

Implementing the Falls Policy: Progress against the recommendations made by the Internal Audit Report (December 2018)

1. Situation

In June 2018 Audit and Assurance Services undertook an internal review to ensure that the principles of Policy NU06 – *The Prevention and Management of Adult In-patient Falls* had been implemented across all inpatient areas of the Health Board. The internal review identified a number of system controls that required improvement in order to provide assurance to the Board, and recommendations were made by the auditors to that effect.

This position paper provides a progress briefing on the implementation of the recommendations made by the Internal Audit Report.

2. Background

This position paper takes into account the challenges experienced by the Health Board arising from the Covid-19 pandemic and the significant changes that were made to focus resources on ensuring hospital sites were able to maintain safe services for urgent and emergency care.

A summary of the internal audit recommendations:

Recommendation 1: Regular reporting on falls management is consistent with the established requirements set-out in the Policy and defined groups accountable for implementing and monitoring.

Recommendation 2: Policy requirement is reviewed to ensure it is both achievable and suitable. Also falls management training is included as mandatory for all relevant staff within ESR.

Recommendation 3: Compliance with Health Board Falls Management Policy – Section 8.3.2 – *“A post falls root cause analysis template action record must be completed for all falls which cause harm”*.

Recommendation 4: The falls intranet page has been developed but on review, a number of pages had no content detailed. In addition, when searching on falls, a number of different pages were identified with varying degrees of information.

Recommendation 5: Improved awareness to staff with regards to the importance of the completion of the documentation as well as the consequences.

3. Assessment

Recommendation 1

Due to a number of changes in the senior leadership roles, the overarching Strategic Falls Group referenced within the internal audit review report has not met for some time.

A strategic lead has been nominated by the Acting Executive Director of Nursing and Midwifery to re-focus and prioritise the falls agenda. The Falls Strategic Group terms of reference and membership are in the process of being reviewed to reflect the changes within the organisation. The Falls Strategic Group will have overarching accountability for the implementation of internal audit/regulatory body recommendations, and report on falls management to ensure the organisation is compliant with Health & Safety Executive requirements and best practice guidance. The first meeting of the re-established Group is in December.

Recommendation 2

The All Wales Falls Bone Health Multifactorial Assessment replaces the Falls Pathway - falls training/health board communication/future collaborative initiatives will reflect this.

Policy NU06 – The Prevention and Management of Adult In-patient Falls has been reviewed in line with the changes and NICE guidance and is currently awaiting ratification.

The Falls Strategic Group has been re-established (quarterly) and membership revisited to reflect organisational change – the first meeting will take place in December 2020.

Recommendation 3

In 2019, the Health Board introduced a quality improvement Inpatient Collaborative focussed on Inpatient falls. The first cohort of wards from across the Health Board were identified through analysis of falls data. The aim of the collaborative was to reduce falls by 15% by November 2019 and 30% by April 2020 for the cohort wards identified.

During the collaborative, the cohort wards attended three Masterclasses focussing on documentation, reporting and policy awareness as identified in recommendations.

Early indication of the wards actively testing interventions were positive with cohort wards demonstrating improved quality reporting, staff engagement in quality improvement and a reduction of falls.

To date, the monitoring of the compliance and quality of completion of the Falls Pathway has and still is being maintained by all ward teams reviewing three sets of patient documentation on a monthly basis.

In addition from the 1st July 2020 the Health Board introduced:

- Weekly Ward Manager audit that requires the random selection and review three set of documents to review compliance and accuracy of completion;
- Monthly Matrons Quality audit for each ward within the section of harm free care the matron will randomly select three member of staff to describe the actions required to reduce the risk of falls.

All data is reviewed and considered as part of the Ward accreditation review process. Wards are expected to display their Inpatient Falls data on the Ward Welcome Board situated at the entrance to their wards for public view.

Recommendation 4:

The relaunch of the Falls Prevention Web Page has been delayed due to Covid Pandemic. However, the resources on the current web page have been reviewed and mapped against the All Wales Bone Health Multifactorial Assessment and NICE guidance in anticipation of changes and preparation for relaunch with the clinical teams once approval has been received.

Recommendation 5

The interventions the collaborative wards tested were the core elements within the all Wales Falls Bone Health Multifactorial Assessment which is now included within the new Risk Assessment booklet. This has been launched and implemented the week commencing 16th November 2020; the launch originally planned for December 2019 and then April 2020. The delay in implementing was due to financial constraints initially and then Covid Pandemic.

4. Recommendation

The joint committee receive this update and support the continued monitoring process to provide assurance against the recommendations of the internal audit