



GIG  
CYMRU  
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WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



# Quality Priorities highlight report

December 2023

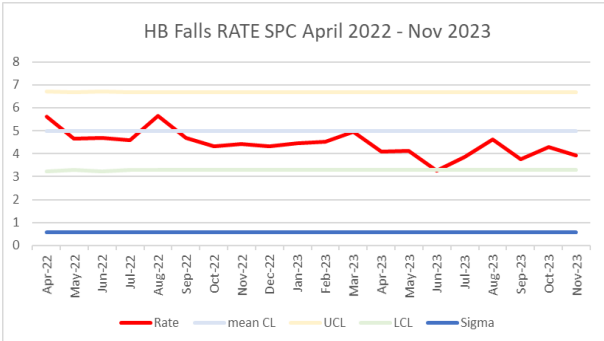
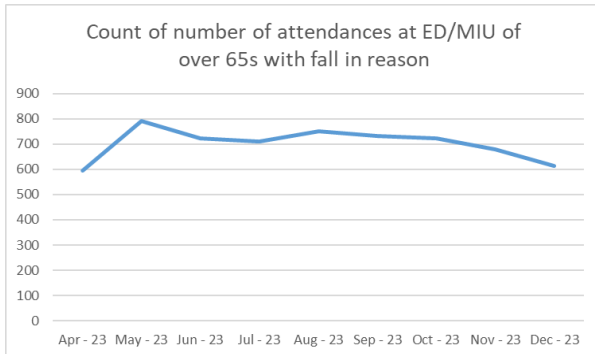
Author - Angharad Higgins and Quality Priority Teams

Sponsor - Gareth Howells, Director of Nursing and Hazel Powell,  
Deputy Director of Nursing



# 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 – December 2023																							
<div>Methods</div> <ul style="list-style-type: none"><li>•Build on Quality improvement programme.</li><li>•Embed Falls audit programme.</li><li>•Embed reporting structures from service groups Targeted QI input to high falls rate wards</li><li>•Develop/Educate clinical workforce</li><li>•Development of HB Falls Strategy</li><li>•Engagement with Improvement Cymru and participation in Safe Care Collaboration Consider training to be mandatory</li><li>•Promote public health campaigns re: healthy lifestyle and physical activity e.g Reconditioning.</li><li>•Community Falls services review</li></ul> <div>Other critical success factors</div> <ul style="list-style-type: none"><li>• Regional falls prevention taskforce</li></ul>			<div>Key achievements</div> <ul style="list-style-type: none"><li>• reduction of inpatient falls &gt;10% 2022-2023</li><li>• Agreed Governance structure with nominated SRO and Chair</li><li>• Improvements noted in National Audit of Inpatient falls 2023</li><li>• Inaugural Falls Summit held in March 2023</li></ul>																							
<div>Key Outcome Measure/s –</div> <div>HB Falls Rate since April 2022 and front door admissions of over 65s with Fall since April 2022</div> <div><div><div>HB Falls RATE SPC April 2022 - Nov 2023</div></div><div><div>Count of number of attendances at ED/MIU of over 65s with fall in reason</div></div></div>			<div>Progress in the last month</div> <ul style="list-style-type: none"><li>• HB Community Falls scoping exercise, Gap analysis and duplication report completed – scheduled for management board December</li><li>• Falls Audit in OPMH completed all sites – lesson learnt to be shared and QI plan to be developed</li><li>• Falls Policy updated – out for consultation and feedback</li><li>• National Falls Prevention education pack launched following success of falls Crime scene</li><li>• Focus on Reconditioning as pan health board approach– ACTIVE August has been positively received – developed to ACTIVE Autumn for phase 2 – focus on embedding reconditioning throughout HB</li><li>• Deconditioning added to visiting policy</li><li>• Quality Priority workshop planned Nov 23 to discuss collaborative approach</li><li>• Progression with Safe Care Collaborative Project – iSTUMBLE app use with Domiciliary Care agency</li><li>• SCC project mirrored with Care homes in partnership with Swansea LA</li><li>• Approval by Quality Priority Board for further QP collaboration</li></ul>																							
<table><tr><th>Risks to delivery</th><th>Owner</th><th>Next Steps</th></tr><tr><td>Awaiting Digital dashboard</td><td>Digital</td><td>Under development</td></tr><tr><td>Falls possibly removed from medical workplans</td><td>Medical</td><td>explore</td></tr></table>			Risks to delivery	Owner	Next Steps	Awaiting Digital dashboard	Digital	Under development	Falls possibly removed from medical workplans	Medical	explore	<table><tr><th>Actions for the next month</th><th>Responsible Owner</th><th>Due Date</th></tr><tr><td>NHS Wales Internal Audit Process</td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>			Actions for the next month	Responsible Owner	Due Date	NHS Wales Internal Audit Process								
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Quality Priority – Nutrition & Hydration  
Goal -

Project Team: Project Team: Senior Responsible Owner – TBC , Project Manager – Jayne Whitney, QI data lead – Samantha Scott, QI Lead Sheena Morgan		Month – Nov 23
<b>Methods</b> <b>QI areas discussed by N &amp; H committee:</b> 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		<b>Key achievements</b> Agreed several QI projects with H & N Committee First QI project agreed as Weight Monitoring (WM) pilot area Morriston site Data requested from WMCR 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
<b>Key Outcome Measure/s – To be identified by N &amp; H committee (TBC)</b>		<b>Progress in the last month</b> Site visit to Morriston Hospital – hot spot areas agreed by lead in Morriston (Louise Jenvy) - Ward D, E, F,A,B, W & ITU visited week commencing 30th October 2023. (Current equipment, challenges and barriers discussed – explored equipment standards and best practice) . Action Plan Template with GMOs & 100-day plan developed Scoping report completed on hot spot areas and highlighting good practice and challenges Delays in establishing data on weights across Morriston group due to sourcing and extracting data from the WMCR system which has impacted on measures being agreed. Arrangements in situ with comms department to launch priority on intranet – this will feature information from stakeholders on the importance of the priority and will feature a learning and education approach regarding weighing patients. A “don’t wait to weigh” campaign will launch highlighting best practice from areas showing solutions and QI projects. Also on the provision of snacks and a poster of available snacks that can be cascaded to wards. A screen saver slot to TBC QI on pat slide on Ward W to be progressed and hydration jug pilot

Risks to delivery	Owner	Next Steps
To be confirmed by N & H committee	Stakeholders	16/11/2023
No SRO agreed for QP N & H	Manager Q & S	To formally identify SRO in Nov 2023

Evidence -

Actions for the next month	Responsible Owner	Due Date
Comms campaign launch of priority & Walk about of catering department on 5 <sup>th</sup> December establishing challenges on snack provision process.	Jayne Whitney	Jan 23
GMO & 100 day plan template complete – to be agreed by N & H steering committee and % agreed	Jayne Whitney & Sheena Morgan	Dec 23
Scope data when received regarding estimated weights on the WMCR system requested by lead to appropriate matron	Jayne Whitney/Louise Jenvy/Samantha Scott/Lee McQuaid	Dec 23

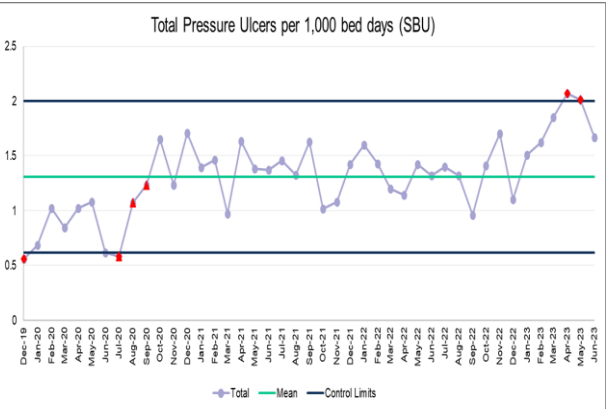
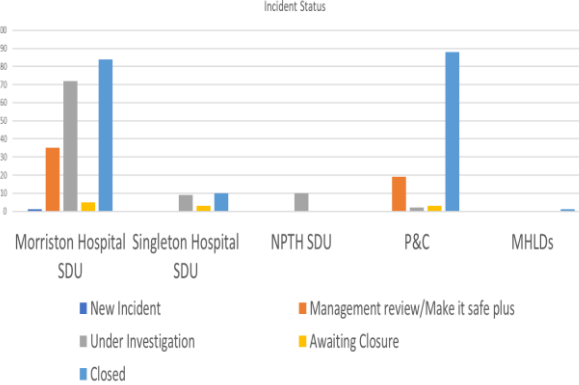
# Quality Priority – End of Life Care (EOLC)

**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 – November 2023																										
<div><div>Methods</div><div><ul style="list-style-type: none"><li>Increased correct identification of people who may be in the last year of life</li><li>Increase Advance &amp; Future Care Planning (A&amp;FCP) across all care settings</li><li>Increased correct identification of people who may be in the last days of life</li><li>Increase the number of staff given education and training to support high quality EOLC</li><li>Identify and produce systems that support sharing of A&amp;FCP across all care settings</li></ul></div><div>Other critical success factors</div><div><ul style="list-style-type: none"><li>Medical engagement with EOLC throughout service groups, demonstrated through medical EOLC champions within each service</li><li>All Service Groups to participate in completing the Health Board End of Life Care audit.</li></ul></div></div>			<div><div>Key achievements</div><div><ul style="list-style-type: none"><li>EOLC training established and continues each month - Champion programme, Regular Education sessions, bespoke training requested by Service Groups and care home training.</li><li>Internal Audit Spring 2023 gave reasonable assurance for End of Life Care.</li><li>Some improvements seen in the National Audit of Care at the End of Life 2022 compared to 2021.</li><li>A shift in the number of Advance care plan notifications set in WCP from median of 6 to 72 per month</li><li>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 &amp; NHS Executive sites to download.</li></ul></div></div>																										
<div><div>Key Outcome Measure/s – link to dashboard to be added</div><div><ul style="list-style-type: none"><li>BY September 2023 23% of HB staff have been trained in EOLC training</li></ul></div></div>			<div><div>Progress in the last month</div><div><ul style="list-style-type: none"><li>Digital planning meetings continue to take place with plan sent to Management board</li><li>Digital intelligence discussions ongoing, continuing development of dashboards</li><li>Palliative Care Project started in July 2023 (Safe Care Collaborative Community Work stream project) – data collection started in July, review of data continuing</li><li>Recent bespoke training has taken place across Morriston, NPT&amp;S and P,C&amp;T service groups. Care home train the trainer is ongoing after the pilot when care homes ask for support.</li><li>A&amp;FCP notifications in WCP are increasing – request with DHCW to determine which teams this might be, there has been renewed efforts in Specialist Palliative Care.</li><li>Treatment escalation plans to be tested in the coming weeks in Morriston wards D, E &amp; F.</li><li>Care decision guidance encouraged through education sessions, new national version to be released soon, will be taken to NMC and LMC.</li></ul></div></div>																										
<div><div><div><div>% of Swansea Bay Residents Dying outside of Hospital (Home, Care Home, Hospice and other establishment)</div><div><p>Source: ONS weekly death registrations and Ty Olwen deaths</p></div></div><div><div>Advance Care Plan notifications set following a discussion with the patient about Advance Care Planning Residents in Swansea Bay UHB</div><div><p>Source: DHCW Information Services</p></div></div></div></div>																													
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# 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 – OCTOBER 23		
<div>Methods</div> <div>To be finalised</div> <div><div><div>- Repositioning</div><div>- Platforms</div></div><div><div>- Datix reporting</div><div>- Education &amp; Skills</div></div><div><div>- Governance</div><div>- Equipment &amp; Resource</div></div><div><div>Patient information</div><div>- Documentation</div></div><div><div>- Digital</div></div></div> <div>Other critical success factors</div> <div><div>• continue PUPSG.</div></div>			<div>Key achievements</div> <div><div>• Pressure ulcer information leaflet produced and translated into Cantonese and Bengali</div><div>• Mapping exercise Maternity Service to review risk assessments</div><div>• Electronic training register</div><div>• Developed Tissue Viability Share point page, training pages including tone assessment</div><div>• Quality Assurance Health board audit – learning shared via PUPSG</div><div>• Reporting and investigating guidelines sent to WG for sign off (All Wales Document)</div><div>• Pressure Ulcer training now delivered on overseas nurse induction.</div><div>• Scrutiny terms of reference renewed and agreed via PUPSG.</div></div>		
<div>Key Outcome Measure/s</div> <div><div><div>Total Pressure Ulcers per 1,000 bed days (SBU)</div></div><div><div>Incident Status</div></div></div>			<div>Progress in the last month</div> <div><div>• Agreement of main QP goal and primary/secondary drivers</div><div>• Deep Dive ward 12 – Work plan under development</div><div>• Health Board Datix Reporting Audit</div></div>		
<div>Risks to delivery</div> <div><div>No Tissue Viability Nurse Morriston - RR 20</div><div>No Dashboards, delayed data reports.</div><div>Governance –Delayed investigation and scrutinising</div></div>			<div><div>Actions for the next month</div><div>Responsible Owner</div><div>Due Date</div></div> <div><div>Work Plan fort Quality Priorities</div><div>Rachel Govier-Willaims &amp; Eleri Darcy</div><div>Dec 23</div></div> <div><div>Agree reporting structures</div><div>Project Team</div><div>Nov 23</div></div> <div><div>Facilitation of WNCR concerns All Wales meeting.</div><div>Fran Beadle /Rachel Govier-Williams</div><div>Nov 23</div></div>		





# Quality Priority – Sepsis

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

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

**Month – Dec2024**

### Methods

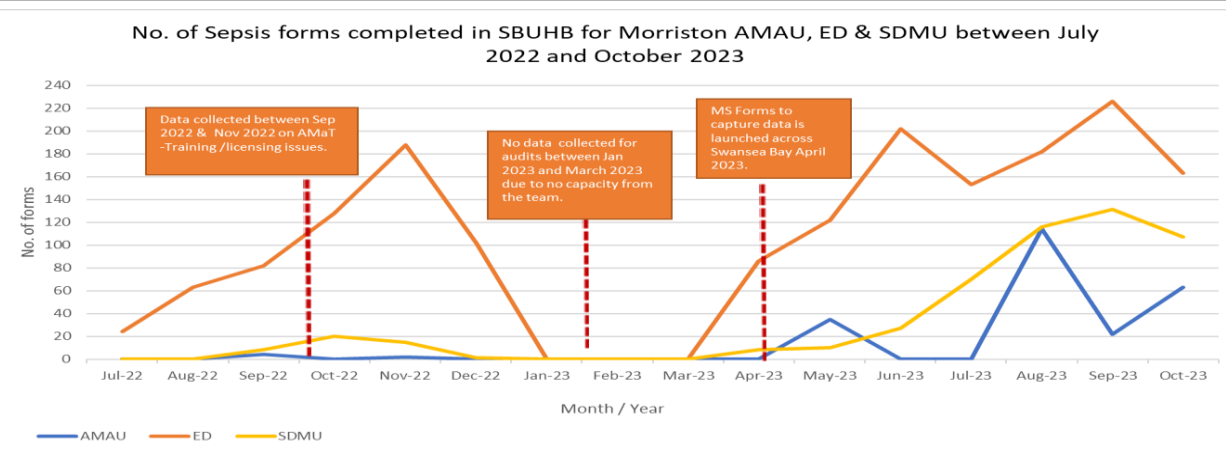
- Team are working with sepsis leads in clinical teams to develop an action plan.
- Resus team are working with sepsis champions and ward mangers to complete sepsis audits across acute sites.
- Establishment of trajectories for improvement for audit compliance

### Other critical success factors

- Increase the number of patients appropriately screened for Sepsis
- Reduce harm from sepsis
- Data consistently not 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

### Key Outcome Measure/s

- % of patients appropriately screened for Sepsis



### Risks to delivery

Lack of ownership within service groups, this is being mitigated through group nurse and medical director and designated service group leads

### Owner

Lisa Fabb

### Next Steps

Review of reporting structure to be agreed with SGCD.

### Key achievements

- Formation of an ITU admissions scrutiny panel
- All service groups have identified nursing sepsis leads.
- Around 2000 staff have received sepsis training in 2023.
- Targeted action plans devised in collaboration with sepsis champions, many of these have focussed on placement of sepsis screening books to ensure timely screening of patients at risk of sepsis.
- World Sepsis Day Symposium and launch of Sepsis hub site.
- Development of a more robust sepsis alert on Signal

### Progress in the last month

- Development of a more robust sepsis alert on Signal
- Extensive review of ICNARC data and the impact of sepsis on critical care services.
- Development of action plan around blood cultures to improve antibiotic stewardship.
- ToR reviewed and agreed, partial agreement of GMOs.
- Working with Morriston SG to review themes on sepsis admissions to ITU.
- NPTSSG are looking at using existing Signal options to improve communication around sepsis and a targeted training programme.
- Awareness campaign including drop-in training sessions, ward-based training sessions and use of sepsis notice board displays are being used across the HB.
- Supporting key areas in audit process and small tests of change.

Actions for the next month	Responsible Owner	Due Date
Junior Doctor Engagement	Lisa Fabb. Dr R Mothukuri	Nov 23
Blood Culture Improvement	Lisa Fabb/ Louise Wooster	Dec 23
Reviewed GMO to be agreed with SGs	Lisa Fabb/ Dr R Mothukuri	Dec 23
Trial Digital systems and intelligence to formulate plan for remaining year	Samantha Scott / Lisa Fabb	Jan 2024

# 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 – Nov 2023**

### Methods

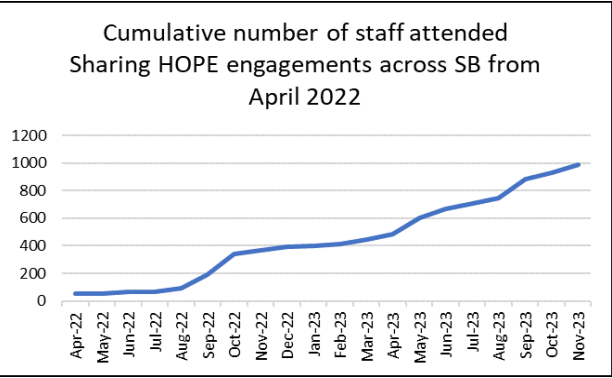
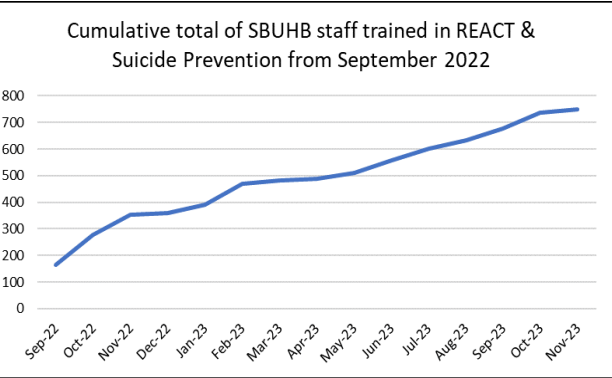
- Engagement in Sharing Hope project
- Delivery of training in suicide prevention across all teams

### 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.



### 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

### Progress in the last month

- Sharing HOPE 985 staff engaged since April 2022
- 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.
- New combined REACT & Suicide Prevention Training including newly qualified induction nurses Total trained from Sep 2022 = 1088
- A bespoke REACT & Suicide Prevention training was delivered to Primary Care staff during there BT4L (Protective time for learning). Total trained in March 2023 = 263. Bespoke Suicide Prevention delivered to Swansea Primary Care Cluster 49 attendees
- Child Health bespoke session was delivered since June 23 where 67 people attended in total.
- Between Mar 22 to November 2023 – 6% of cases reported suicidal thoughts in the previous 7 days of initial contact.
- Between Jan 22 to November 2023 – 3% of cases reported thoughts to end life.
- Level 3 Suicide Prevention training for Mental Health professionals (This has been successfully piloted and will be rolled out across the MH division)
- Visited HMP Swansea to begin QI project

Actions for the next month	Responsible Owner	Due Date
Review frequency of Suicide Prevention Steering Group & review action planning & GMOs	Stephen Jones & Jayne Whitney	Nov 2023
Write up QI project for HMP Swansea and next steps discussions with stakeholders and problem statement	Marie Philips & Jayne Whitney	Nov 2023
Sharing HOPE – Deep dive evaluation – 1st phase filming with main stakeholders	Jayne Whitney & Johan Skre	Dec 2023

### Risks to delivery

- 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.

### Owner

MAG

### Next Steps

Meeting to reconvene