17	5	42	4	5	42

Patient handling:

The majority of patient had their patient handling needs assessed within 6 hours of admission (n.118). There were 20 patients that were not assessed: 2 in BGH, 6 in PPH and 12 in WGH. Equally, most patients were re-assessed in appropriate timescales or if their condition changed (n. 94), there were 27 patients that were non-applicable, and 16 that had not been re-assessed.

Nutrition and Food charts:

Within 24 hours of admission to the ward, has the patient's weight been recorded?

	AVH	BGH	GGH	LH	PPH	SPH	TH	WGH
No			5		8	1	1	12
N/A		1			1			1
Yes	1	11	10	5	34	3	4	36

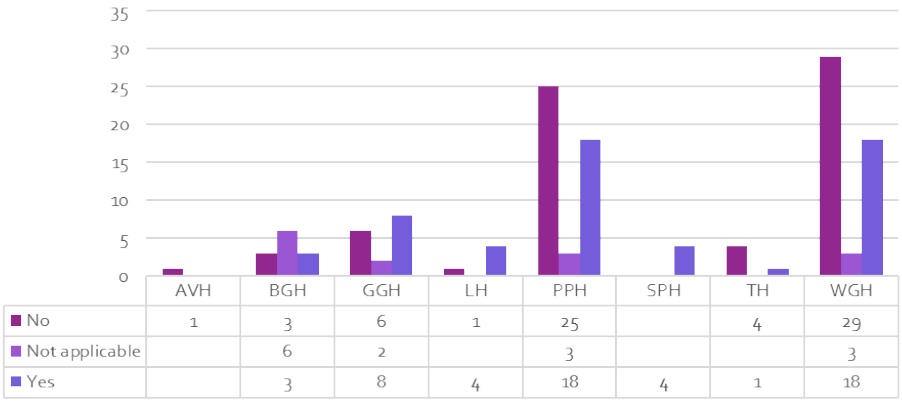
Has the patient had a nutritional risk assessment within 24 hours of admission?

	AVH	BGH	GGH	LH	PPH	SPH	TH	WGH
No		2			7		1	8
N/A					1			
Yes	1	10	16	5	36	4	4	41

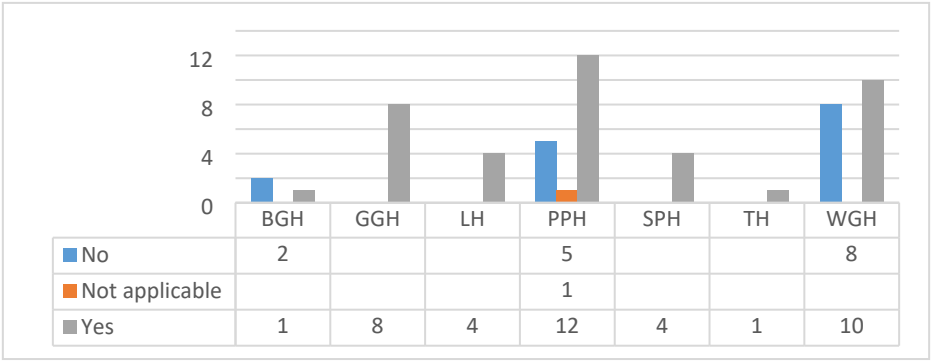
Has the nutritional risk been reassessed within accordance with appropriate timescales?

	AVH	BGH	GGH	LH	PPH	SPH	TH	WGH
No		1	3		1		2	8
N/A		8	2		4			9
Yes	1	3	12	5	40	4	3	32

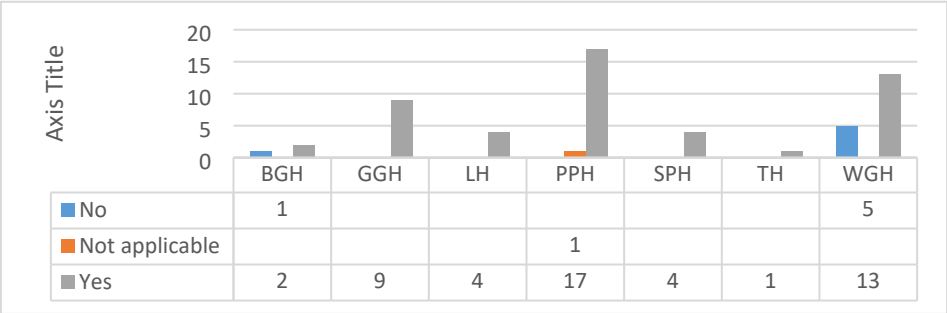
Did the patient require a food chart?



For patients who require a food chart, is it signed by a registered nurse for each 24-hour period?



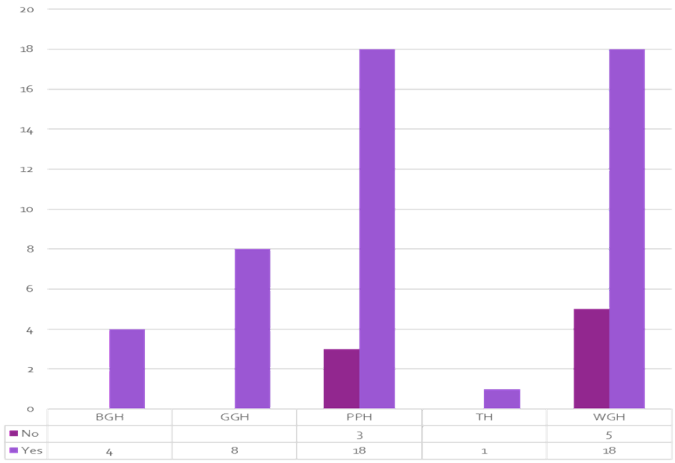
If the patient did require a food chart, is there evidence that the food chart is being kept up to date?



	BGH	GGH	LH	PPH	SPH	TH	WGH
No	1						5
Not applicable				1			
Yes	2	9	4	17	4	1	13

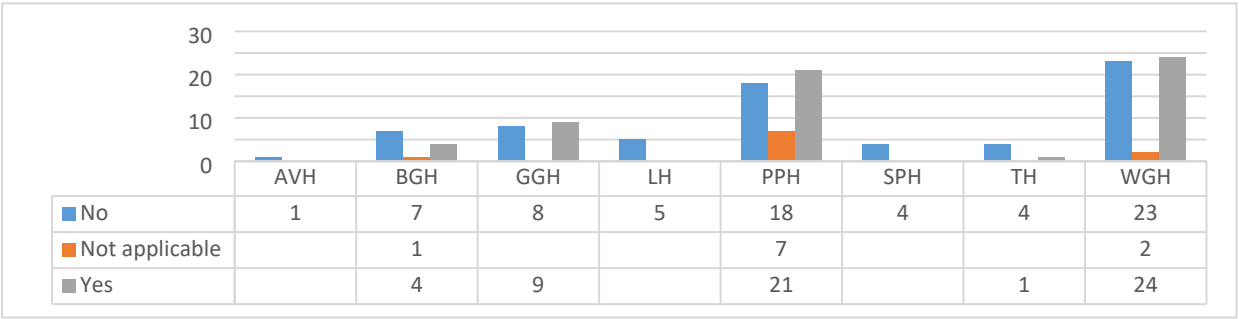
Fluid charts:

Is there evidence that the fluid balance chart has been recorded and calculated accurately and kept up to date?



	BGH	GGH	PPH	TH	WGH
No			3		5
Yes	4	8	18	1	18

Did the patient require a fluid chart?



	AVH	BGH	GGH	LH	PPH	SPH	TH	WGH
No	1	7	8	5	18	4	4	23
Not applicable		1			7			2
Yes		4	9		21		1	24

Sleep, hygiene and foot care:

From the audit results, all areas showed good compliance with assessing patients sleep patterns, but the community hospitals were slightly more consistent with 93% compliance, versus 88% in the acute hospitals.

All the records audited, with the exception of 2, indicated that hygiene needs were assessed. Foot care was less reliably assessed, with 35 records indicating that the assessment had not been done across the 4 acute hospitals. The community hospitals were more consistent with the foot assessments.

Other data sources indicating care delivery:

HCMS:

	Hand hygiene	Ward hygiene
BGH	93.39%	98.2%
GGH	96.38%	90.64%
PPH	93.3%	86.31%
WGH	96.65%	97.48
Carms Community hospitals (AVH only)	100%	87.5%
South Pembs	100%	100%
Tregaron	40%	74.34%

This information is a snapshot view and does not indicate a trend, Tregaron senior nursing leads are looking into this anomaly of the 40% hand hygiene. This information is available to senior nurses about their clinical areas and is often use to fuel internal discussions about hand hygiene.

Datix:

	Inpatient falls	Medication errors	Pressure damage
BGH	24	2	45
GGH	44	15	174
PPH	38	8	97
WGH	39	6	38
Amman Valley	4	2	0
Llandovery	4	2	0
South Pembs	9	0	4
Tregaron	0	0	2

Conclusions and Recommendations

Overall, compliance with patient assessments is good, with the majority of assessments being completed, and there was little identifiable difference between areas using WNCR records and traditional paper records. A broad analysis can be made that community hospitals have better

compliance with patient assessments than acute sites, however, the operational pressures faced by secondary care at the time of the audit were not insignificant. Equally, due to the number of audits completed in each area, albeit proportionate, there was more opportunity to identify areas for improvement in acute services.

From the WNCR audits it can be seen that the 'not applicable' option is used on a frequent basis. This leads to some ambiguity as to whether assessment were completed and the domain did not apply to the patient, or that they hadn't been done as were considered not applicable to the patient, although both options require a degree of assessment. Examples of this can be seen in the learning disabilities and cognitive impairment domains.

Further analysis to the impact on care delivery is difficult to draw firm conclusions as the audit does not explore outcomes from a patient experience perspective, and while useful data has been taken from the patient experience feedback system, it does not directly correlate with the domains measured in WNCR. For example, the audit indicates good compliance with the assessment of patients sleep patterns, however there is no outcome measure as to whether patients slept well.

For the future

WNCR, as a compliance tool, will be of utmost value to our ward managers and team leaders in a real time dataset. This is a snapshot audit of the compliance to the documentation only. Below is the Quality assurance cycle noted in the recently published Welsh government Quality & Safety Framework: Learning and improving aligned to the new Duty of Quality. In 2022 this is likely to provide guidance to the organisation on how we embed quality in everything we do.

Summary of the lessons learnt from the audit

- WGH PPH, GGH and BGH are not always completing the inpatient assessment documentation
- The pain chart appears well completed across all sites
- WGH staff do not always complete the pain chart in the appropriate timeframe and then do not always initiate the pain care plan.
- In BGH, GGH, PPH and WGH it was less clear if staff had used the falls guidance to complete the falls assessment.

- The number of inpatient falls noted remains an issue. This data is scrutinised by the falls improvement practitioner and improvements made accordingly. The available staff resource is 1.0 WTE for the Health Board, however it can be demonstrated that when time is invested at ward level the number of falls can decrease. To achieve consistent and sustained improvements, further resource is needed in the form of a clinical falls team to support this work.
- There was limited evidence of updating falls assessments following transferring patients between wards.
- Mouth care assessment is evidenced well by the documentation audit.
- Nutrition assessments could be achieved better in the timeframe required for the HDDUHB as a whole.
- Signing food charts every 24 hours could be more comprehensively undertaken in WGH, PPH and BGH.

Education input

Whilst staff have, and continue to, work tirelessly through the Covid Pandemic, update sessions in each setting are proposed to give an overview to HCSW/ and RN staff on the assessments :-

1. Falls,
2. Nutrition
3. Pain
4. Inpatient assessment chart

This will be helpful for our newly qualified staff and our substantive staff. It will also aid the transition we have gone through from moving from paper to digital.

Appendix 2

Complete data set of WNCR data

HHD Nursing
Quality Audit Graph

Appendix 3

Patient Experience

Following an interaction with the health board, either inpatient or outpatient, every patient is given the opportunity to provide feedback via the 'Friends and family test'. This communication is done via text message the majority of times. The feedback received for the period of 1st – 30th September 2021 is detailed below.

Overall health board position:

The survey was sent to 16299 recipients, of which 2459 responses were received (12% response rate). Of the responses, 85.24% (n. 1960) were positive and 7.97% (n. 192) were negative. The top 10 themes identified from the responses were:

	Top 10 themes	
	Positive	**Negative**
1	Staff attitude	Staff attitude
2	Implementation of care	Waiting time
3	Clinical treatment	Environment
4	Environment	Communication
5	Waiting time	Implementation of care
6	Patient mood / feeling	Patient mood / feeling
7	Communication	Admission
8	Admission	Clinical treatment
9	Staffing levels	Staffing levels
10	Catering	Catering

Inpatient areas:

14% response rate (340 of 1904)

Positive responses: 84.71% (n. 265)

Negative responses: 8.24% (n. 26)

Emergency departments (including MIUs):

12% response rate (1065 of 8433)

Positive responses: 78.97% (n. 802)

Negative responses: 13.24% (n. 139)

Outpatient departments:

11% response rate (910 of 5212)

Positive responses: 91.21% (n. 765)

Negative responses: 2.53% (n. 23)

Paediatrics:

4% response rate (36 of 469)

Positive responses: 94.44% (n. 33)

Negative responses: 2.78% (n. 1)

Patient quotes:

Positive:

"All staff were great, and care was excellent"

"The important bits were done very well. Private room and ensuite. Potentially life saving surgery without complications. Adequate pain control, no infection, Covid control methods observed. Majority of staff excellent."

"The care I received was amazing, from the doctors and nurses on the ward, to the all of the theatre team who made me so comfortable and at ease , to the recovering team who where amazing. Everyone went above and beyond. Cannot thank them enough."

"Excellent care. Clear explanation of my condition and the treatment being given. Friendly staff with a sense of humour"

"Every member of staff has been so polite and attentive. Very hard working. They are a credit to your Service."

Examples of dissatisfaction:

"The staff were amazing!!! And couldnt have asked for better care .... But there was no beds so I had to wait in my car and keep coming back in to have my medication through iv and obs done by the emergency door then go back into the car.... when I finally got admitted I had a chair and not a bed for the further two days I was admitted in a room with two men so I couldnt settle or sleep as I was in a chair."

"My experience was ridiculous. I am very imobile and have excruciating pain when sat for long periods and was made to wait for 12 hours in a chair. Furthermore, the staff was terrible."

"After care has been poor. No communication, I havent been talked through anything."

"I was treated very badly with all staff"

"I appreciate its busy times in hospitals due to covid etc. however the attitude/lack of attentiveness by the nursing staff was quite shocking.2 members of staff sat in our room, and 1 braided the others hair, whilst trying to hide from the other members of staff to see that they were doing. So they werent too busy to do that. I went the whole time I was there from 10.30-6 without any water, or pain relief.The doctor would say what he wanted me to have done, then when he saw me hours later, none of those things had been done. The staff were visibly tired, but were vocalising how fed up/tired"

Appendix 4

Staff experience

In an effort to understand the impact of the pandemic on the Hywel Dda University Health Board workforce, a study, facilitated by the workforce and operational development team, was undertaken between March – May 2021. In total, 105 participants were interviewed, 67 staff completed survey, 70 vaccinator feedback reports were assessed and 12 team of the month nominations were analysed. All service areas and staff groups within the health board were included in the report.

"I know it happens – but no-one signed up for this, it's like a war zone, sometimes it is like fighting a losing battle. I've never felt pressure like this before, it is not short lived, it is relentless, it doesn't stop"

Nurse, HDHDDUHB. 2021.

The study assessed a number of fields which impact on the experiences of the workforce. As expected, a wide range of feedback was gained, covering both positive aspects, but also areas for improvement and learning. The pandemic has changed the way people work, and the feedback received focuses on the impact that the pandemic specifically. Crucially, team working has been described by many as improved, with a sense belonging and inclusion within teams, and a positive breakdown of hierarchies.

The learning and opportunities for improvement and development are:

Leadership:

- Close the gap between hierarchies so that front line staff feel supported and appreciated.
- Make compassionate leadership the norm by capturing, implementing and upscaling good, supportive practice
- Implements leadership ward rounds to aid recovery of the staff. Visible management paying attention to building trust, actively listening and supporting staff to regenerate
- An understanding that staff are tired and some have had a very traumatic experience working during the pandemic
- Deployed staff may feel fearful and anxious about returning to their substantive posts, noting lack of management support, judgementalism, lack of appreciation, a 'them and us' culture as key concerns

Team working:

- Focus on people's wellbeing at work to make people feel more appreciated and valued
- Engage with front line staff to use their views to inform progressions
- Remove hierarchies: focus on getting the task done and quick decision making
- Encourage all to look out for each other, not as a luxury but as an everyday occurrence

Trust and Autonomy:

- Promote local solutions that work for patient pathways in a local ecosystem
- Allow teams the freedom to self-organise and work with other teams to get things done
- Reduce and / or remove complexity within decision making process to make systems easier to navigate
- Co-production is essential. Staff involvement to develop and design services from the start will ensure people feel empowered and trusted

Impact, Safety and Support:

- Embed the safety net of the staff psychological well-being support
- Allow time to rest, reflect and recharge by legitimising space and time for teams to take time out and reflect on shared experiences and build new futures

- Staff need to feel valued and appreciated by others in the work space. This builds confidence and self-esteem and improves performance.
- Take action to help combat and lessen the natural trauma responses by supporting people through this period of reflection to build resilience. Ensure coping strategies are available and normalise a trauma response.

"Staff need to be trained to recognise and deal with and notice markers or indicators of any break down in personal resilience through self-awareness or awareness in others. Yes, we need mental health first aid in the work place"

Nurse, HDHDDUHB. 2021.

Communication:

- Increase means of communicating messages across the organisation that supports people to feel connected to the strategic direction
- Break down barriers between hierarchies
- Move away from a 'them and us' culture
- Increase managerial presence to understand conditions and co-produce pathways of care by building vertical as well as horizontal teams

Working environments:

- Promote greater self-discipline around the use of virtual meetings and allow staff more time to action and reflect after meetings
- Discourage the culture of 'back to back' meetings
- Build basic safety provisions in the work space, organisational/strategic aims needed to provide safe spaces and rebuild the foundations of work based needs
- Consider succession planning as a priority, and this needs to be an improvement that is taken forward as part of our recovery plan

"I feel very proud of the work me and my team have done during the pandemic, and continue to do – we did the best that we could have done. The important factors learned to carry through to the future: is to support each other, and to have embraced change, adapt to unexpected situations, and be resilient"

Nurse, HDHDDUHB. 2021.

In summary, the needs of the staff are simply articulated as:

- Provide the physical working environment and tools to work effectively
- Embed a system where the appropriate psychological support is available
- Build a culture of appreciation and value with visible and connected leadership