



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

# Quality Priorities highlight report

## June 2024

### **Authors:-**

**Angharad Higgins, Clare Baker and Quality Priority Teams**

### **Sponsors: -**

**Hazel Powell, Acting Director of Nursing and Patient Experience**  
**Lesley Jenkins, Acting Deputy Executive Director of Nursing and Patient Experience**

**Please note where a QP has not been able to have an update for the month it is not included in the report.**



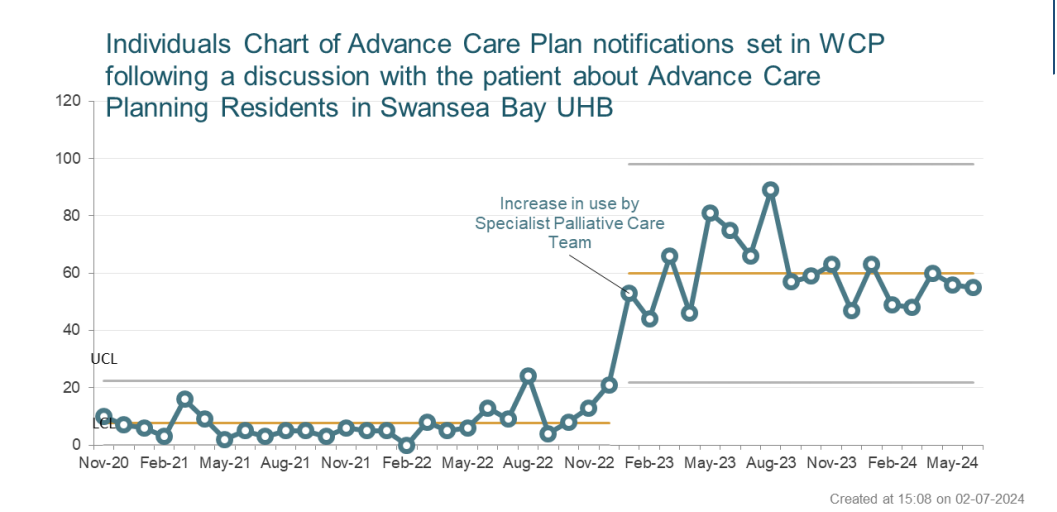
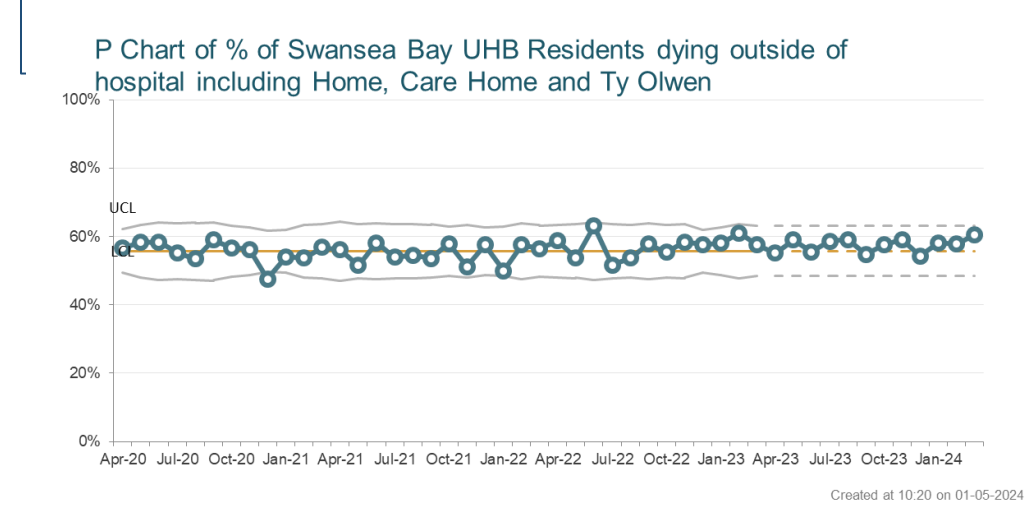
# Quality Priority – End of Life Care (EOLC)

## Goal - Increase proportion of Swansea Bay residents receiving the right care at the right place at the right time in the last year, months, weeks, days of life

<b>Project Team:</b> Senior Responsible Owner – Sue Morgan (Clinical Lead), Project Manager – Tracy Rowe (part-time) , QI lead – Emma Smith	<b>Month – June 2024</b>
---	--------------------------

- 2023-24 Methods**
- Increased correct identification of people who may be in the last year of life
  - Increase Advance & Future Care Planning (A&FCP) across all care settings
  - Increased correct identification of people who may be in the last days of life
  - Increase the number of staff given education and training to support high quality EOLC
  - Identify and produce systems that support sharing of A&FCP across all care settings
- Other critical success factors**
- Medical engagement with EOLC throughout service groups, demonstrated through medical EOLC champions within each service
  - All Service Groups to participate in completing the Health Board End of Life Care audit.

- Key Outcome Measure/s**
- Deaths outside of hospital include Ty Olwen, the baseline mean was 55.7%, the mean since April 2023 is 57.5%. Data is currently not available due to permission issues at DHCW. No update this month.
  - By June 2024 34.7% of HB staff have been trained in EOLC training, also delivered to external organisations largely university and care homes – LA and private.



- Key achievements**
- EOLC training established and continues each month - Champion programme, Regular Education sessions, bespoke training requested by Service Groups and care home training.
  - Internal Audit Spring 2023 gave reasonable assurance for End of Life Care.
  - Some improvements seen in the National Audit of Care at the End of Life 2022 compared to 2021.
  - A shift in the number of Advance care plan notifications set in WCP from median of 6 to 60 per month
  - My Life My Wishes adopted by the HB – difficult to count use as is a paper document. Used by District Nursing, Virtual wards, handed out in training and public awareness events (534 given out) and available on COIN & NHS Executive sites to download.
  - Public facing page about Palliative and End of Life Care in Swansea Bay on HB internet site
  - Engagement in the national Dying Matters Week each year. Co-ordinated by PARASOL team and Care After Death Team, including Health Board venues and the Waterfront Museum, with many third sector organisations.

- Progress in the last month**
- End of Life Care Dashboard development has started – includes some of the measures required, further tweaks to be made in July 2024 and agreement to have access in both Q&S dashboard and mortality dashboard.
  - Progress in agreement with DHCW to allow scanning of DNACPR & A&FCP documents into WCP
  - SCC Palliative Care project - Agreement to move focus into regular QI EOLC project within PCT SG and project is a case study in the national evaluation. Summary report due July 2024.
  - All Wales DNACPR competency framework for completion of section 5 being introduced for Specialist Palliative Care Paramedics (pilot for approach for whole HB)
  - NACEL service user feedback started (91 family and carers so far) and case notes for clinical review being distributed for continuous review, staff survey available for acute staff
  - NACEL staff survey being developed for community and mental health - requires Welsh language considerations

Risks to delivery	Owner	Next Steps
Limitations in digital systems to record discussions relating to EOLC and to share between care settings	Matt John	Meetings continue to develop plan
Limitations in existing information shared in dashboards	Dai Williams	Recommendations in internal audit

Actions for the next month	Responsible Owner	Due Date
Introduction of would you be surprised question to the Safer Board Round in secondary care	Sue Morgan	October 2024
Review actions for All Wales DNACPR response, including assurance around communication skills training and increase public awareness	Sue Morgan	October 2024
Review impact of EOLC training on staff and care	Philippa Bolton Glenda Morris and Sue Morgan	November 2024

# Quality Priority – Nutrition & Hydration

**Project Team:** Senior Responsible Owner – Sarah Collier, Project Manager – Jayne Whitney, QI data lead – Samantha Scott, Project Support, Paul Evans

**Month – June 2024**

## Methods

### QI areas discussed by N & H committee:

1. Meet minimum standards all Wales catering standards
2. Nutritional screening & processes
3. Compliance with taking weights
4. Safe artificial nutrition non oral
5. Hydration - jugs
6. Nil by mouth days -
7. MH & LD, re-visit SLT & RD provision OPMH

## **Key achievements**

Agreed several QI projects with H & N Committee  
 First QI project agreed as Weight Monitoring (WM) pilot area Morriston site  
 Data requested from WNCR system on estimated weights within in patient care at Morriston Hospital  
 1st phase of QI work to be focussed on above WM, Snack provision & Nil by mouth  
 QP rep from PCTG service group agreed  
 It was suggested that standards of catering and patient feedback would develop within the work already being undertaken.  
 Agreed N & H steering committee would be the forum in which the QI reporting on themes would be set as an ongoing agenda item so that updates and feedback can be established  
 First QI report presented at N & H committee in November 2023, next report February 2024  
 Launch of Nutrition & Hydration QP officially launched on Intranet

## **Key Outcome Measure/s – To be identified by N & H committee (TBC)**

**Solutions needed for more frequent forums to meet and update as opposed to quarterly reporting. Baseline data is in progress but challenging to source. 3 main areas of QI are Weights, snacks and menus and hydration**

## **Progress in the last month**

- Promotional day held for catering departments (Morriston, Singleton & NPT Hospitals held on 29/04/2024 comms article published.
- Screen Saver promoting the priority launched May 2024 to run until July 2024
- N & H Learning Symposium arranged for 27th June 2024 on intranet - 33 attended
- Deep Dive presented to management board 15th May 2024
- Food taster session attended in Tonna Hospital
- Article in Bay News and Intranet launching the Nutrition & Hydration Priority and subsequent articles around specific projects such as food tasting.
- Task & Finish Group started for "Don't Wait to Weigh" campaign with appropriate stakeholders
- Arrangements to meet with Quality Assurance Lead for Catering to gain baseline data
- Community focus QI developing for Community & Nursing homes for Hydration and Uti's
- SBAR catering complete & action plan with catering to develop

Risks to delivery	Owner	Next Steps	Actions for the next month	Responsible Owner	Due Date
To be confirmed by N & H committee	Stakeholders	August 2024	QI intervention – community and nursing homes (hydration)	JW & stakeholders	ongoing
SRO agreed for QP N & H	Manager Q & S	Sarah Collier	Patient representative groups sought via stakeholders & dates to be shared	JW & stakeholders	Aug 24
			Baseline data catering departments, weights and hydration	JW & Stakeholders	Aug 24
			Mirror scoping exercise completed in Morriston at Singleton & NPT & MH Scale & Spread QI Project - Ward W weighing pat slide	JW & Stakeholders	Aug 24 Ongoing
			Set up Monthly Steering Group for QP N & H	JW & SC	July 24

# Quality Priority – Pressure Ulcers

## Goal – To reduce the amount of patients developing HB acquired avoidable pressure damage by 10% by end of March 2024

<b>Project Team: SRO Sharron Price, Subject Expert Rachel Govier-Williams, Eleri D'Arcy (QP Lead)</b>	<b>Month – June 2024</b>
---	--------------------------

**Methods**  
To be finalised

- Repositioning                      - Datix reporting                      - Governance Patient information                      - Digital
- Platforms                              - Education & Skills                      - Equipment & Resource                      - Documentation

**Other critical success factors**

- continue PUPSG.

**Key achievements**

- Pressure ulcer information leaflet produced and translated into Cantonese and Bengali
- Mapping exercise Maternity Service to review risk assessments
- Electronic training register
- Developed Tissue Viability Share point page, training pages including tone assessment
- Quality Assurance Health board audit – learning shared via PUPSG
- Reporting and investigating guidelines sent to WG for sign off (All Wales Document)
- Pressure Ulcer training now delivered on overseas nurse induction.
- Scrutiny terms of reference renewed and agreed via PUPSG.
- PUPSG mapping All Services Groups

**Key Outcome Measure/s**

Total Pressure Ulcers (SBU)

Legend: Total (blue line with dots), Mean (green line), Control Limits (black lines)

Pressure Ulcers Q4

Legend: MHLDS (blue), P&C (purple), NPTH SDU (green), Singleton Hospital SDU (red), Morriston Hospital SDU (dark blue)

Latest data is Feb 2024 as we are awaiting cleansed data for March 2024 onwards  
National/worldwide statistic average of population per 1000 patients that develop a Pressure Ulcer is 0.7 (NICE 2023) there is no statistical average for inpatients per 1000 beds currently available. The HB inpatient average for previous Quarter was 2.34.

**Progress in the last month**

- Agreement of main QP goal and primary/secondary drivers
- Repositioning chart equipment changes agreed with amendments for ease of use.
- Skin tone tool implementation changes agreed to Care plan, Purpose T risk assessment , repositioning Tool. Request for change next version update. Pans pacific internation categorisation tool added To PT & Repositioning chart
- Datix Cymru/ TVN task & Finish agreed 30 changes to Pressure ulcer reporting and investigating. Request for change in progress.
- Paediatric pressure ulcer risk assessment change to PT and care plan development underway.
- QI team guided training to support pressure ulcer projects across the HB.
- TVN posts in acute filled

Risks to delivery	Owner	Next Steps	Actions for the next month	Responsible Owner	Due Date
No Dashboards, delayed data reports.	Digital	Emma Smith / Clare Baker escalating	QI projects by SG to be identified.	SG reps to report to PUPSG	July /August 2024
Governance –Delayed investigation and scrutinising	SG	Reported Quarterly	Audit	Eleri D'arcy & Rachel Govier-Williams	June 23
No Medical Photography In Neath, MHLD & Out of hours	PUPSG	Escalated QS - RR 16	MDT pressure ulcer prevention Audit QI project - Rehab & Deconditioning	Rachel Govier-Williams, Sian Edwards, Tracy Thomas	June/ July 23

# Quality Priority – Sepsis

## Goal – Improvement in the recognition and management of Sepsis

**Project Team:** Senior Responsible Owner – Dr. Ranga Mothukuri, Project Manager – Lisa Fabb, QI lead – Samantha Scott

**Month – June 2024**

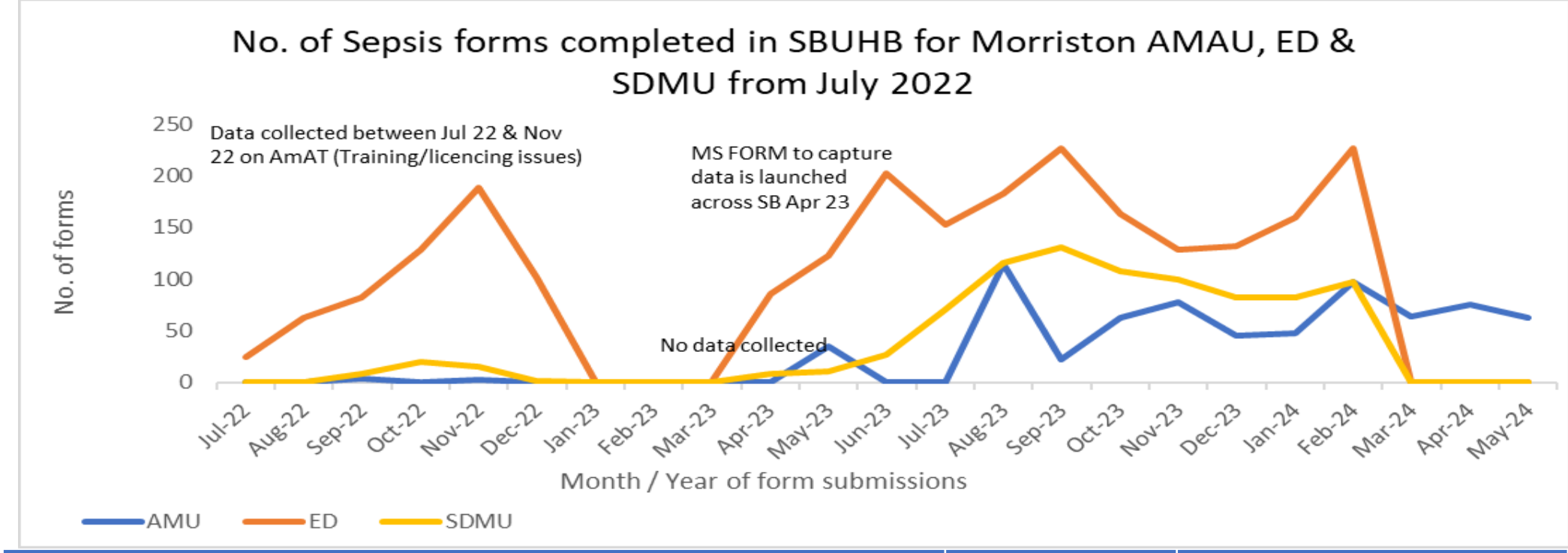
- Methods:**
- Team are working with sepsis leads in clinical teams to develop an action plan.
  - Resus team are working with sepsis champions and ward managers to complete sepsis audits across acute sites.
  - Establishment of trajectories for improvement for audit compliance
- Other critical success factors:**
- Increase the number of patients appropriately screened for Sepsis
  - Reduce harm from sepsis
  - Data consistently available for all areas.
  - Priority was given to auditing the admitting units where there has been a significant increase in number of forms completed but percentage of appropriate patients screened remains about the same.
  - Plans in place to address this including reaudit, training and raising awareness
  - Evidence that Sepsis is business as usual i.e. embed audit in matron audit,

- Key achievements:**
- Recent presentation to Management Board and Quality & Safety Committee produced new measures eg sepsis morbidity.
  - Drive an all-Wales approach to Sepsis.
  - Over 2000 staff have received sepsis training in 2023.
  - Development of a more robust sepsis alert on Signal- trial ongoing
  - Development of Blood culture improvement package- video, sticker and poster.
  - District Nurse NEWS and Sepsis Plan- Policy

**Key Outcome Measure/s**

- No. patients screened for Sepsis

- Progress in the last month:**
- A drive to improve data collection.
  - Sepsis deep dive - Sepsis treated appropriately 79% of the time.
  - 95% Sepsis that requires ITU admission comes through ED - so not much we can do to prevent it. Those patients who had delay in treatment are usually complex, admitted with diagnosis unrelated to Sepsis and have a few days with a low but significant NEWS not resolving.
  - Sepsis alert on Signal being trialled across HB.
  - Development of action plan around blood cultures to improve antibiotic stewardship with improvements seen.



Actions for the next month	Responsible Owner	Due Date
1st Dose antibiotic audit	Dr R Mothukuri	June 24
Roll out Blood Culture Improvement	Lisa Fabb/ Louise Wooster	June 24
Signal Sepsis screening	Lisa Fabb	June 24

Risks to delivery	Owner	Next Steps
Clinical commitments compromise the project progress	Dr Mothukuri	Delegate aspects of work
Lack of ownership in service groups, mitigated through group nurse and medical director and designated service group leads.	Lisa Fabb	Review of reporting structure agreed by SGCD.

# Quality Priority – Suicide Prevention

## Goal – Suicide Prevention - early recognition of anxiety and depression leading to risk of suicide

**Project Team:** Senior Responsible Owner – Stephen Jones, Project Manager – Jayne Whitney, QI lead – Samantha Scott

**Month – June 2024**

### Methods:

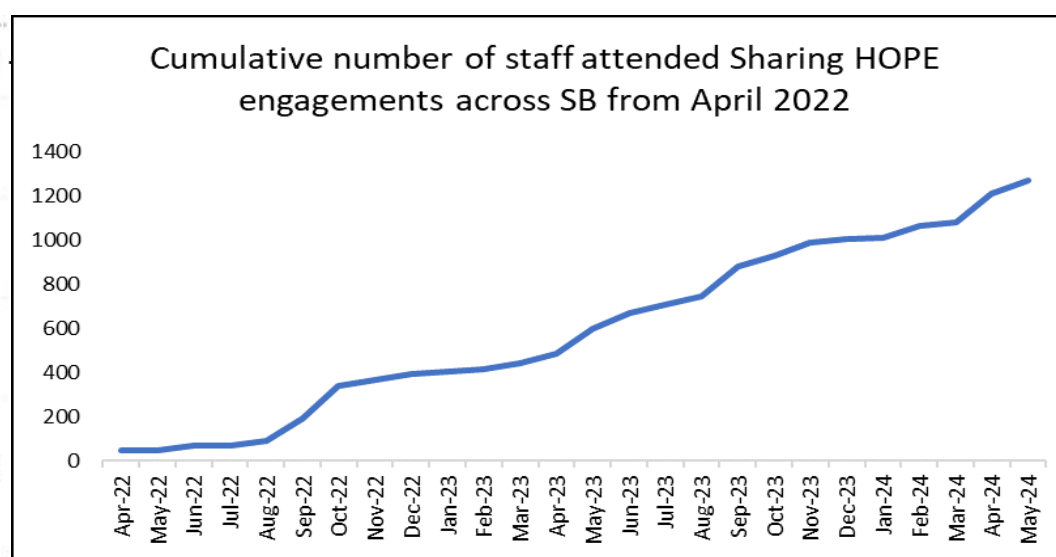
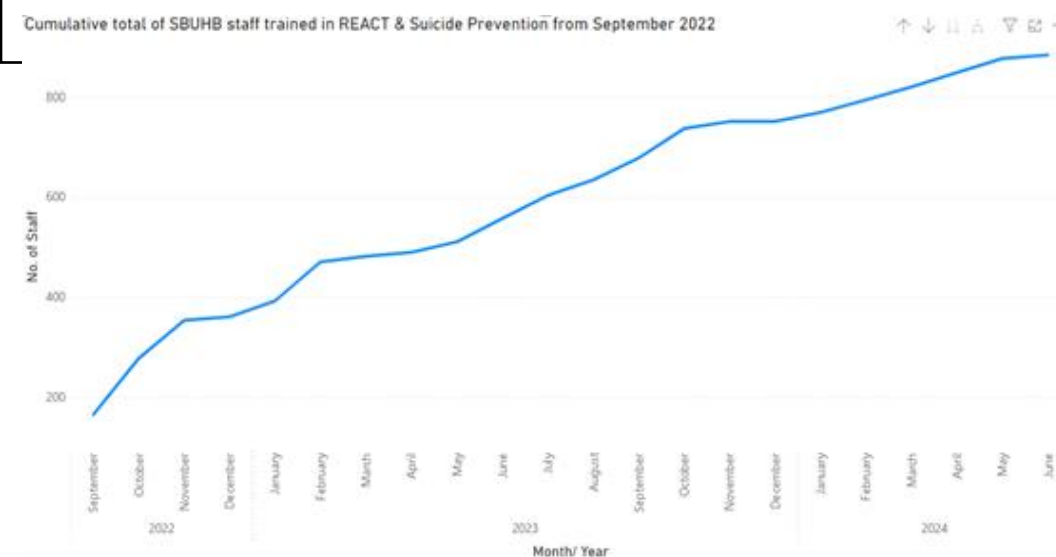
- Engagement in Sharing Hope project
- Delivery of training in suicide prevention across all teams

### Other critical success factors

- Time to Change Wales
- TRiM Responses across the Health Board
- REACT
- Wellbeing (Early recognition of MH & Suicide ideation)
- Quality, Safety & Improvement Intranet page (Quality Priority)
- SBUHB Suicide and self-harm prevention strategy
- SBUHB Response Policy following death of staff member by suicide & family
- Priority places and people and remanded in custody / with high risk of suicide

### Key Outcome Measure's:

- Education of all available staff across the HB in recognising and managing suicide. Continue to support and work with Swansea Multi Agency Group and other stakeholders across the HB in relation to obtaining a baseline assessment of suicide cases and map against national trends.
- Occupational Health and Wellbeing support for staff with anxiety/depression to prevent escalation in risk of suicide.
- June information for Sharing Hope will be available later in July.



### Key achievements:

- Successful integration of REACT and Suicide Awareness training.
- REACT & Suicide Prevention level 1 training to be included in Managers' Pathway
- Continued success of Sharing Hope – The Art of Healing Together has won the improving lives through creativity award at the health board LOV awards 2023.
- Reached the final for the Best Staff Wellbeing project of the year at the HSJ Patient Safety Awards 18<sup>th</sup>
- Sharing HOPE – Poster finalist and displayed in CNO conference October 2023
- Time to Change Wales (Finalists of the NHS Awards)
- TRiM Trauma Pathway (Finalists of the NHS Awards)
- Sharing HOPE Winner of Best Staff Initiative and recognised as a finalist in the best employer for staff recognition & engagement at the NT workforce awards November 21<sup>st</sup> 2023
- Sharing HOPE winners of Best staff Initiative at the HMPA Cymru Awards 2024 – Suicide Prevention work highly commended.

### Progress in the last month:

- Sharing HOPE 1269 staff engaged since engagement events since April 2022 and 155 engagement events (still awaiting data)
- Social platforms Swansea NHS site on Facebook, Twitter and YouTube = 3.7k views as at end of May 2023.
- There have been several Sharing HOPE sessions in ITU Morriston Hospital for high-risk trauma these sessions are ongoing throughout the year. Vexatious complaints, online groups & Mental Health Division CCH hospital.
- New combined REACT & Suicide Prevention Training including newly qualified induction nurses Total trained from Sep 2022 = 1405
- A bespoke REACT & Suicide Prevention training was delivered to Primary Care staff during their BT4L (Protective time for learning). Total trained in March 2023 = 263. Bespoke Suicide Prevention delivered to Swansea Primary Care Cluster 49 attendees
- A bespoke session of Suicide Prevention training for MSC health management students Swansea University 32 attendees Feb 2024 -
- Child Health bespoke session was delivered since June 23 where 96 people attended in total. ED bespoke 37, GP trainees 14
- Total of 5710 staff trained in React & Suicide Training Level 1
- Between Mar 22 to June 2024 – 108 staff reported suicidal thoughts in the previous 7 days of initial contact.
- Between Jan 22 to June 2024 – 52 staff reported thoughts to end life.
- Level 2 & 3 Mental Health Division taking this forward.
- HMP Swansea to begin QI project organised for July 2024
- Sharing HOPE film presented to Chair board in May 2024
- Evaluation of Sharing HOPE underway & focus groups in situ
- Model & sustainable plan in situ with prospects of funding from the Arts Council & match funding from charitable funds
- Sharing HOPE festival & art exhibition planned from 1/07/24 - 14/07/2024 at NPT Hospital
- First stakeholder meeting held to inform SBUHB Suicide & Self Harm Strategy
- SP QP lead - to be part of steering group for the Mental Health Strategy

Risks to delivery	Owner	Next Steps
• There is a risk of being unable to measure impact within this priority due to the lack of real time information on suicide rates, this will be considered as part of the review of GMOs.	MAG	Meeting to reconvene

Actions for the next month	Responsible Owner	Due Date
Quarterly meeting July 2024	SJ & JW	July 24
QI for HMP Swansea	JW & MP	July 24
Level 2 & 3 training being developed by MH & LD Division- paper to Quality Priority Board for August 2024	MW	Ongoing
Sharing HOPE – Deep dive evaluation completed & Exhibition	JW & JS	July 24