



Agenda Item

7.3

Quality, Safety & Experience Committee

Highlight Report from the Harm Free Care Agenda

Dyddiad y Cyfarfod / Date of Meeting	18/11/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
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Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Richard Hughes, Executive Director of Nursing, Midwifery and Patient Care

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Improving Care Board (materials have informed the report)	October 2025	Noted

Acronyms / Glossary of Terms	
CTMUHB	Cwm Taff Morgannwg University Health Board
Datix	Incident Reporting System
ICB	Improving Care Board
MDT	Multi-disciplinary team
QI	Quality Improvement
QSE	Quality, Safety and Experience Committee
iCTM	Improvement Cwm Taff Morgannwg



1. Introduction

- 1.1 This report provides an update on the three Harm Free Care workstreams: Inpatient Falls Reduction, Nutrition & Hydration, and Pressure Damage, based solely on the October 2025 steering materials and presentations. It includes Key Performance Indicator (KPI) progress, audit findings, risks, and next steps, following the standard highlight format used in May 2025.

2. Purpose of this Meeting

- 2.1 To note progress, consider key risks, and endorse next steps for the Harm Free Care programme, ensuring continued focus on prevention, standardisation, and learning.

3. Highlight Report

Alert / Escalate

Inpatient Falls Reduction Rate:

- Collaborative wards recorded 8.68 falls per 1,000 occupied bed days (reference point: UK median 6.6). A spike in August 2025 is highlighted for targeted review.
- **Operational pressures:** Variability in enhanced supervision is contributing to increased use of temporary staff for 1:1.
- **Equipment:** A review of lifting equipment is underway, with some incident reviews citing equipment or lack of equipment as a contributing factor.
- **Data flow:** Ongoing reliance on manual Datix extraction continues to limit the timeliness of reporting and local learning.

Nutrition & Hydration

- **Fluid balance audit:** 35.7% of wards (15/42) met the 85% 12-month compliance target; 50% (21/42) achieved >71%. Two wards reached 100% in July 2025.
- **Data completeness:** Near misses are not consistently reported, constraining trend analysis and learning at scale.

Pressure Damage

- **ED audit (3–5 June 2025):**
 - a) **Risk assessment:** 52% completed within 6 hours of admission.
 - b) **Skin assessment:** 42% documented within 6 hours (58% not completed within the timeframe).
 - c) **Reassessment:** 89% of at-risk patients reassessed within 24 hours.



	<ul style="list-style-type: none">d) Equipment: 4 patients at elevated risk lacked appropriate mattresses/seating; 85% of seated patients had suitable pressure-redistributing chairs.e) Planning & categorisation: 86% of pressure ulcers had no documented care plan at assessment; discrepancies in categorisation noted between ED staff and TVN review, training need identified.• Slide sheets: Procurement inconsistency and availability remain issues; a cost-comparative SBAR has been conducted to support standardisation.
Advise	<p>Inpatient Falls Reduction</p> <ul style="list-style-type: none">• Education & tools:<ul style="list-style-type: none">a) Falls workshops held September and October (community strategies and data).b) Lying & standing BP audit undertaken; training sessions implemented.c) Delirium checklists piloted across selected wards.d) Patient/carer information leaflet produced (awaiting final approval; digital and print).e) Policy & SOP drafted for Learning & Assurance Panels.• Governance: Community falls prevention workstream aligned to the Health Board falls steering group to avoid duplication and maintain oversight. <p>Nutrition & Hydration</p> <ul style="list-style-type: none">• Practice support:<ul style="list-style-type: none">a) Standardised 'How to' fluid balance poster distributed to acute wards.b) Patient Deterioration study days include Fluid Balance workshops (188 staff attended up to July 2025).c) All-Wales ESR Fluid Balance modules have been updated and are live since September 2024.• Forthcoming assurance: Annual nutritional risk screening audits scheduled for October (Ysbyty Cwm Cynon and Ysbyty Cwm Rhondda).• Systems: Catering model bed plan piloted and implemented at PCH to ensure individualised nutrition plans are captured electronically.



	<p>Pressure Damage</p> <ul style="list-style-type: none">• Education & guidance:<ul style="list-style-type: none">a) E-learning (risks with medical beds/transfer trolleys) live on ESR.b) Education package developed for HCSWs and registrants.c) Standard Operating Policy and checklists for PU & Falls Assurance Panels finalised for Health Board implementation.• Data & audit:<ul style="list-style-type: none">a) Dashboard testing underway to triangulate pressure ulcer data.b) Prevalence audit across Emergency Units (June 2025) completed; feedback and actions disseminated.
<p>Assure</p>	<p>Inpatient Falls Reduction</p> <ul style="list-style-type: none">• Strategic oversight: Established through the Harm Free Board and steering group, with participation of >25 wards in the collaborative.• Measurement: DATIX for incident rates; AMaT audits for process adherence; training compliance monitored via ESR. <p>Nutrition & Hydration</p> <ul style="list-style-type: none">• Policy and SOPs (Mouth Care; Eating & Drinking; Adult Acute Dysphagia Referrals) agreed.• Electronic capture of individualised plans at PCH in place.• Learning & Assurance Panel to give consistent oversight of incidents and themes. <p>Pressure Damage</p> <ul style="list-style-type: none">• Panel standardisation: Development of SOPs and Terms of Reference agreed across primary and secondary care to promote consistent learning and accountability.• KPI governance: Task & Finish groups established; dashboard in test; prevalence audit results informing standardisation in ED documentation/practice.



Inform	Pressure Ulcer Steering Group – KPIs (status from Oct 2025 materials)	
	Key Performance Indicator	Update
	KPI-1: HAPU rate per 1,000 bed days	HAPU rate per 1,000 bed days – measurement baseline reset; Task & Finish completed to ensure consistency of denominators.
	KPI-2: Monthly reporting of all grades to WG	Dashboard testing to triangulate data in progress.
	KPI-3: 60-day investigation/review compliance	SOP developed by the Task & Finish group.
	KPI-4: Timely access to pressure-reducing equipment	Scoping completed; slide sheet SBAR completed (single-use vs washable).
	KPI-5: Enhanced support where rates increase	PU & Falls collaborative in place supporting 16 wards.
	KPI-6: Prevalence audits	June 2025 ED audit completed; feedback given; actions initiated to standardise documentation.
	KPI-7: Prevention bundle compliance (risk assessment within 6h, skin assessment within 24h, individualised care plan, nutrition assessment)	Scoping of datasets underway; aligns with dashboard development.
	KPI-8: Screening tools awareness/compliance (MUST, WAASP, paediatrics tool pending)	ICTM reviewed core audits; frequency moved to bi-monthly to release time to care while retaining assurance.
KPI-9: Staff education	Scoping underway to consolidate training pathways into a single accessible place.	



	<p>KPI-10: Patient/carer involvement</p> <p>RCN Improvement funding secured for information resources (digital/QR/printed). Work is underway to align patient narrative (patient stories, PTR) to the assurance process.</p>
	<p>Falls – Monitoring arrangements (per Oct 2025 presentation)</p> <ul style="list-style-type: none"> • Key metrics: <ul style="list-style-type: none"> a) Falls rate per 1,000 bed days (target: reduce variation; reference UK median 6.6). b) Process adherence to prevention (>95% target via AMaT). c) Training compliance >95% via ESR. • Insights: Initial harm severity for falls is frequently downgraded after the manager’s review; a clear outlier was noted in August 2025, requiring local learning. <p>Hydration & Nutrition – Audit and implementation</p> <ul style="list-style-type: none"> • Fluid balance performance: See figures under <i>Alert/Escalate</i>. • Learning assets: Posters, training videos (thickened fluids), study days, and updated ESR modules. • Governance: Proposal to introduce Learning & Assurance Panel for N&H incidents to strengthen oversight.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas	Living Well
	Aging Well
	A Healthier Wales



<p>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals <i>150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</i></p>	<p>If more than one applies please list below:</p>
<p>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</p>	<p>Leadership Data to knowledge Learning, improvement and research Whole-systems perspective</p>
<p>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))</p>	<p>Effective Efficient Equitable Person-centred Timely Safe</p>
<p>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</p>	<p>No - Not Applicable If more than one applies please list below:</p>

Impact Assessment		
<p>Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality</i> <i>Have you undertaken a Quality Impact Assessment Screening?</i></p>	<p>Yes: <input type="checkbox"/> Outcome:</p>	<p>No: <input checked="" type="checkbox"/> If no, please include rationale below: This is a report on the work being undertaken within the Harm Free Care Agenda. No current recommended service change exists.</p>
<p>Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language</i> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i></p>	<p>Yes: <input type="checkbox"/> Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE</p>	<p>No: <input checked="" type="checkbox"/> If no, please include rationale below: This is a report on the work being undertaken within the Harm Free Care Agenda. No current recommended service change exists.</p>
<p>Cyfreithiol / Legal</p>	<p>There are no specific legal implications related to the activity outlined in this report.</p>	



Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.

5. Recommendation

5.1 The Committee is asked to note:

5.1.1 Progress across Falls, Nutrition & Hydration, and Pressure Ulcers, including completed Task & Finish work, SOPs for Panels, and education developments.

5.1.2 Risks and gaps:

5.1.2.1 Falls rate variation (August 2025 outlier); supervision and equipment pressures.

5.1.2.2 N&H data completeness for near misses; variable fluid balance compliance.

5.1.2.3 PU assessment, care planning, and equipment gaps evidenced in the June 2025 ED audit.

5.2 **Standardisation actions underway:** dashboard testing; panel SOPs and ToR across sectors; consolidation of training pathways; adoption of electronic care planning where implemented.

5.3 The Committee is further asked to support:

5.3.1 Continued oversight of Falls, PU and N&H priorities through the Harm Free Board and steering groups, including national and local audit cycles.

5.3.2 The education and training matrix for clinical staff (falls, PU prevention, hydration & nutrition).

5.3.3 Formalising ward champion roles and embedding them in Panels and QI projects.

5.3.4 Operational standardisation for slide sheets and pressure-reducing equipment, guided by the SBAR.

5.3.5 Implementation of ED audit recommendations (accurate weighing on admission; timely risk/skin assessment; individualised repositioning and equipment provision; documentation and categorisation training).

6. Next Steps (from the October materials)

6.1 **Falls:** Continue the improvement collaborative; maintain community-acute alignment; finalise and publish the patient/carer leaflet.

6.2 **Pressure Ulcers:** Progress dashboard to live use; roll out Panel SOPs & checklists; deliver the education package; standardise ED documentation following the June 2025 audit.

6.3 **Nutrition & Hydration:** Deliver scheduled nutritional risk screening audits; embed fluid balance training and poster use; agree Learning & Assurance Panel arrangements to improve incident oversight.