

Help Me Quit in Hospital Smoking Cessation Services and Reducing Smoking During Pregnancy

Organisation	Cwm Taf Morgannwg UHB	Date of Mid-Year Report	09.09.2022
		Date of End of Year Report	27.03.2023

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Help Me Quit in Hospital Smoking Cessation Services

An update on the actions planned and implemented during the current operational year to advance the development of Help Me Quit in Hospital smoking cessation services.

Key: black text = 1st April 2022-31st August 2022. Purple text = Update from 1st September 2022-31st March 2023.

Objective	Key Actions Planned/Achieved	Risks to Delivery	Corrective Actions
Please refer to the checklist on the evidence that is to be provided for each objective			
Leadership and Co-ordination The health board has established mechanisms for the overall project management of Help Me Quit in Hospital and leadership to support implementation in all relevant service areas and sites.	<u>Key actions achieved</u> <ul style="list-style-type: none"> Launch of Respiratory Planning and Delivery Group Smoking Cessation Sub-group which will oversee development of the CTM HMQ in Hospital model for respiratory patients. The Terms of Reference of the Overarching Respiratory Planning and Delivery group are attached (Appendix A), along with their identified priorities for 2022-23 (Appendix B), of which increasing smoking cessation rates was ranked as the top priority. Development of draft objectives by the Smoking Cessation Sub-group (Appendix C). <u>Key actions planned</u> <ul style="list-style-type: none"> To seek commitments and agreements at executive level within the health during the next reporting period. 	<ul style="list-style-type: none"> The planned service complements the NHS Wales Planning Framework 2022-2025, however additional resource will be required to achieve the targets. The final HMQ in Hospital documentation has not yet been published by PHW, this is required to fully understand resource requirements. <u>Update:</u> <ul style="list-style-type: none"> Seeking and sustaining funding for the roll out of the HMQH model framework locally. 	<ul style="list-style-type: none"> To escalate the need for additional funding to meet targets via PHW and the health board.

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	<p><u>Update:</u> <u>Key actions achieved:</u></p> <ul style="list-style-type: none"> • Smoking Cessation Sub Group of the Respiratory Planning and Delivery group continue to meet monthly. • The overall aim of this work stream is to increase the percentage of adult smokers in CTM who make a quit attempt via NHS smoking cessation services. The sub group has been tasked to maintain oversight of all smoking cessation service delivery within the Health Board including the HMQH model in order to create an effective system for supporting people to quit smoking and to contribute to reducing overall smoking prevalence and health impacts of smoking. • A HMQH action plan for 2023-2024 has been developed, prioritising service development and delivery initially within respiratory departments followed by a phased roll out to other hospital departments (roll out to be agreed based upon evidence and need). • A HMQH project logic model and evaluation framework for CTM has been drafted. • HMQH Staff capacity gap analysis based upon PHW calculations conducted and found to be unattainable. Staffing model has been reviewed in response and a business case for P&EY funding for further advisor capacity and clinical leadership time has been developed <p><u>Key actions planned:</u></p> <ul style="list-style-type: none"> • A Board Development session has been arranged for June 2023 to further raise awareness of and seek commitment to the Health Board's role in tobacco control, including roll out of the HMQH model locally. 		

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<p>Service Development & Planning</p> <p>The health board has an agreed delivery infrastructure and plan to implement the Help Me Quit in Hospital pathway and model locally, with necessary staff and resources in place for its effective delivery.</p>	<p><u>Key actions achieved</u></p> <ul style="list-style-type: none"> • Phased return of HMQ in Hospital advisors to face-to-face delivery in the three district general hospitals in CTM since July 2022, whilst balancing demand for virtual services. • Development of an internal HMQ in Hospital manual outlining the gold standard of service provision for CTM advisors. • Service mapping within CTM, which will continue following release of the final implementation plan and model from PHW. • Delivery of brief intervention training to multiple staff groups (e.g. mental health staff) to encourage conversations about smoking and awareness of HMQ. • Development and sign off of smoke free messaging by the CTM UHB Smoke Free Policy group, which can now be used on patient letters and patient communications (Appendix D). <p><u>Key actions planned</u></p> <ul style="list-style-type: none"> • To undertake a full needs assessment of the population in the next reporting period, including assessment of need for communication materials to be translated into other languages. • To finalise service mapping within CTM and explore service mapping with wider partners and stakeholders. • To highlight the need for asking about smoking status, recording smoking status and referring to HMQ services at every contact via MECC training and via stakeholder conversations. <p><u>Update:</u></p> <p><u>Key actions achieved:</u></p> <ul style="list-style-type: none"> • A limited HMQH service resumed in August, and is being delivered on Respiratory Wards across the 3 DGHs. There has been a focus on building 	<ul style="list-style-type: none"> • Funding for the project manager role needs to be secured urgently to allow for dedicated resource to proceed with planning, model development and management of sub-groups. This is unlikely to be funded by CTM UHB. • CTM UHB needs to identify clinical lead time to dedicate to the development of the HMQ in Hospital model. • Current HMQ service staff are sufficiently skilled to deliver the service, however there are not enough WTE staff to comprehensively deliver the service across hospital and community. • Further development of prescribing pathways in hospital are needed as medical staff are not currently routinely prescribing NRT on admission. <p><u>Update:</u></p> <ul style="list-style-type: none"> • Currently there is not sufficient workforce to deliver a comprehensive service. Securing and sustaining funding for clinical leadership and appropriate HMQ Advisor time continues to pose as a risk to service delivery. 	<ul style="list-style-type: none"> • To escalate the need for additional funding to meet targets via PHW and the health board. • To escalate the need for clinical lead time via the UHB respiratory planning group. • To escalate the need to develop further prescribing pathways in hospital via the UHB respiratory planning group. <p><u>Update:</u></p> <ul style="list-style-type: none"> • Business case submitted for further funding

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	<p>engagement, awareness and delivery systems. Progress has been hampered by a number of staff vacancies and limited capacity, however there has been good engagement from Respiratory clinicians and referrals have been increasing.</p> <ul style="list-style-type: none"> • Baseline mapping of processes and delivery against the HMQH model has been conducted in respiratory departments across x3 district general hospitals. • Emerging themes found included 1) The need to secure clinical leadership to ensure effective implementation of the HMQ in Hospital model via ensuring that clinical staff and teams understand their roles and responsibilities and are engaged in the roll out of the model. 2) The need for staff training on VBA, the smoke free hospital policy, referral pathways into HMQH and withdrawal monitoring / NRT. 3) The need for a detailed communications plan to reinforce the smoke free hospital policy and HMQ service amongst patients, visitors and hospital staff. <p><u>Key Actions planned:</u></p> <ul style="list-style-type: none"> • Action plan for project delivery developed and agreed by sub group in response for 2023-2024. The aim is to fully implement the HMQH model in Respiratory departments April - September, using continuous learning to gradually roll out wider. • Further recruitment into the HMQ Team and to a clinical lead role, subject to business case approval. 		
<p>Joint Working The Help Me Quit in Hospital model and service is fully integrated and supported both within the health board and with the national programme and</p>	<p><u>Key actions achieved</u></p> <ul style="list-style-type: none"> • Initial development of a CTM UHB HMQ in Hospital model based on the national model. <p><u>Key actions planned</u></p> <ul style="list-style-type: none"> • To work with stakeholders and gather feedback on the CTM model to ensure it meets local need. 	<p><u>Update:</u></p> <ul style="list-style-type: none"> • Clinical and nursing stakeholder engagement and participation has been challenging particularly during winter when there are numerous other pressures on hospital settings. • Timeframe of national programme developments in comparison to local 	<p><u>Update:</u></p> <ul style="list-style-type: none"> • Securing funding for clinical lead role will be important. HMQH Team will have a key role in engaging staff on wards

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<p>meets agreed minimum service standards.</p>	<ul style="list-style-type: none"> To engage with national implementation groups from October 2022 to share outcomes and local progress. <p><u>Update:</u> <u>Key actions achieved:</u></p> <ul style="list-style-type: none"> HMQH baseline mapping of current smoking cessation pathways within respiratory departments across x3 district general hospitals have been compared with the proposed HMQH All Wales model and a project action plan has been developed in response. Regular attendance and support provided at national tobacco control implementation groups including the All Wales Tobacco leads group, HMQ in Hospital programme board, HMQH training sub group, IT Infrastructure sub group & Minimum dataset sub group. 	<p>service delivery and project plan (e.g. minimum dataset, national training and IT systems).</p>	<ul style="list-style-type: none"> CTM Public Health Team has been supporting the work of all the national implementation groups
<p>Monitoring Plans for consistent monitoring and reporting are in place in line with national minimum dataset and used to inform service improvement.</p>	<p><u>Key actions achieved</u></p> <ul style="list-style-type: none"> Ongoing reporting via the Quit Manager system to identify referrals and outcomes. <p><u>Key actions planned</u></p> <ul style="list-style-type: none"> To request quarterly reports from the central analysis team to monitor progress. <p><u>Update:</u> <u>Key actions achieved:</u></p> <ul style="list-style-type: none"> Ongoing reporting via the Quit Manager system to identify referrals and outcomes. It should be noted that the changes on Quit Manager to capture hospital clients separately from community clients was not implemented until 1st February 2023, therefore separate outcome data has not been available, but will be going forward. 		

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	<ul style="list-style-type: none"> Local CTM updates to the HMQH programme board submitted. <p><u>Key actions planned:</u></p> <ul style="list-style-type: none"> Local HMQH logic model and evaluation framework to be finalised and approved. Regular progress reviews and PDSA cycles will be implemented to inform plans to develop and roll out the service across all wards. Patient satisfaction questionnaire to be developed. 		

Reducing Smoking During Pregnancy

An update on the actions planned and implemented during the current operational year to support a reduction in the percentage of women smoking during pregnancy is requested.

Objective	Key Actions Planned/Achieved	Risks to Delivery	Corrective Actions
Please refer to the checklist on the evidence that is to be provided for each objective			
<p>Leadership and Co-ordination</p> <p>The health board leadership and organisational policies are committed to reducing the number of people smoking during pregnancy and to supporting suitable</p>	<p><u>Key actions achieved</u></p> <ul style="list-style-type: none"> Identification of a lead clinical champion with responsibility for strategic direction and service planning of the HMQ for Baby service. Ongoing support for service improvement provided by the public health midwife and local public health team. <p><u>Key actions planned</u></p> <ul style="list-style-type: none"> To integrate HMQ for Baby/MAMSS with the HMQ in Hospital service and general maternity services in CTM UHB to ensure seamless transition and connection between services and that all women are 	<ul style="list-style-type: none"> The planned service complements the NHS Wales Planning Framework 2022-2025, however additional resource will be required to achieve the targets. 	<ul style="list-style-type: none"> To escalate the need for additional funding to meet targets via PHW and the health board.

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maternal smoking cessation services.	<p>asked about smoking status and this is recorded at all contact points.</p> <ul style="list-style-type: none"> To seek commitments and agreements at executive level within the health board in the next reporting period. <p><u>Update:</u> <u>Key actions achieved</u></p> <ul style="list-style-type: none"> Work to align smoking cessation services under the HMQ 'umbrella' has been ongoing. The HMQ for Baby service is undergoing re-branding, with a move away from the name 'MAMSS'. The HMQ for Baby service is embedded in maternity services, with the Public Health Specialist Midwife leading on work to train all Midwives in CO monitoring (re-establishing after being paused through COVID) and referring to the HMQ for Baby service. Compliance is audited, with feedback to senior Midwives to enable further action. 3 x Wte Maternity Support Workers deliver smoking cessation support. 		
<p>Service</p> <p>The health board's maternal smoking service complies with NICE guidelines and the Models for Access to Maternal Smoking Cessation Support and is evaluated to ensure effective delivery.</p>	<p><u>Key actions achieved</u></p> <ul style="list-style-type: none"> Continual delivery of HMQ for Baby/MAMSS service that is based on the MAMSS research study in 2015 and conforms with NICE guidelines (e.g. opt-out referral pathway, timely contact pathways and offers personalised support using motivational interviewing techniques and pharmacological therapy). Development of an internal HMQ for Baby manual outlining the gold standard of service provision for CTM maternity support workers. Quarterly review of MAMSS data by the public health midwife, HMQ service lead and local public health team to identify areas for service improvement. 		

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	<ul style="list-style-type: none"> • Completion of an evidence review to explore explanations for low uptake of referrals to MAMSS (Appendix E). • Development of new pharmacy referral forms for use by HMQ for Baby support workers, in response to identified issues with NRT prescribing in pharmacy. <p><u>Key actions planned</u></p> <ul style="list-style-type: none"> • To develop educational resources to address barriers identified in the evidence review. • To undertake behavioural science informed focus groups to gather insight from midwives • To provide recommendations to the MECC training team based on insights from the evidence review and focus groups. • To communicate changes in HMQ for Baby pharmacy documentation and guidance on NRT provision in pregnancy across all community pharmacies in CTM. <p><u>Update:</u> <u>Key actions achieved</u></p> <ul style="list-style-type: none"> • The HMQ for Baby service is undergoing re-branding to align with HMQ and promotional materials including an animation have been developed based on the evidence review, to try and increase uptake of referrals to the service • Focus groups to gather insight from Midwives on referring to the service were arranged but with low uptake. This piece of work is currently being written up and insights will be shared when available. • The Public Health Specialist Midwife (PHSM) has completed Quality Improvement (QI) training and has begun instigating tests of change to improve the service. 		

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	<p><u>Key Actions planned:</u></p> <ul style="list-style-type: none"> The PHSM will continue to audit CO monitoring at booking and throughout pregnancy, aiming to achieve well over 90% at booking and smoking status and CO reading at least 4 more times during pregnancy Annual smoking audit of maternity records will be undertaken Implementation of the new promotional materials will be evaluated to assess impact on uptake of the service Further tests of change will include: <ul style="list-style-type: none"> Automatic digital referrals prior to booking (at point of referral to maternity services), when digital platform is launched Standardised text messages, including test of timing of texts and phone calls Written letter for those people who decline at point of referral or at 4 week follow up, and lost to contact women. Trial of Working with women throughout pregnancy. 		
<p>Staffing and Resources Necessary staff and resources are in place, for example smoking cessation specialists and are embedded within maternity and health visiting services so that all pregnant smokers are supported with cessation services.</p>	<p><u>Key actions achieved</u></p> <ul style="list-style-type: none"> Ongoing resource provision for 3.0 WTE Band 3 Maternity Support Workers to deliver HMQ for Baby in CTM UHB, and 1.0 WTE Public Health Midwife to manage the service via the Prevention and Early Years Fund. <p><u>Key actions planned</u></p> <ul style="list-style-type: none"> To scope opportunity to re-band the vacant Band 3 position to a Band 5 maternity smoking advisor, who would oversee and provide further specialist support to enhance the service and improve equitable reach across the health board. 	<ul style="list-style-type: none"> Reduced capacity in MAMSS team due to 1.0WTE Band 3 Maternity Support Worker being absent due to long-term sickness since June 2021. Inequitable service provision across CTM due to reduced staff capacity. <p><u>Update:</u> Band 3 Maternity Support Workers delivering HMQ for Baby are currently applying for re-banding to increase to Band 4, which will have financial implications and requires consideration of how to align the smoking cessation workforce in CTM</p>	<ul style="list-style-type: none"> To explore re-banding of the vacant Band 3 position to band 5 within the health board. Staff sickness is covered by the remaining 2.0 WTE Band 3 Maternity Support Workers who are delivering a hybrid service across CTM.

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	<ul style="list-style-type: none"> • To co-produce accessible educational and informational resources to promote and increase knowledge about HMQ for Baby in the community. • To deliver MECC training to midwives between November 2022 and January 2023, which will focus specifically on conversations about smoking in pregnancy and pathways to HMQ for Baby. • To work with CTM UHB administration services to ensure that standard messaging regarding the legislation against smoking on hospital grounds is included in all patient correspondence. This should also include information on accessing the HMQ for Baby service. <p><u>Update:</u></p> <p><u>Key actions achieved</u></p> <ul style="list-style-type: none"> • MECC training has been delivered, and the PHSM is carrying out bi-monthly training for midwives and support staff which includes brief intervention training and Making Every Contact Count principles. • New promotional resources have been developed <p><u>Key actions planned</u></p> <ul style="list-style-type: none"> • Maternity Support Workers delivering the service since the MAMSS pilot was originally run have applied for re-banding which gives the opportunity to align the smoking cessation workforce across CTM, and this is being considered 		
<p>Monitoring</p> <p>Systems for consistent collection, recording and evaluation of data are in place (including the identification of smokers,</p>	<p><u>Key actions achieved</u></p> <ul style="list-style-type: none"> • Regular collation of maternal smoking outcomes are collected via Quit Manager and via internal MAMSS systems. • Quarterly reporting of HMQ for Baby data to Welsh Government alongside HMQ data. 		

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<p>referrals & take up of cessation, as well as maternal outcomes and service user satisfaction) and service improvements are taken following evaluation.</p>	<p><u>Key actions planned</u></p> <ul style="list-style-type: none"> To review service evaluations used for MAMSS and promote use of updated service evaluations amongst support workers. To review data reporting processes, streamline and improve quality of data reporting. <p><u>Update:</u></p> <p><u>Key actions achieved</u></p> <ul style="list-style-type: none"> Continual review and improvement of the service is underway 		