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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

Quality Priorities highlight report

July 2024

Authors:-

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Sponsors: -

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



Un Bae Ar y Cyd

One Bay Way

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

Project Team: Senior Responsible Owner – Sue Morgan (Clinical Lead), Project Manager – Tracy Rowe (part-time) , QI lead – Emma Smith **Month – July 2024**

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

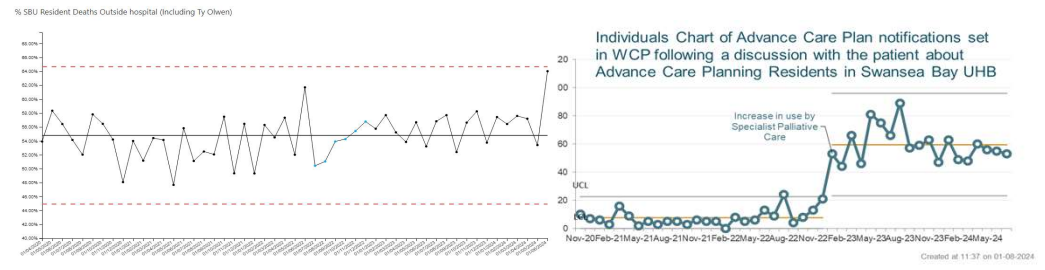
- Deaths outside of hospital include Ty Olwen, the baseline mean was 55.7%, the mean since April 2023 is 57.5%. Receiving of ONS data has restarted.
- By June 2024 35.6% of HB staff have been trained in EOLC training, also delivered to external organisations largely university and care homes – LA and 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.
- End of Life Care Dashboard development has started – includes some of the measures required, further tweaks to be made

Progress in the last month

- NACEL service user feedback for Jan – Jun 2024 (>100 family and carers so far) - significant improvement in experience reported compared with 2022 and compared to rest of England and Wales
- All Wales DNACPR competency framework for completion of section 5 being introduced for Specialist Palliative Care Paramedics (pilot for approach for whole HB)
- NACEL (secondary care) case notes review underway. Staff survey undertaken – awaiting results
- 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	Digital	Meetings continue to develop plan
Limitations in existing information shared in dashboards	Digital	Dashboard started but needs further data adding and validation

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 HealthCare Inspectorate Wales Review of DNACPR in Wales, 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
Finalisation of Dignity of the Deceased Person Policy	Kimberley Hampton-Evans	October 2024

Evidence - End of life care for adults, Updated Sept 2022, <https://www.nice.org.uk/guidance/qs13>

Quality Priority – Falls

Goal – Reduced falls and harm in hospital and across Primary Care and Community services by 10% in 2023/2024

Project Team: Senior Responsible Officer: Helen Annandale, QI lead – Eleri D'Arcy **Month – July 2024**

Methods

- Build on Quality improvement programme.
- Embed Falls audit programme.
- Embed reporting structures from service groups Targeted QI input to high falls rate wards
- Develop/Educate clinical workforce
- Development of HB Falls Strategy / input into HB Frailty Strategy
- Engagement with Improvement Cymru and participation in Safe Care Collaboration Consider training to be mandatory
- Promote public health campaigns re: healthy lifestyle and physical activity e.g Reconditioning.
- Community Falls services review

Other critical success factors

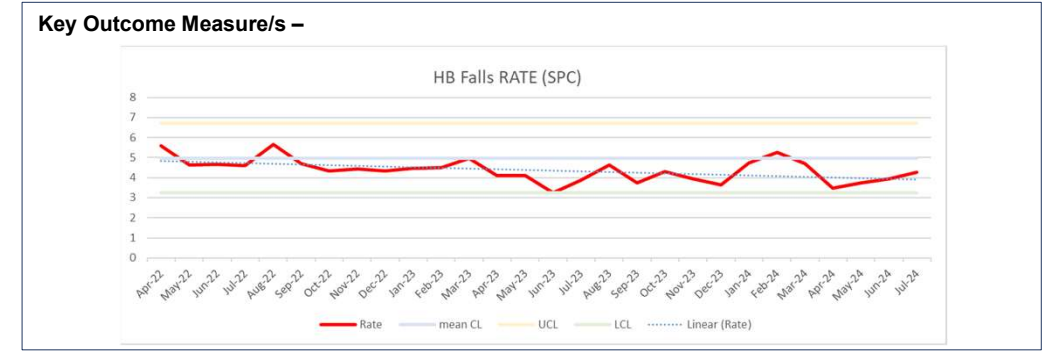
- *Regional falls prevention taskforce*
- *Overarching Falls Prevention steering group*
- *Identified lead for PCC&T*

Key achievements

- Reduction of inpatient falls >10% 2022-2023
- Agreed Governance structure with nominated SRO and Chair
- Improvements noted in National Audit of Inpatient falls 2023
- Inaugural Falls Summit held in March 2023
- Active engagement with Safe Care Collaborative (SCC) programme with Improvement Cymru
- Acceptance of Poster at BMJ conference 2024 – Intergenerational Falls prevention Project

Progress in the last month

- Active August 2024 launched
- New role of Reconditioning Ambassadors created, closing for role 5/9/24 - DoTH Exec sponsorship confirmed
- National Falls Prevention education pack launched following success of falls Crime scene
- Relaunch of Regional Falls Prevention Taskforce following evaluation of group
- Further roll out of iStumble project across Dom Care and Care Homes
- New reconditioning training programme under development
- Regional Partnership Board have identified Falls Prevention as key workstream – further community scoping and process mapping in progress
- Contribution to National Deconditioning training – due for release Oct 2024
- Improved attendance at Overarching falls prevention steering group
- NHS Wales Internal Audit – Action Plan agreed and response agreed



Actions for the next month	Responsible Owner	Due Date
Agree BAU Plan - Focus on establishing Community Governance structure and progressing individualised QI projects across HB (delayed due to dashboard)	HA/EDA	Aug 24
Reconditioning Ambassador recruitment	EDA/PE/CM	Sep 24

Risks to delivery	Owner	Next Steps
Awaiting Digital dashboard	Digital	Under development
Governance process to investigated falls incidence – slowing learning and sharing of information	SGs/HB	Explore options

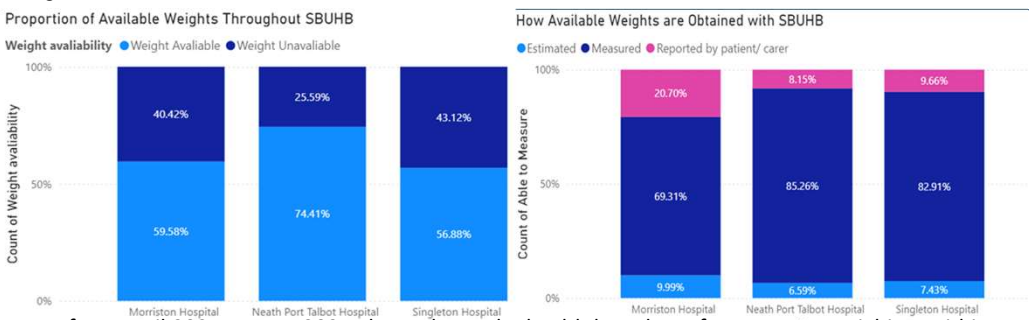
Evidence – <https://www.nice.org.uk/Guidance/CG161>

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 – July 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

Graphs below show performance data on weights available and accurate weights being measured since the "Don't wait to weigh" campaign – measures against national average of 13.5% - 55% of patients being weighted



Data from April 2024 to June 2024 above shows the health boards performance on weighing within in-patient care. The "Don't wait to weigh" campaign aims to increase SBUHB performance to above the national average of only 13.5% - 55% of patients being weighed. January – March data is being collected to compare the outcomes of the campaign and improvement.

Risks	
Weighing beds in critical care	Paper to QPPB September 2024

Evidence -

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
 Nutrition & Hydration Day held with catering departments across 3 main sites
 First Learning Symposium held in June – 33 attendees, 10 evaluations requesting more events

Progress in the last month

- An a la carte paediatric menu completed by catering and dietetics agreed for roll out – BAYouth to quality assure. Baseline data sourced and evaluation process in situ with catering awaiting agreement
- Progression of Patient tasting menu focus group – meeting to agree governance 1/08/2024
- Baseline data received from catering and PALS understand satisfaction and complaint themes
- Snack ordering system progressing
- QR poster/process for catering, nutrition & Hydration progressing
- Baseline weights now sourced to measure against success of "Don't wait to weigh" campaign and on-going measuring from WNCR system.
- Hydration traffic light system for scale and spread to community and in patient care
- UTI task & finish group awaiting data on community UTI's and progress on educational pathway and baseline data requested. Pilot study discussion in situ regarding hydration jug system
- Exploring bed tender for weighted beds in critical care with procurement. Paper for QPPB in September
- Agreed learning symposium in Autumn

Actions for the next month	Responsible Owner	Due Date
QI intervention – community and nursing homes (hydration)	JW & stakeholders	ongoing
Patient representative groups sought for children's menu with BAYouth Patient menu taster focus group progressing	JW & stakeholders	Aug 24
Baseline data for hydration and measures to be agreed	JW & Stakeholders	Aug 24
Mirror scoping exercise completed in Morriston at Singleton & NPT during August – Pat slide QI update	JW & Stakeholders	Aug 24 Ongoing
Set up monthly meetings with SRO & QP lead completed	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

Project Team: SRO Sharron Price, Subject Expert Rachel Govier-Williams, Eleri D'Arcy (QP Lead) **Month – July 2024**

Methods
 To be finalised
 - Repositioning - Datix reporting - Governance Patient information - Digital
 - Platforms - Education & Skills - Equipment & Resource - Documentation

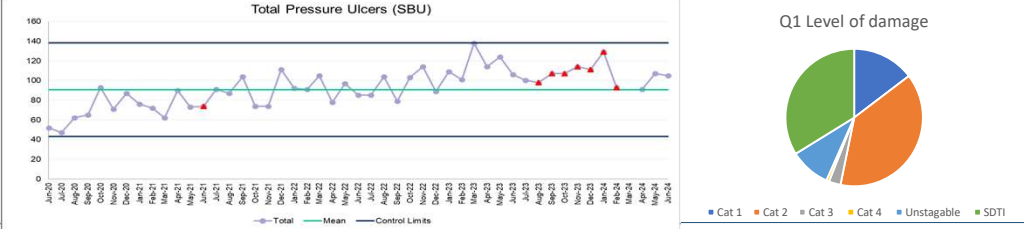
Other critical success factors

- continue PUPSG.

Key achievements

- Skin tone Bias changes to Risk assessments
- WNCR digital Changes
- QI mapping with SG
- 12.1 % Reduction** in HB incidents since Quarter 4, 31 % percentage change reduction in hospital.
- PUPSG ongoing
- SOP Scrutiny Panels
- Pressure ulcer Prevention training –Hot Spots Pressure ulcer information leaflet produced and on

Key Outcome Measure/s



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 hospital rate of incidents per 1000 bed days was 1.49

Progress in the last month

- ED T&F group working on SOP for Datix reallocation
- Paediatric pressure ulcer risk assessment changes agreed
- care plan development and changes ongoing.
- QI team guided training to support pressure ulcer projects across the HB
- Mapping sessions with PCS QI planning
- Mapping/ Audit underway for Repose cushion as Quality Project with CIP
- MDT pressure ulcer prevention Audit
- QI project - Rehab & Deconditioning
- SQuiP (HB Pressure Ulcer QI plan) completed
- PCS and Care home education project planned –PUPIS involvement

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	SBAR Repose cushion.	Rachel Govier-Williams	Aug 24
No Medical Photography In Neath, MHL D & Out of hours	PUPSG	Escalated QS - RR 16	Datix reallocation Pathway	Paul, Eleri Darcy & Rachel Govier-Williams	Aug/Sep 24
			All SG to identify QIP for PU	SG /PUPSG	Aug 24

Evidence -

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 – July 2024

Methods:

- Sepsis team are working with sepsis leads in clinical teams to develop an action plan to achieve 'business as usual' incorporating governance, training and audit .
- Embed Sepsis and Acute Deterioration audit into monthly Ward audit to ensure robust sustainability.
- Support development and roll out of national sepsis measures.
- Review sepsis training.

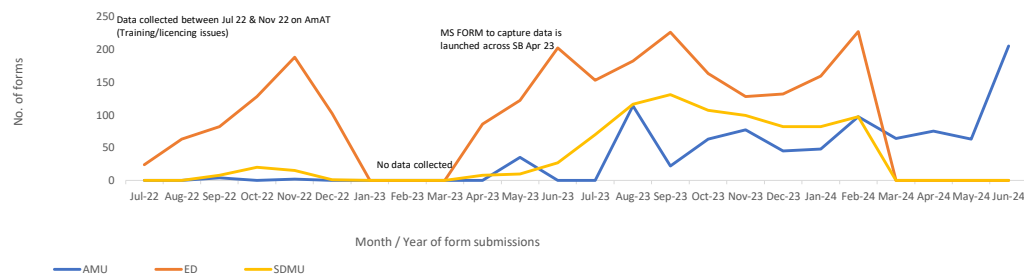
Other critical success factors:

- Increase the number of patients appropriately screened for Sepsis
- Reduce harm from sepsis eg inappropriate antibiotic prescribing.
- 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 monthly ward audit.

Key Outcome Measure/s

- No. patients screened for Sepsis

No. of Sepsis forms completed in SBUHB for Morryston AMAU, ED & SDMU from July 2022



Key achievements:

- Involvement in development of national acute deterioration and sepsis measures and action plan.
- Drive an all-Wales approach to Sepsis.
- Development of easy decision guide to appropriate and efficient training for sepsis.
- Development of a more robust sepsis alert on Signal- trial ongoing
- Blood culture improvement package, demonstrating impact.
- 1st dose antibiotics audit completed and action plan in development.

Progress in the last month:

- Blood culture improvement package, demonstrating impact.
- 1st dose antibiotics audit completed and action plan in development.
- Sepsis alert on Signal being trialed across HB.
- Engagement from all service groups on their plans for sepsis business as usual.
- Development of sepsis audit to be included within the implementation of the Core Ward Audits across the Health Board on AMaT
- Trial collection of all Wales Sepsis measures to ensure sustainability and reliability

Actions for the next month	Responsible Owner	Due Date
1st Dose antibiotic action plan complete	Dr R Mothukuri	Aug 24
Roll out Blood Culture Improvement	Lisa Fabb/ Louise Wooster	Sept 24
Signal Sepsis screening report	Lisa Fabb	Sept 24
Test of all Wales Sepsis measures	Lisa Fabb	Sept 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 – July 24

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

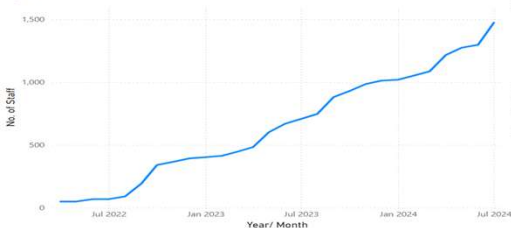
Key achievements:

- 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 18th
- 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 21st 2023
- Sharing HOPE film presented to Chair board in May 2024
- Sharing HOPE winners of Best staff Initiative at the HMPA Cymru Awards 2024 – Suicide Prevention work highly commended.
- Sharing HOPE has reached the final of the prestigious RSPH Health & Wellbeing Awards – November 2024 in London

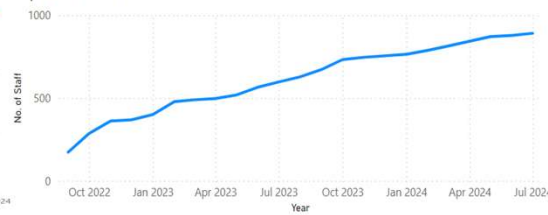
Key Outcome Measure's:

- Education of all available staff across the HB in recognising and managing suicide.
- Occupational Health and Wellbeing support for staff with anxiety/depression to prevent escalation in risk of suicide
- Between March 22 to July 2024 – 109 staff reported suicidal thoughts in the previous days at initial assessment
- Between March 22 to July 2024 - 52 staff report
- Total of 5975 staff trained in React & Suicide Training Level 1

Cumulative number of staff attended Sharing HOPE engagements across SB from April 2022



Cumulative total of SBUHB staff trained in REACT & Suicide Prevention from September 2022



Progress in the last month:

Suicide Prevention QP is being progressed to business as usual

- Paper of Suicide Prevention Training model and sustainability to be presented to QPPB September 2024 agreed
- HMP Swansea QI project commenced in July 2024
- Sharing HOPE festival & art exhibition completed from 1/07/24 - 14/07/2024 at NPT Hospital
- Health Board Suicide & Prevention Strategy to align threads of quality priority work undertaken with staff wellbeing.
- Sharing HOPE has been unsuccessful in securing funding to continue past September 2024 – alternative options being explored by Johan Skre

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	Risk is closed due to progression of QP into business as usual

Actions for the next month	Responsible Owner	Due Date
Quarterly meeting October 2024	SJ & JW	Oct 24
QI for HMP Swansea	JW & MP	Ongoing
Sustainable model of training paper to QPPB in September 24	JW	Ongoing
Sharing HOPE – Deep dive evaluation being completed	JW & JS	Aug 24

Evidence – [talk-to-me-2-suicide-and-self-harm-prevention-action-plan-for-wales-2015-2020.pdf \(gov.wales\)](https://gov.wales/talk-to-me-2-suicide-and-self-harm-prevention-action-plan-for-wales-2015-2020.pdf)