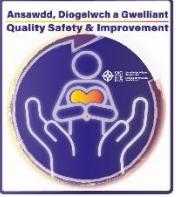




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Swansea Bay University
Health Board



Quality Priorities highlight report

September 2023

Author - Angharad Higgins and Quality Priority Teams

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



Quality Priority – End of Life Care (EOLC)

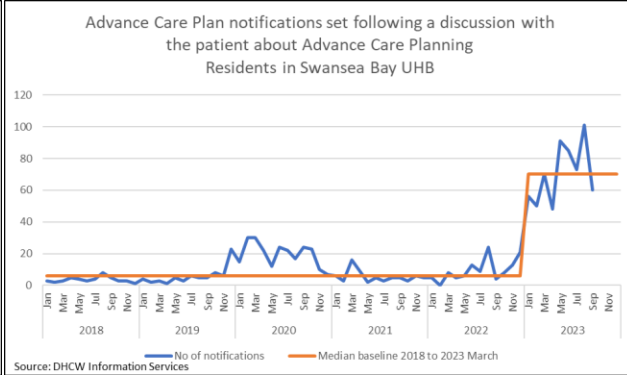
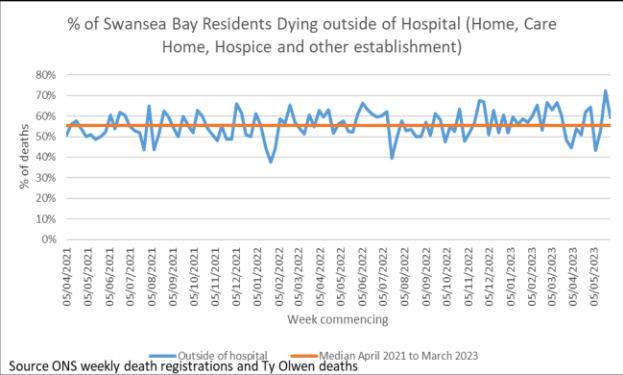
Goal - Increase proportion of Swansea Bay residents receiving the right care at the right place at the right time in the last year, months, weeks, days of life

Project Team: Senior Responsible Owner – Sue Morgan (Clinical Lead), Project Manager – Tracy Rowe (part-time) , QI lead – Emma Smith	Month – August 2023
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Methods <ul style="list-style-type: none">Increased correct identification of people who may be in the last year of lifeIncrease Advance & Future Care Planning (A&FCP) across all care settingsIncreased correct identification of people who may be in the last days of lifeIncrease the number of staff given education and training to support high quality EOLCIdentify and produce systems that support sharing of A&FCP across all care settings Other critical success factors <ul style="list-style-type: none">Medical engagement with EOLC throughout service groups, demonstrated through medical EOLC champions within each serviceAll Service Groups to participate in completing the Health Board End of Life Care audit.
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Key achievements <ul style="list-style-type: none">EOLC training established and continues each month 21% of HB staff trained August 2023 – 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 72 per monthMy 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.
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Key Outcome Measure/s – link to dashboard to be added
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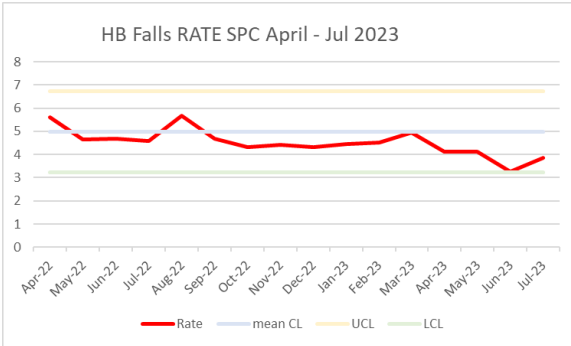
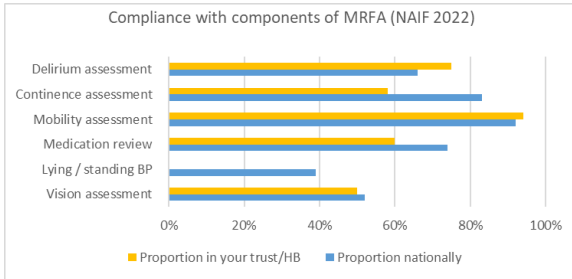
Progress in the last month <ul style="list-style-type: none">Digital planning meetings continue to take place with plan due for Sept 2023Digital intelligence discussions ongoing, plans for development of some measures in Sept 2023.Palliative Care Project started in July 2023 (Safe Care Collaborative Community Work stream project) – data collection started in July.Recent bespoke training has taken place across Morriston, NPT&S and P,C&T service groups. Care home train the trainer is ongoing after the pilot when care homes ask for support. Up to August 2023 21% of HB staff have received EOLC training.A&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.Feedback obtained from clinicians after the Treatment escalation plan pilot in ED and AMU, changes are to be made to the Treatment Escalation Plan. Discussions to take place with Home first team and critical care outreach.New action log developed and sent out end of Aug 23, awaiting feedback/completion from SGs.

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
Uncertainty on use of ONS deaths due to license concerns to measure outcome	Digital Intelligence	Waiting an update to resolution

Actions for the next month	Responsible Owner	Due Date
Review Palliative care project progress in October meeting's	Sowndarya Shivaraj, Sue Morgan and Emma Smith	Oct 2023
Continued meetings with Digital systems and intelligence to formulate plan by Oct for remaining year	Sue Morgan, Helen Thomas, Dai Williams and Emma Smith	Sept 2023
Repeat NACEL style staff survey locally to measure staff confidence and knowledge in supporting patients in the last days of life	Sue Morgan	Oct 2023

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 – August 2023														
<p>Methods</p> <ul style="list-style-type: none">•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•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 <p>Other critical success factors</p> <ul style="list-style-type: none">• Regional falls prevention taskforce			<p>Key achievements</p> <ul style="list-style-type: none">• 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														
<p>Key Outcome Measure/s –</p>			<p>Progress in the last month</p> <ul style="list-style-type: none">• HB Community Falls scoping exercise, Gap analysis and duplication report completed – scheduled for management board October• Falls Audit in OPMH completed all sites– lesson learnt to be shared and QI plan to be developed• Falls Policy updated– out for consultation and feedback• 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														
<div><div><p>HB Falls RATE SPC April - Jul 2023</p></div><div><p>Compliance with components of MRFA (NAIF 2022)</p></div></div>			<table><tr><th>Actions for the next month</th><th>Responsible Owner</th><th>Due Date</th></tr><tr><td>Community Scoping Report to be shared at MB</td><td>ED'A</td><td>Oct 23</td></tr><tr><td>Falls Strategy Planning</td><td>ED'A and strategy</td><td>ongoing</td></tr><tr><td></td><td></td><td></td></tr></table>			Actions for the next month	Responsible Owner	Due Date	Community Scoping Report to be shared at MB	ED'A	Oct 23	Falls Strategy Planning	ED'A and strategy	ongoing			
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Risks to delivery	Owner	Next Steps															
Awaiting Digital dashboard	Digital	Under development															

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 – Sept 2023

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 not yet available for all areas for June.
- 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

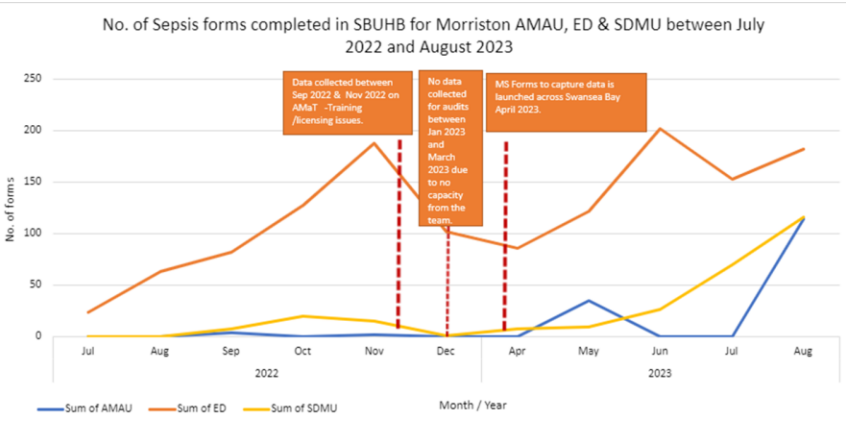
- % of patients appropriately screened for Sepsis

Key achievements

- All service groups have identified nursing sepsis leads.
- Around 1000 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.
- SBUHB sepsis in the community group collaboration with WAST and Powys Teaching HB

Progress in the last month

- Present to Management Board.
- Review of reporting structure and ToR to incorporate Steering group and Delivery Group.
- Morriston sepsis leads are in discussion with digital planning to provide a digital solution and a focussed piece of work in SDMU looking at training.
- 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.
- World Sepsis Day Symposium with communication and pledges to ensure the there is impact beyond World Sepsis Day.



Risks to delivery	Owner	Next Steps
Lack of leadership within service groups, this is being mitigated against through group nurse and medical director and designated service group leads	Lisa Fabb	

Actions for the next month	Responsible Owner	Due Date
Junior Doctor Engagement	Lisa Fabb	Nov 23
Blood Culture Improvement	Lisa Fabb/Louise Wooster	Nov 23
Review GMO	Lisa Fabb	Oct 23
Continued meetings with Digital systems and intelligence to formulate plan for remaining year	Samantha Scott / Lisa Fabb	

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 – Aug 2023

Methods

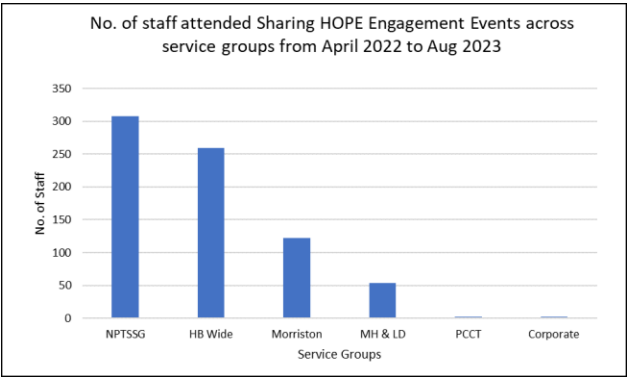
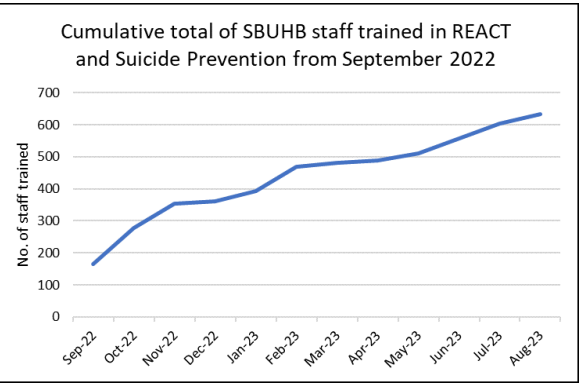
- Engagement in Sharing Hope project
- Delivery of training in suicide prevention across all teams

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.
- Planning for development of HB Suicide Strategy underway
- 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 September and two categories at the NT workforce awards November 21st 2023
- Time to Change Wales (Finalists of the NHS Awards)
- TRiM Trauma Pathway (Finalists of the NHS Awards)

Progress in the last month

- Sharing HOPE 747 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 = 841
- 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
- Child Health bespoke session was delivered since June 23 where 27 people attended in total.
- Between Mar 22 to August 2023 – 5.76% of cases reported suicidal thoughts in the previous 7 days of initial contact.
- Between Jan 22 to August 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)

Risks to delivery	Owner	Next Steps
<ul style="list-style-type: none">• 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
Business Case for Tier 2 Suicide Prevention Training	Jayne Whitney	Oct 2023
HMP Swansea Quality Improvement (SP)	Marie Philips & Jayne Whitney	Sep 2023
Redevelop action plan aligning it to the GMOs for Service groups to complete on a monthly basis	Stephen Jones	Sep 2023
Continue meetings with Digital systems and intelligence to formulate plan for remaining year	Samantha Scott	Sep 2023