



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 January 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Health & Care Standards Fundamentals of Care Audit 2022
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mandy Rayani, Director of Nursing, Quality & Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Sharon Daniel, 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 Board is asked to note the Nursing and Midwifery Quality Assurance Report. This report covers the period up to 1st November 2022 and illustrates the new process for data collection and collation.

Cefndir / Background

Each year a process of audit is undertaken across Hywel Dda University Health Board (HDd UHB) by Nursing to provide assurance on Quality Care Standards. Historically, the tool used to support this process was the Fundamentals of Care (FoC) Audit, inputted via the Health Care Monitoring System (HCMS). The annual assurance methodology aimed to explore care delivered across the organisations in line with the 7 domains of the Health & Care Standards (April 2015). This process allows the organisation to gain an understanding of the impact on clinical services, identify good practice and areas for improvement.

In April 2023, the Duty of Quality will become legislation in Wales. Within the Duty of Quality Statutory Guidance ([Duty of Quality Statutory Guidance \(gov.wales\)](https://gov.wales/guidance/duty-of-quality)) there is reference to the Health Care Standards on pages 4, 11, 25 and 26. The guidance recognises that the Duty of Quality is interdependent with the Health and Care Standards for Wales and, to build clear connections between the duty and the standards, the guidance now incorporates the new Quality Standards 2023 which will replace the Health and Care Standards. This new approach sets out a clear and simple framework for quality management which will strengthen the connection between the duty, the standards and the wider quality management process in Welsh health services (Figure 1).

Thus, the Health and Care Standards (2015) which were issued under section 47 of the 2003 Act are withdrawn and replaced with the 6 domains of quality and 5 quality enablers: - . Leadership, culture and valuing people, collecting information to help understand the needs of the people using health service. We call this data to knowledge, using the information we have to improve services, thinking about how one thing might affect another when decisions are being made. This is whole -system perspective. The 6 domains of quality are:

Safe, Effective, Person-centred, Timely, Efficient care, Equitable care.

Figure 1: Quality Standard



The current position is that, although the Health and Care Standards are withdrawn and replaced by the 6 domains, there is not currently a great deal of detail in the statutory guidance around what 'sits behind' the 6 domains of quality.

In the past, the audit process required nursing staff to manually collect data across in-patient clinical settings at a point in time; this was supplemented by monthly observational audit data held within the HCMS. Following a phased introduction of the digital Wales Nursing Care Record (WNCR) into HDdUHB in 2021, a new system of data collection has been piloted this year to assess the care delivered utilising the WNCR audit tool. Recognising that we are in a period of transition between manual and digital data collection and the replacement of the Health & Care Standards with the Quality Standards (2023), this approach aims to provide assurance and mitigate against areas of greatest need for improvement.

The 2022 Nursing and Midwifery Quality report has been written under the 6 headings of Quality to set the foundation for future reporting. Work is progressing at an All-Wales level with the aim of developing core ward and clinical area assurance measures across Wales. These will be incorporated into the reporting framework when available.

Asesiad / Assessment

For this report we are using the Welsh Nursing Care Record (WNCR) digital data, partial observed paperwork completion, Datix and HCMS data. We are also working with other Health Board colleagues to look at an All-Wales aim for core ward and clinical area assurance measures. It is important to note that the data outputs from WNCR are evolving and the potential for further triangulation is recognised and will be considered in future reports.

WNCR is a digital platform used to record patient assessment and care delivery. There is a standardised patient admission and assessment tool, and 6 nationally approved risk assessment tools. The data included in this report has been derived mostly from WNCR between 1st June to 1st November 2022. Data from a total of 2711 patients who had their information stored on WNCR during November 2022. (Previous manual processes yielded full year in 2021 = 695, in 2019 = 671). As data is extracted digitally for this report there is no auditor bias.

Also included in this report is a brief Service Update from areas that do not utilise WNCR/ HCMS. This report does not include patient or staff experience feedback, as there are separate mechanisms already in place for collecting and reporting this information.

A summary of the audit findings are included below in Table 1, aligned to each of the 6 domains of quality. A more detailed report is included at Appendix 1.

Table 1	Summary
1	Safe Care:
1.1	Ensuring Safety (e.g. Identification bracelets in situ): 81-100% compliance noted across Hywel Dda UHB up to June 2022. In November 2022 95% compliance was reported. This represented an improvement from 89% to 95% overall compliance over the period from June to November 2022 in all areas.
1.2	Promoting independence discharge planning assessment form: This is not yet routinely completed on admission and requires a change in process to drive improvement. This has been escalated to the Quality Improvement Team for action. This documentation standard is also recognised as an area of low compliance nationally thus Digital Health Care Wales are engaged to design a better digital solution. We are working with DHCW IT and our clinical teams to try and resolve this in 2023.
1.3	Moving and handling: In November 2022 there is an improvement in the number of assessments commenced when compared to June 2022 data, however, there is a decrease in the percentage of completed assessments within 24 hours. Further analysis has been requested to understand the impact of this on patient care.
1.4	Falls assessment: In June 2022 the acute hospital sites had a compliance range of 70-84% in completion of the falls assessments. In November 2022 the range had improved on all sites to 87.03%-100% compliance but the impact on the number of incidents reported has not been realised. Assessments have improved; however, local education can help with interventions. Further work is needed to determine the impact of undertaking assessments on falls prevention/management; this will be considered with teams before the audit in the summer of 2023.
1.5	Safeguarding assessments: In June 2022 the range of completion for this assessment was 77%-100% across Hywel Dda UHB. Since this time there had been an education focus on Safeguarding assessments which has resulted in an increase in compliance to 92.62%-100% in November 2022.
2	Effective Care:
2.1	Preventing pressure sores (Purpose T form): Compliance with this assessment is predominantly good and an improvement can be seen with non-compliance decreasing to 4.3% on average across the HB in November 2022. Further analysis of the incidents reported via DATIX is needed to determine the impact of undertaking assessments on pressure damage prevention. This will be considered in June 2023 along with our 6 monthly quality report submission.
3	Person-Centred Care:
3.1	Communication and information (Cognition and Mental Health assessment): The range of completion of these assessments is within the

	range of 76%-100%. This is an improvement on the data presented in June 2022.
3.2	Respecting people ('What matters to me'?): In June 2022 compliance with this assessment varied vastly, with reported completion being between 45-100%. By November 2022, compliance has marginally improved to 58.98-100% however the result remains varied across the organisation. Further training on this assessment is indicated together with shared learning from its successful implementation in Community Hospitals. The frailty teams are helping promote the completion of this form and this will continue to be reported 6 monthly in 2023.
4	Timely Care:
4.1	Sleep, rest and activity: The compliance with this assessment was 65%-100% in June 2022. By November 2022, the sleep assessment compliance has improved to 84.56%-100% compliance.
4.2	Pain risk assessment: Compliance with the initial pain risk assessment collected via WNCR is 94%. However, the metrics for the 4 hourly ongoing assessments is recorded on the paper observation chart. Whilst the overall compliance with digital assessment is showing an improved picture, until there is a system for recording vital signs digitally, there is a requirement for manual assessment audits of NEWS charts.
5	Efficient Care:
5.1	<p>Personal hygiene:</p> <ul style="list-style-type: none"> • Hand Hygiene figures in June showed a range of 77-100% compliance across the organisation. • Cleaning schedules compliance are showing an improvement with more sites achieving 100%. <p>A process of validation peer group audits is recommended on a 6 monthly basis for both these metrics.</p>
5.2	Frailty audits: 39% of patients audited did not have a frailty assessment in June 2022. This data is manually collected and was not re audited in November 2022. The management of frailty is a multi-professional task and there are already several streams of work progressing frailty assessment within the HB which this data can inform. The new frailty consultant nurse and frailty team will consider the audits submitted manually here in the summer of 2023, as the digital solution is not scheduled for 2023.
5.3	Oral hygiene (Paper audits mouth care): There is significant variation across the HB in compliance with this assessment although sample size is small (n=45) and data is collected manually. The new digital Mouthcare assessment form is to be launched in WNCR in 2023, this will facilitate data collection and inform targeted improvement work.
5.4	Continence assessment. Between 71-100% compliance was recorded across the organisation. Some targeted improvement work is indicated for acute sites. Manually collect audits on such things as catheter care to add to this digital data on assessment to help us gather a full picture by June 2023.

5.5	Eating and nutrition: This assessment has improved across the organisation from a range of 58%-100% in June to 87.84%-100% in November 2022.
5.6	Datix information: Between April 2021 – March 2022 there were 952 medication incidents recorded on the Datix system. There is a new multi-disciplinary medication error policy that has a scoring system to assess medication differently across all disciplines; this will be audited throughout 2023.
6	Equitable Care
6.1	Communication and Integration: The HB is exploring opportunities for other professionals to have access to WNCR to facilitate communication across the multi-disciplinary team. Social workers in Pembrokeshire have now gained access in December 2022. 2023 will see this rolled out in Ceredigion and Carmarthenshire. Student nursing access we have resolved locally and our AHP and medical colleagues have access. The national solution for all undergraduate access remains as a HEIW priority to resolve in 2023.
7	Service updates
7.1	<p>For non-adult in-patient areas, teams were asked to submit updates to provide assurance on Quality Care Standards and updates on digital programmes. A summary for the following areas is included as part of Appendix 1.</p> <ul style="list-style-type: none"> • Primary care • Paediatric services • Maternity • Community nursing • Infection prevention • Mental Health and Learning Disabilities
8	Conclusions
<p>The WNCR data is available to all adult acute in-patient areas and used to support discussion at the local assurance, quality and safety meetings.</p> <p>An improvement in compliance of completed assessments has been seen over the past 6 months.</p> <p>In 2023 three more documents will be available in digital format: mouth care, repositioning, and stool chart.</p> <p>The Health Board acknowledges and manages the risk of nursing documentation being part digital and part paper assessments.</p> <p>Summary of the lessons learnt from the quality assurance report for 2022</p> <p>Based on the data available for June and November 2022, the areas recommended for targeted improvements and training are:</p>	

- Discharge planning
- Pain assessment
- Frailty

Improvements have been noted with compliance in these areas of assessment:

1. ID bracelet
2. Moving and Handling
3. Falls: Further work is needed to determine the impact of undertaking assessments on falls prevention/management.
4. Sleep
5. Purpose T: Further analysis of the incidents reported via DATIX is needed to determine the impact of undertaking assessments on pressure damage prevention/management

Areas where more detailed / manual observational audit information is required are:

- Safeguarding
- Nutrition and drinking
- Frailty
- Mouthcare

The implementation of the Duty of Quality in April 2023 will necessitate a move towards a more quality assurance cycle return with Welsh Government; this report is assisting in the development and implementation of this process.

Argymhelliad / Recommendation

The Board is asked to:

- **NOTE** and **TAKE ASSURANCE** from the Nursing and Midwifery Quality Assurance Report that standards of care are being monitored, that targeted areas for improvements are identified and that improvement activities are implemented;
- **NOTE** that QSEC is scheduled to receive the full end of year report for 2022/2023, with triangulated data, in June 2023.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:
Datix Risk Register Reference and Score:

N/A

Safon(au) Gofal ac Iechyd:
Health and Care Standard(s):

All Health & Care Standards Apply

Amcanion Strategol y BIP:
UHB Strategic Objectives:

All Strategic Objectives are applicable

Amcanion Cynllunio Planning Objectives	3C Quality and Engagement Requirements 3A Improving Together
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	The Duty of Quality Statutory Guidance 2023 and Quality Standards 2023 Duty of Quality Statutory Guidance (gov.wales)
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Quality, Safety & Experience Committee: Reported August 2022

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	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.
Ansawdd / Gofal Claf: Quality / Patient Care:	<p>The report provides information that the care assessments undertaken within the University Health Board continue to achieve a high level of completion by our staff, whilst also identifying areas of improvement work. The information enables heads of service to identify areas to focus upon for education, training and additional focus. It empowers staff:</p> <ul style="list-style-type: none"> • To make a difference and ensures ownership of their practice. • To have a voice in the care that they provide and ensures the focus is on essential elements of care assessment. • To identify areas of good practice and issues for concern adding timescales for improvement.

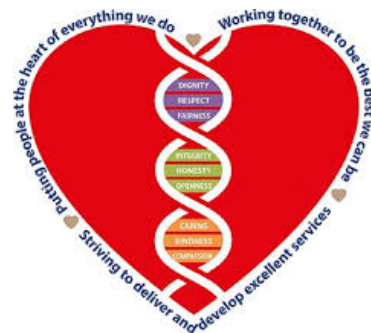
Gweithlu: Workforce:	There is no staff survey for this 6 monthly update report however the roles to note that are helping us in 2023 are the new appointment of the frailty nurse consultant.
Risg: Risk:	The report provides information collected digitally from predominantly the WNCR system. It has been organised under the 6 domains of quality. Areas for improvement have been identified and will be circulated to SNMT for raising within their development meetings and specialist teams involved in education delivery.
Cyfreithiol: Legal:	Not applicable
Enw Da: Reputational:	Not applicable
Gyfrinachedd: Privacy:	No patient identifiable data has been utilised
Cydraddoldeb: Equality:	The quality information report notes the assessment compliance within acute clinical environments of care. No significant inequality issues were identified through the data although work to improve aspects of care for all patients is reflected in the summary.



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Hywel Dda
University Health Board

Annual Assurance Report
November 2022 (Update)



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	<ul style="list-style-type: none">• Infection prevention• Mental Health and Learning disabilities	
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1.0 Background:

This report has been updated and, where possible, comparison data between June 2022 and November 2022 has been added to illustrate progression.

Historically, the purpose of the annual assurance audit was to determine compliance in care delivery across the organisations in line with the 7 domains of the Health & Care Standards:-

- Staying Healthy;
- Safe Care;
- Effective Care;
- Dignified Care;
- Timely Access;
- Individual Care;
- Staff and Resources.

The process of audit enables the organisation to understand the impact of clinical services and identify good practice and areas for improvement.

As Wales is on the cusp of implementing the Quality and Engagement Act (2020), Hywel Dda UHB (HB) aims to use the information collected via this process to inform/address the 'Quality Control' aspect of the Assurance process.



The Duty of Quality focuses on six domains of quality:

- Safe
- Effective
- Person-centred
- Timely
- Efficient care
- Equitable care

The 2022 Nursing and Midwifery Quality report is structured in line with these six domains. Data has been source from Welsh Nursing Care Record (WNCR), some observed paperwork completion and incidents reported via DATIX.

WNCR is a digital platform used to record patient assessment and care delivery. There is a standardised patient admission and assessment tool, and nationally approved risk

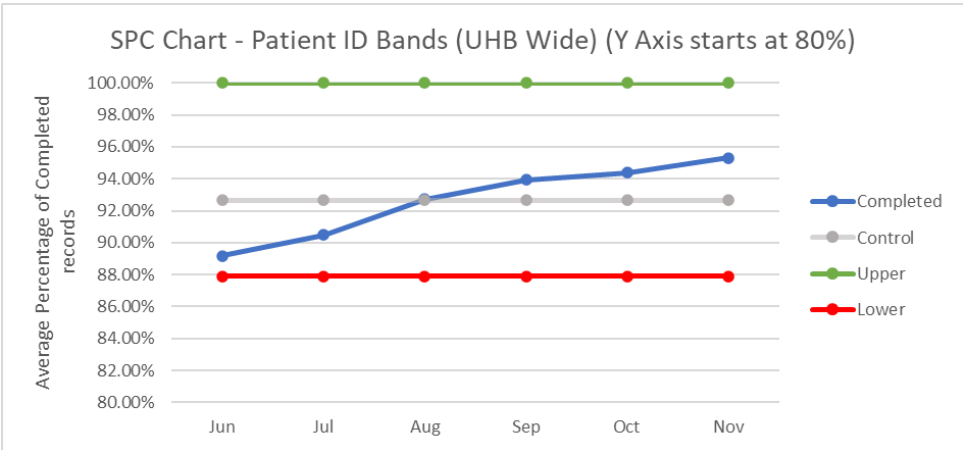
assessment tools. The data included in this this report has been derived mostly from WNCR from two points in time for comparison purposes: June 2022 and November 2022.

2.0 Assessment

2.1 Safe Care:

2.1.1 Ensuring safety (e.g. ID bracelets placed on patients)

This run chart demonstrates an increase in reported compliance within WNCR however, from 89% compliance to 95% compliance over the period from June to Nov 2022 in all areas.

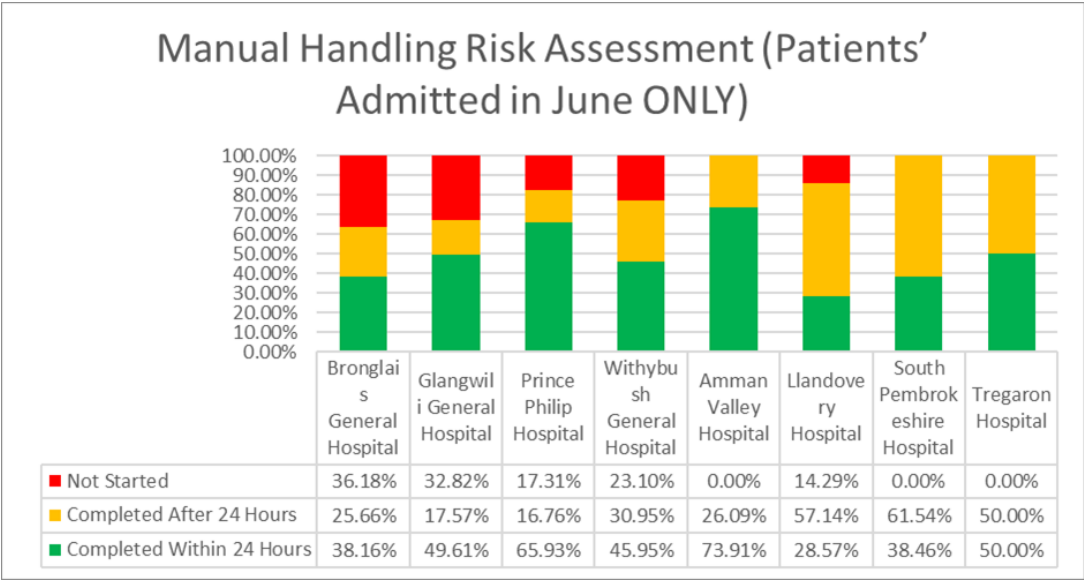


2.1.2 Promoting independence (Discharge form complete)

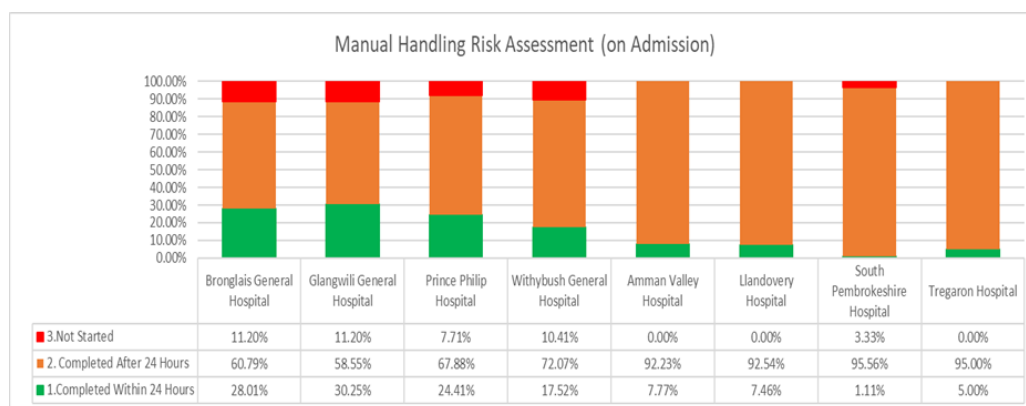
The discharge form is not routinely completed on any site, which has led to our heads of nursing and WNCR trainers raising this as a priority. Staff are encouraged to start this form on admission, therefore seeing more ‘partial’ completions than ‘not started’ is the aim for future improvement. In Nov 2022 the compliance with completing the discharge digital sheet remains poor across the organisation, however as this is gradually becoming a national issue Digital Health Care Wales are looking at a better digital solution. The solution would encourage staff to complete the form without losing it from view.

1.3 Moving and handling (assessment complete)

June 2022 data



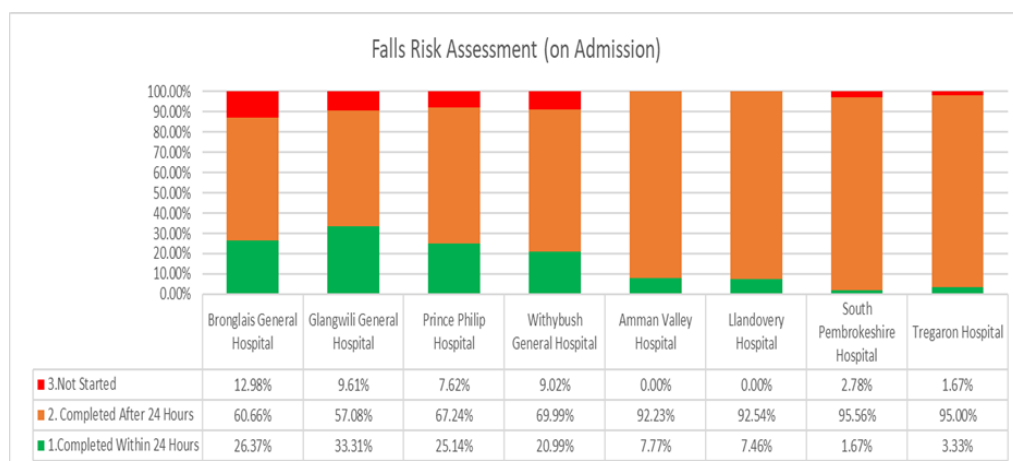
November 2022 data



In Nov 2022 there is an improvement in the number of assessments commenced when compared to June 2022 data, however, the decrease in the percentage of completed assessments within 24 hours. Further analysis has been requested to understand the impact of this on patient care.

2.1.4 Falls Assessment

November 2022



The June data captured indicated that all four community hospitals had completed the assessment within 24 hours of admission, or afterwards allowing for assessments on mobility. The data in graph 2.1.4 denotes the November assessments and an increase in compliance across all sites, including acute, with a range of 87.03%-100% compliance.

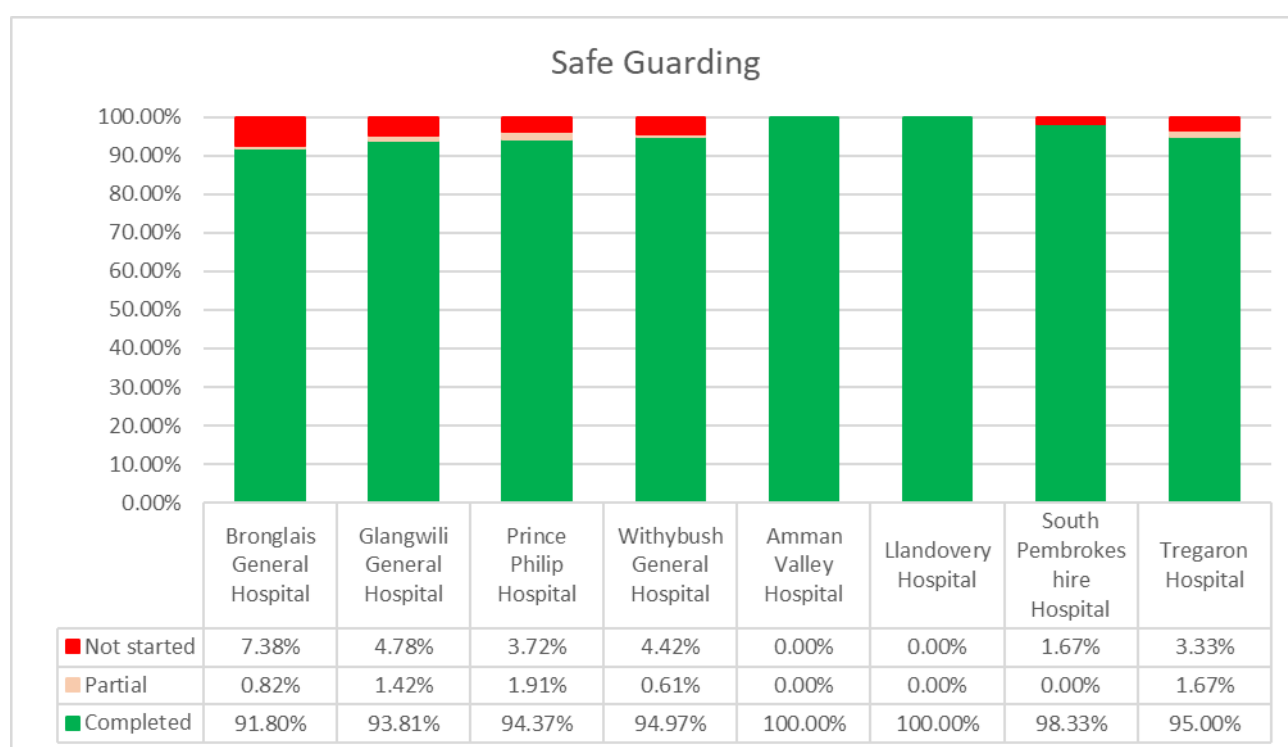
The number of incidents reported via the DATIX system for each acute site between January and November were also reviewed and results are presented below. The improved compliance with falls assessment does not correlate with a reduction in falls, thus at this stage, it is not possible to provide assurance with this data. Further work is needed to determine the impact of undertaking assessments on falls prevention/management.

Falls 2022	Jan	Feb	March	Apr	May	June	July	Aug	Sept	Oct	Nov
BGH	14	23	22	21	18	18	28	29	32	23	19
GGH	66	45	54	57	50	64	54	75	63	74	67
PPH	37	32	28	36	39	32	59	56	58	48	55
WGH	50	38	46	28	25	26	62	61	43	58	55

2.1.5 Safeguarding (assessment complete)

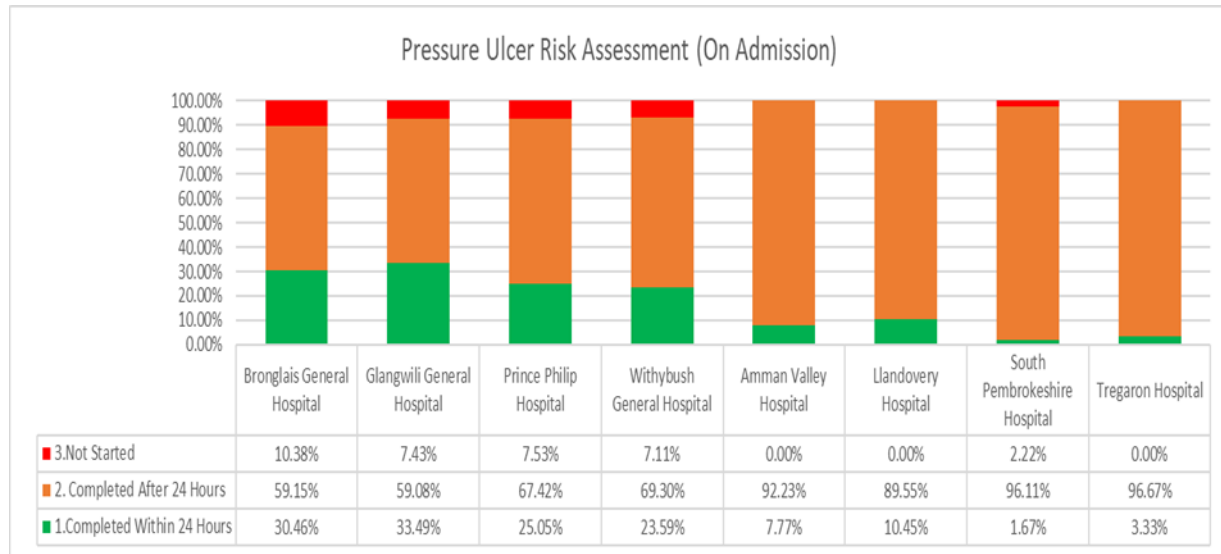
Compliance with the safeguarding assessment had improved across the organisation. This graph depicts the November assessment compliance.

November 2022 data



2.2 Effective Care

2.2.1 Preventing pressure sores (Purpose T form Assessment complete)



The 'Purpose T' assessment is a long assessment, and there has been considerable education delivered aligned to this assessment since WNCR has been introduced. This graph, showing November 2022 data, demonstrates an improvement in the percentage of assessments undertaken within 48 hours of admission. Although 78% of the assessments were completed after 24 hours.

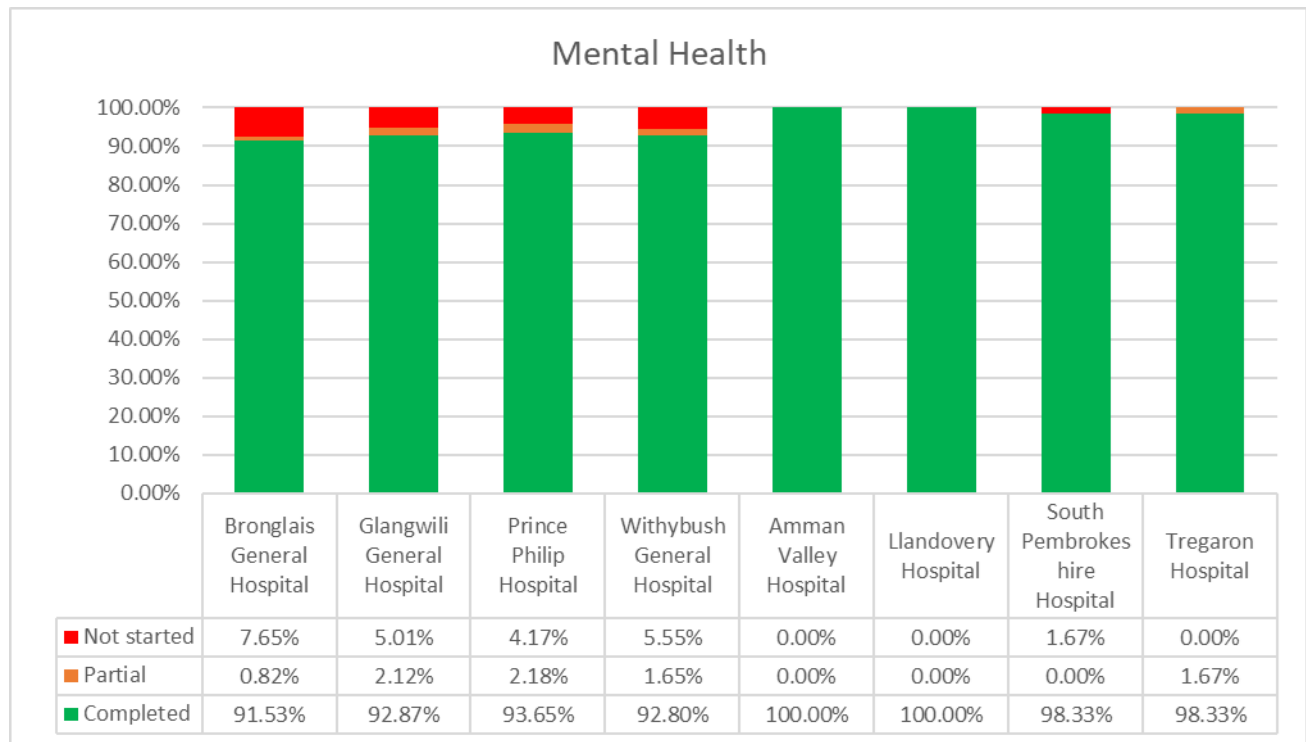
The number of pressure damage incidents reported via the DATIX system for each acute site between January and November were also reviewed but we are awaiting validation of that data currently. Initial findings suggest that the improved compliance with pressure ulcer risk assessment does not correlate with a reduction in pressure damage, thus at this stage, it is not possible to provide assurance with this data. Further work is needed to determine the impact of undertaking assessments on pressure ulcer prevention/management.

2.3 Person-Centred Care:

2.3.1 Communication and information (Cognition and Mental Health assessment complete):

This is an important assessment and an area that needs support to be completed within our acute sites. Mental capacity assessment has similar completion rates. The November data depicted within this graph shows an improved picture against completion noted in June 2022 across all sites.

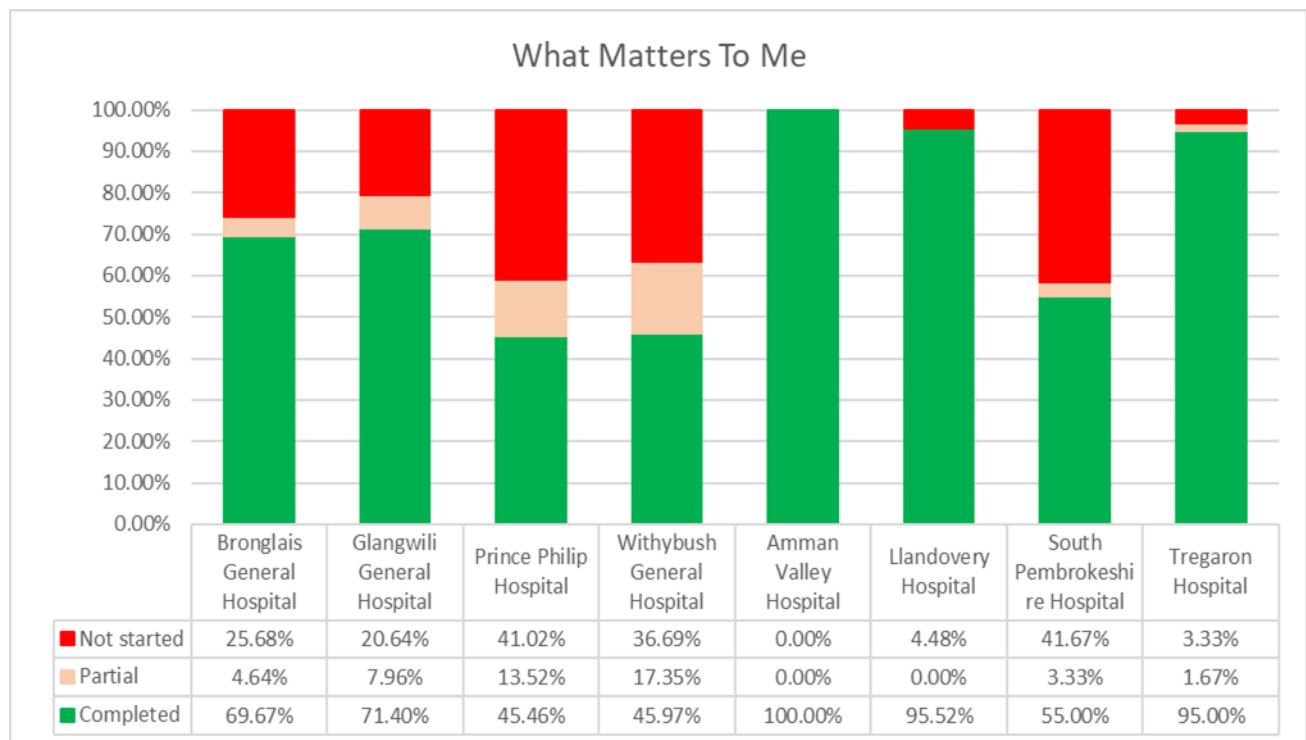
November 2022



2.3.2 Respecting people ('What matters to me' and Learning Disability assessment complete)

The 'What matters to me' assessment was a relatively new form to Hywel Dda UHB when WNCR was introduced. Compliance with completing the 'What matters to me' form has improved across all sites but a further training need has been identified.

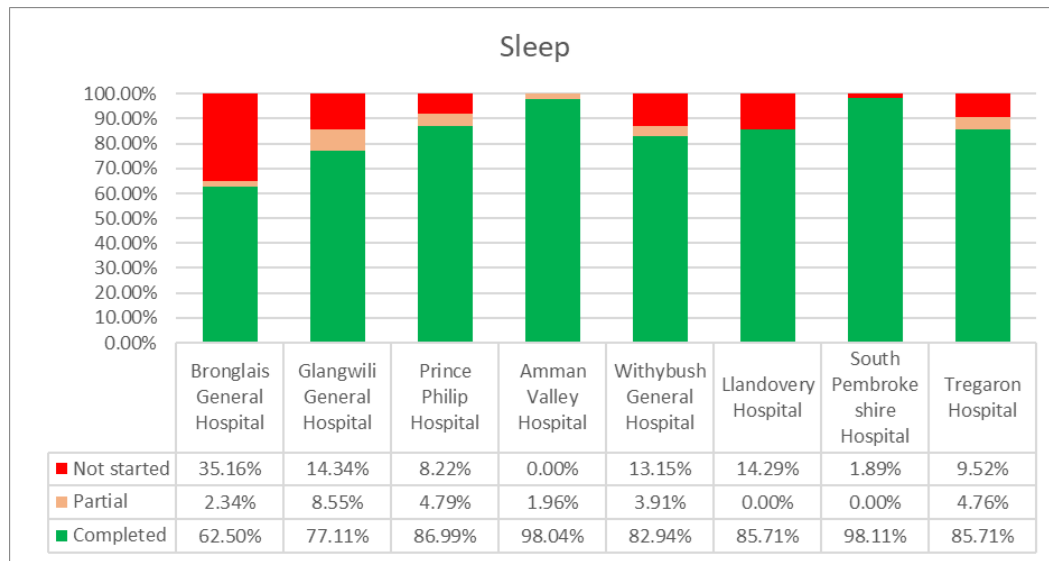
November 2022



2.4 Timely Care

2.4.1 Sleep, rest and activity (Sleep assessment complete)

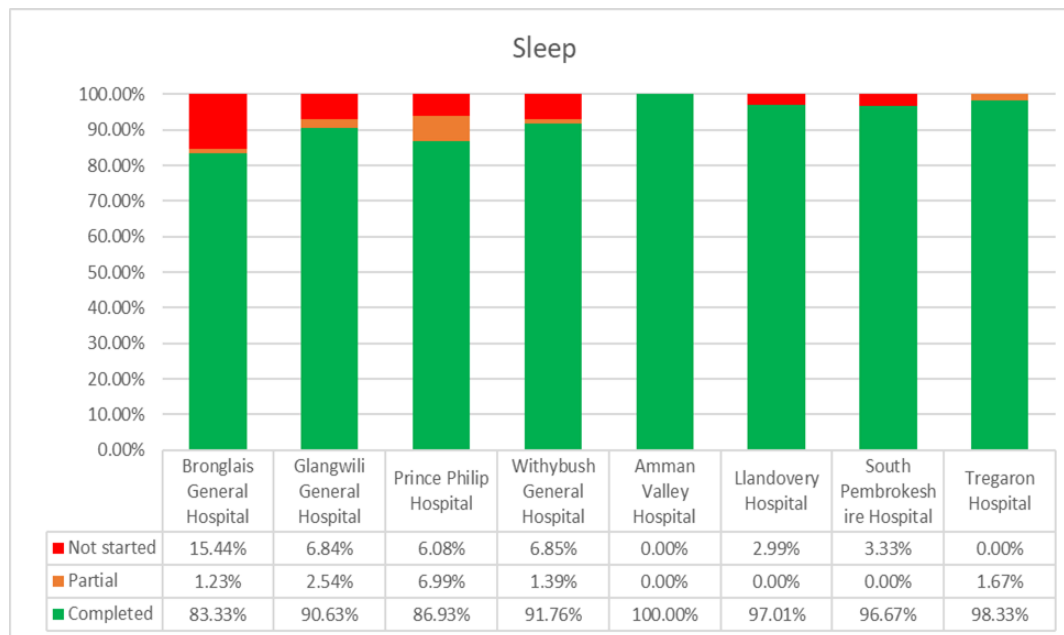
June 2022



Sleep hygiene and assessment requires an increased focus by nursing staff due to the impact it has on patient healing and experience.

November 2022

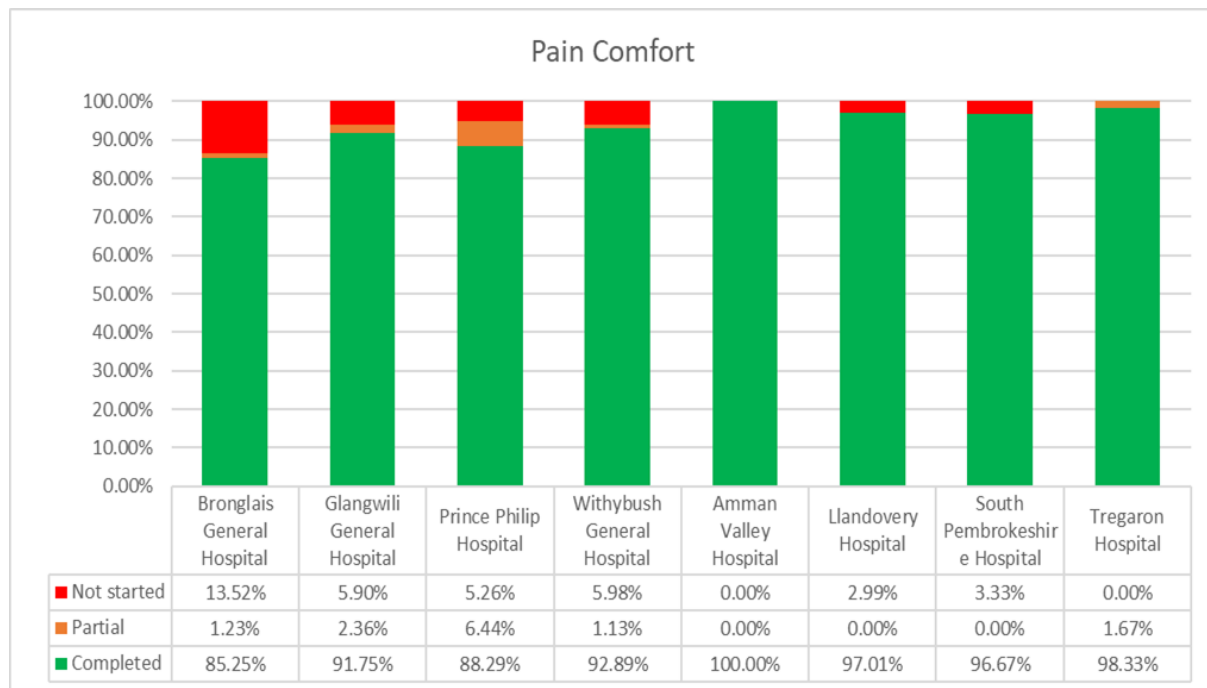
Compliance with completion of the sleep assessment has improved across all sites as these two graphs depict presenting June data up against November data.



2.4.2 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 assessments completed digitally. For full reporting in future manual assessment audits of NEWS charts is also required.

November 2022



2.5 Efficient Care:

2.5.1 Personal hygiene and appearance

November 2022

This data is collected monthly.

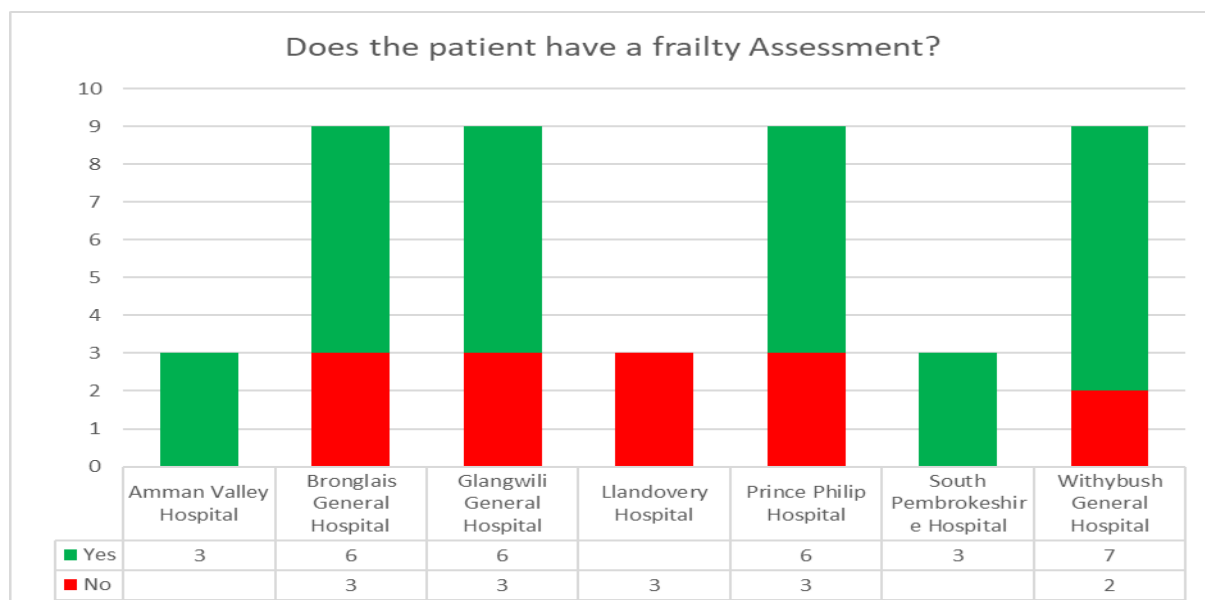
- Hand hygiene data is collected by nursing staff. Data in November indicates average compliance of 92% across in-patient areas.
- Cleaning schedule compliance is audited by hotel services, ward/department manager and estates staff. Data in November indicates average compliance of 95% across in-patient areas.

Going forward this data needs to be validated via a peer group audit process on a bi-annual basis.

Hospital	Percentage compliance with Hand Hygiene (WHO 5 moments)	Percentage compliance with ward / unit cleaning schedule (weekly)
Amman Valley Hospital	100.00%	100.00%
Bronglais Hospital	77.78%	98.70%
Glangwili General Hospital	83.33%	100.00%
Prince Philip Hospital	100.00%	95.00%
Tregaron Hospital	88.89%	90.25%
Withybush General Hospital	100.00%	89.66%

2.5. 2 Frailty assessment observed spot checked.

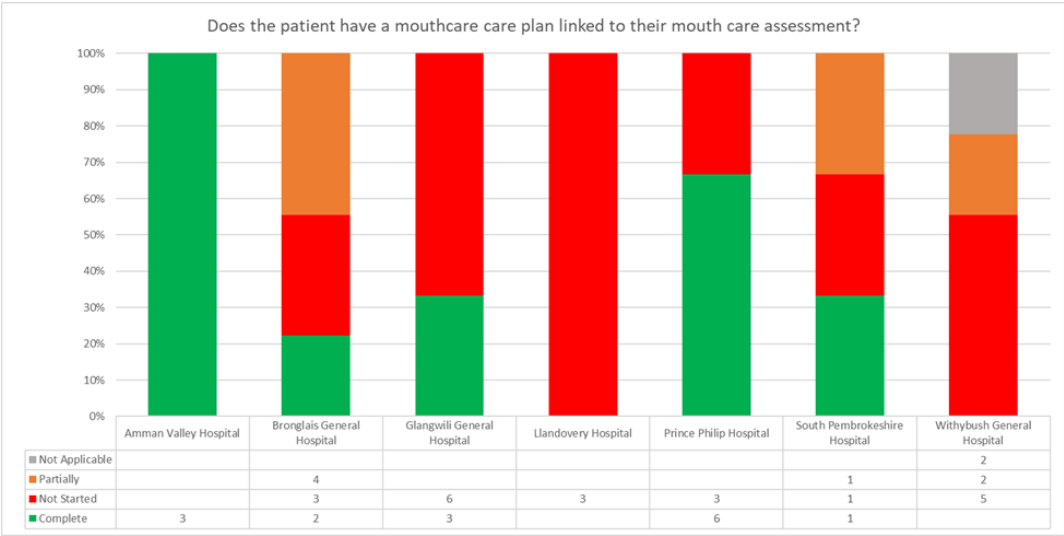
This graph outlines manually audited frailty assessments. The number on the left axis depicts patients audited in the month of June 2022. Whilst the total audited number is low (36 patients) 14 patients had not had assessments started. This equates to 39% of patients without frailty assessments. The management of frailty is a multi-professional and there are several streams of work within Hywel Dda UHB. This data will be fed into these workstreams.



2.5.3 Does the patient have a mouthcare care plan linked to their mouth care assessment? Observed through a spot check.

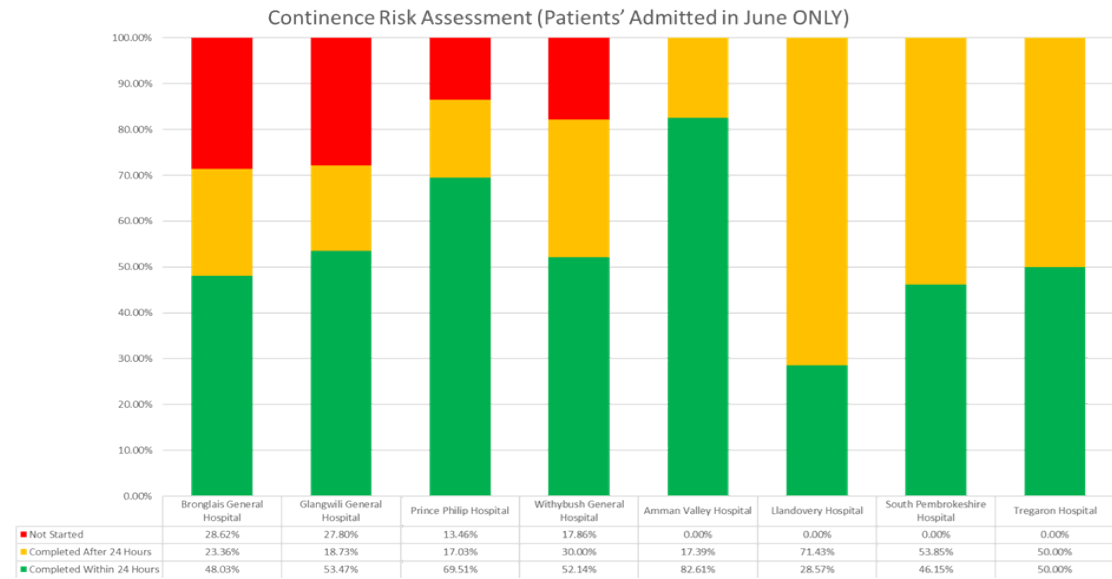
The mouth care audit was undertaken manually and has highlighted variation across the HB. Glangwili, Llandovery and Withybush Hospitals are sites that need to be considered as a priority area for training. The HB is working with our dental and infection prevention teams to secure training to improve this assessment completion and assert better outcomes for patients.

The new Mouthcare assessment form is about to be launched in WNCR in 2023, from which point there will be digital data available.



2.5.4 Continence risk assessment

This information taken from WNCR highlights the need to promote continence on our acute sites, however it is positive to note that all community settings are undertaking this in a timely manner. The June and November data showed broadly the same data.

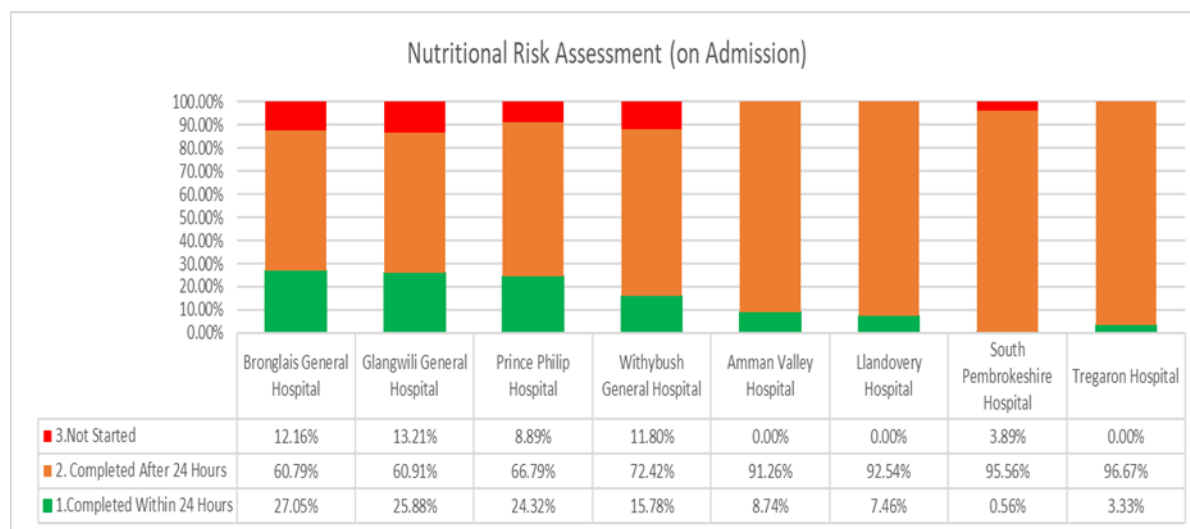


2.5.5 Nutrition assessment

This assessment has improved across the organisation from a range of 58%-100% in June to 87.84%-100% in November. However, the timeliness of assessments has decreased with fewer assessments completed within the first 24 hours of admission.

This information taken from WNCR demands triangulation of the information with manual observations.

November 2022 data



2.5.6 Medication management: Datix information

Medication management 2022	Jan	Feb	March	April	May	June
BGH	1	4	2	5	5	3
GGH	6	4	7	31	10	6
PPH	3	7	6	5	5	
WGH	1		3		2	2

Between April 2021 – March 2022 there were 952 medication incidents recorded on the Datix system. This is a reduction on the previous year's figure of 1167 for the same period. The 2022 data presented above depicts a combination of administration, prescribing, storage and dispensing errors.

The figures in the 6 monthly table show peaks and troughs throughout the year and all are reported quarterly to Heads of Nursing and taken to local assurance groups. Medication safety study days are facilitated monthly for nursing staff who require updates.

Improvement work progressed in 2022 includes:

- Development of a multi-professional Medicines Error policy which aims to manage all professions in a standardised way when dealing with areas of practice that require learning such as administration or prescribing errors.
- Development of a programme to support medical staff when involved in prescribing errors. The programme identifies relevant e-learning packages that support additional learning.
- Working with WAST to encourage patients to bring their own medicines into hospital
- Work to ensure that patients medicines accompany them when they are transferred to different wards and community hospitals.

2.6 Equitable Care

2.6.1 Relationships

Currently the HB is piloting Social Workers access to WNCR record remotely in Pembrokeshire accessing the with the aim of improving integrated working and enabling more timely discharges of patients. Once evaluated access will be widened to enable Social Workers in Ceredigion and Carmarthenshire to gain the same access.

Service Updates :

For non-adult in-patient areas teams were asked to submit updates to provide assurance on Quality Care Standards and updates on digital programmes. Extracts are presented below:

Primary care update

From November 2022 Primary care staff are being encouraged to participate in education opportunities such as Swansea University Public Health module which has been offered to all staff.

Paediatric Services Update

The Paediatrics WNCR development commences in April 2023, and DHCW are funding clinical support to enable the development of paediatric assessment forms. The funding letter will be with the organisation in January 2023.

Maternity Services Update:

Midwifery are commencing their digital journey in 2023 and they too will gain temporary funding to release a member of staff to help with the development and rollout of the digital solution to patient assessments.

Community nursing services update

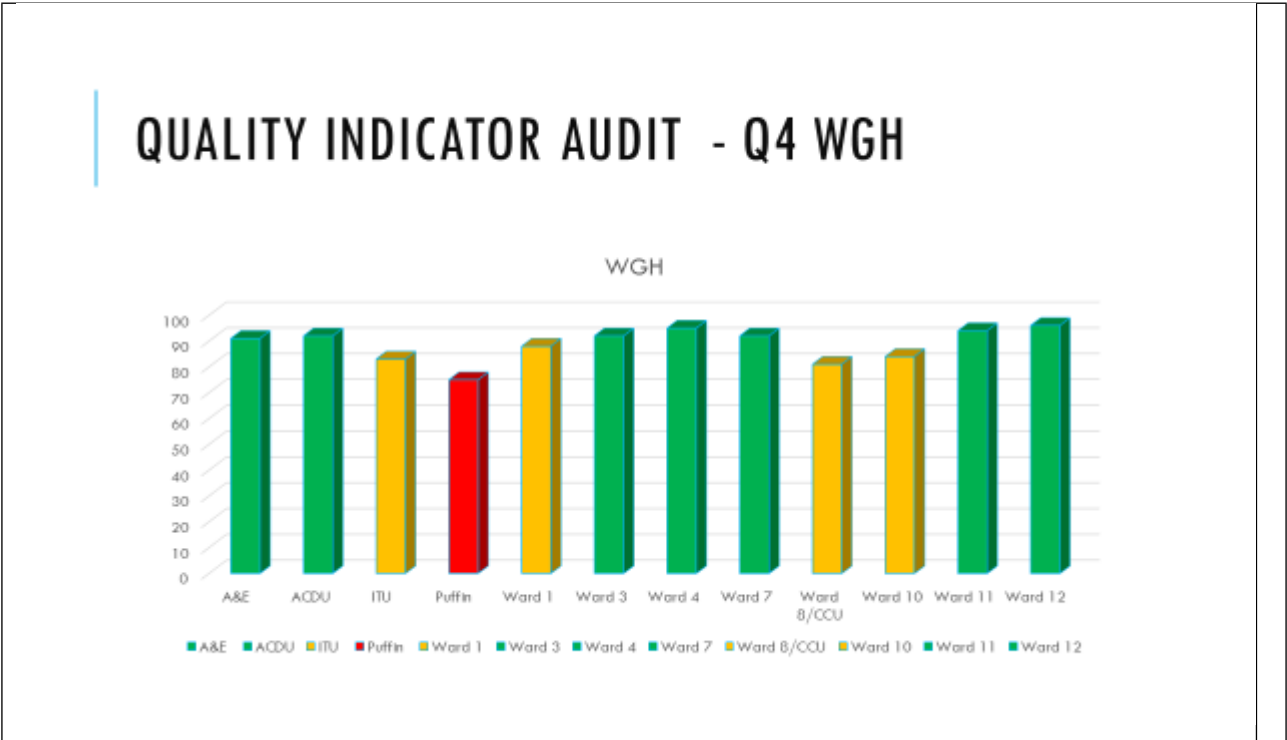
The Welsh Community Care Information System (WCCIS) system rollout continues in our community settings reaching Ceredigion and our Looked After Children and Health Visiting teams thus far. There is much work to be undertaken to enable this to be the mobile solution that both health and social care can access.

There has also been investment in our community nursing teams to develop the neighbourhood nursing scheme and we are working with our Swansea University colleagues to evaluate the benefits realisation of this.

Infection prevention update:

The Infection Prevention Team (IPT) support a multitude of audits; Bi-annual Infection prevention & Control Environmental audits, quarterly quality indicator audits, hand hygiene audits and cleaning schedule audits. They also support the TSrart Smart Then Focus Audits undertaken by clinical teams.

The Quarterly Quality Indicator Audits (QIA) have been completed for each in-patient area since the beginning of 2022. The audits look at a range of infection prevention measures which the area is scored against. These are sent back to the Ward Manager and Senior Team for scrutiny and to develop an action plan for improvement prior to the next audit in 3 months. All areas have had a QIA completed. Below is an example of Withybush data to demonstrate the detail areas receive.



Key to the QIA:

	90% and over
	80% - 90%
	79% and under

Conclusions and Recommendations



Summary of the lessons learnt from the quality assurance report for 2022

The WNCR data is available to all acute areas and used to support the scrutiny process within the local assurance, quality and safety meetings. An improvement in compliance of completed assessments has been seen over the past 6 months.

The HB acknowledges and manages the risk of nursing documentation being part digital and part paper assessments. In 2023 three more documents will be available in digital format; mouth care, repositioning and stool chart.

Based on the data available for June and November 2022, the areas recommended for targeted improvements and training are:

- Discharge planning
- Pain assessment
- Frailty

Improvements have been noted with compliance in these areas of assessment :-

1. ID bracelet
2. Moving and Handling
3. Falls
4. Sleep
5. Purpose T

Areas where more detailed / manual observational audit information is required are:-

- Safeguarding
- Nutrition and drinking
- Frailty
- Mouthcare

2023 will see the health board move towards a more Quality assurance cycle return with Welsh Government and this report sets the scene for a more regular submission.

An All-Wales group has been established with the collective aim of agreeing core ward and clinical area assurance measures across Wales to support the quality agenda. This will be achieved by the development of core audit templates across clinical themes that can be used to support ward and non-ward area assurance. This means that the quality assurance report for Hywel Dda UHB for 2022 is a transitional report with greater standardisation to follow in 2023.