

- 3.6 Annual Quality Statement
Presenter: Mandy Rayani
SBAR Annual Quality Statement (AQS) ARAC 5 May 2020
AQS 2019-20



**PWYLLGOR ARCHWILIO A SICRWYDD RISG
AUDIT AND RISK ASSURANCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	05 May 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Draft Annual Quality Statement 2019/20
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mandy Rayani, Executive Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Cathie Steele, Head of Quality and Governance

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

All NHS organisations are required to publish an Annual Quality Statement (AQS) as part of the organisation's annual reporting process.

The purpose of this report is to assure the Audit, Risk and Assurance Committee (ARAC) that, during the drafting of the AQS for 2019/20, the Health Board has complied with the requirements of Welsh Health Circular (WHC) [Annual Quality Statement 2019 / 2020](#) Guidance.

Cefndir / Background

The Annual Quality Statement (AQS) provides an opportunity for organisations to 'tell the story' of good practice and initiatives being taken forward, as well as confirming what went well and what not so well and the actions being taken as a result. All NHS organisations are required to publish an AQS, as part of the annual reporting process.

Asesiad / Assessment

Welsh Health Circular (WHC) Annual Quality Statement 2019 / 2020 Guidance

The Welsh Health Circular (WHC) [Annual Quality Statement 2019 / 2020](#) Guidance was issued on 23rd December 2019. The update guidance highlights that:

"NHS organisations need to be mindful that the Health and Social Care (Quality & Engagement) (Wales) Bill includes a new, broader duty of quality which requires NHS bodies in Wales to exercise their functions with a view to securing improvement in the quality of health services.

The Bill contains annual reporting requirements which require NHS bodies to assess the extent to which the steps they have taken to comply with the new duty of quality have led to improvements in outcomes. This new reporting requirement will build on and replace the existing Annual Quality Statement to form the basis of the mechanism through which the duty will be reported. Revised guidance will be co-produced ahead of the new requirements being introduced.

In the interim, annual quality statements will continue very much as in previous years but with an eye on the future requirements under the Bill. This Welsh Health Circular therefore provides guidance on the content and structure of the statement for 2019-20.”

In light of the updated WHC, and as reported to the 3rd October 2019 Quality, Safety and Experience Assurance Committee (QSEAC) meeting, the proposed process was reviewed to ensure that it met the requirements of the new guidance.

Preparation of the Annual Quality Statement

A request was made to all services and directorates that they complete a template giving examples, for potential inclusion in the AQS 2019/20, of new services, new initiatives or developments which improve quality of care for Hywel Dda residents within the Health and Care Standard domains of staying healthy, safe care, effective care, dignified care, timely care, treating people as individuals and our staff.

Completed returns were received from:

- Audiology
- Health visiting
- Nursing and professional standards
- Nutrition and dietetics
- Occupational health
- Pathology
- Pharmacy and medicines management
- Primary care
- Safeguarding
- Scheduled care
- Workforce and organisational development

The Communications Team have also provided a list of stories that they collected throughout the year for potential inclusion.

The draft AQS presented includes proposed priorities for 2020/21. These have been drawn from the Annual Plan which should ensure that there is monitoring of progress during the year.

Siarad Iechyd / Talking Health Readers' Panel and Stakeholder Reference Group

The draft AQS has been translated into Welsh translation with the intention of sharing a draft with the Siarad Iechyd / Talking Health Readers' Panel and the Stakeholder Reference Group to test the language and content from a user-perspective.

The intention was to ask members of the Siarad Iechyd / Talking Health Readers' Panel and the Stakeholder Reference Group to provide comment on whether the draft AQS was clear and easy for patients and the public to understand. However, due to the current Covid-19 pandemic, other priorities have taken precedence.

Quality, Safety and Experience Assurance Committee

The draft AQS (version 0.2) was shared with QSEAC and discussed at the meeting held on 7th April 2020. The QSEAC provided comment on the draft AQS for 2019/20, considered the proposed priorities and agreed these for 2020/21 and supported the proposed next steps.

Next Steps

The current draft of the AQS is being updated to:

- Reflect the comments received from QSEAC
- Ensure that the final figures for the full financial year are reflected;
- Give further information from services and directorates to complete the “We Said” sections within the report.

The authors of the AQS, the Annual Report and the Annual Plan have also liaised and plan to work together further to ensure that the information within each document is similar and consistent. Therefore, prior to presenting the finalised approved AQS, the information will be cross-checked.

The Health Board Chair and Chief Executive have been asked to provide a welcome to the AQS and the Chair and Lead Executive of the QSEAC have been asked to provide a final message and commitment for 2020/21 at the end of the AQS.

Internal Audit are currently undertaking a review as agreed in the 2020/21 internal audit plan. The overall objective of the review is to assist the Health Board with accuracy checking, including the scrutiny of data and evidence, before the publication of the AQS. The findings of the Internal Audit review will be reported to ARAC.

The Welsh Health Circular confirmed that the Health Board’s AQS must be published by 29th May 2020. However, due to the current situation with Covid-19, it has been suggested that a new deadline for publication might be issued by Welsh Government. Confirmation is awaited. However, the intention is to continue to work towards a final publication date of the end of May 2020.

Argymhelliad / Recommendation

The Audit Risk and Assurance Committee is asked to receive assurance that, in the drafting of the Annual Quality Statement for 2019/20, the Health Board has complied with the requirements of Welsh Health Circular (WHC) [Annual Quality Statement 2019 / 2020](#) Guidance.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference
Cyfeirnod Cylch Gorchwyl y Pwyllgor

5.2 In particular, the Committee will review the adequacy of:
5.2.1 all risk and control related disclosure statements (in particular the Annual Governance Statement and the Annual Quality Statement), together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board.

Cyfeirnod Cofrestr Risg Datix a Sgôr
Cyfredol:
Datix Risk Register Reference and
Score:

No corresponding risk identified on organisational risk register

Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply The AQS is written using the Health and Care Standards as a framework and therefore provides some assurance against the health and care standards.
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	8. Transform our communities through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Welsh Health Circular (WHC) Annual Quality Statement 2019 / 2020 Guidance
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg: Parties / Committees consulted prior to Audit and Risk Assurance Committee:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	The AQS requires resource in the form of staff time to produce it. This comes principally from the Director of Nursing, Quality and Patient Experience's budget. Resource will also be required from other areas such as Communications.
Ansawdd / Gofal Claf: Quality / Patient Care:	The AQS reports on the quality of HDdUHB services to the public, and is an important part of the Health Board's Annual Reporting process.
Gweithlu: Workforce:	Development of staff through pooling of skills and integration of knowledge
Risg: Risk:	The Annual Quality Statement has reputational risks if it is not published, or if the information within it is inappropriate or inaccurate. These are mitigated through review by Committees/Groups of the Health Board and by the Board Secretary, as well as audit by Internal Audit.

Cyfreithiol: Legal:	The Annual Quality Statement has legal risks if it is not published, or if the information within it is inappropriate or inaccurate. These are mitigated through review by Committees/Groups of the Health Board and by the Board Secretary, as well as audit by Internal Audit.
Enw Da: Reputational:	The Annual Quality Statement has reputational Risks if it is not published, or if the information within it is inappropriate or inaccurate. These are mitigated through review by Committees/Groups of the Health Board and by the Board Secretary, as well as audit by Internal Audit.
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	The AQS reports on services only. It aims to cover as many areas of service as possible, but it is not possible to cover everything within the report.

Hywel Dda University Health Board

Annual Quality Statement

2019 to 2020

March 2020 Version 0.2



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Alternative formats and large print are available on request by calling 01267 239554

Welcome from the Chair and Chief Executive

To add words



Maria Battle, Chair



Steve Moore, Chief Executive

About the Annual Quality Statement

Welcome to our Annual Quality Statement (AQS) for 2019 to 2020. This document gives us the opportunity to share with you how we are doing to ensure that our services are meeting local needs and meeting high standards. The Annual Quality Statement is an opportunity for Hywel Dda University Health Board to demonstrate in an open and honest way how it is performing and the progress that is being made to ensure that all of the services that we provide meet the high standards required.

The AQS has been set out under seven themes, each theme underpinning the quality and safety of the care that we deliver, each has three components:

- How we met the commitment made in 2019/20
- Successes and challenges
- Our commitments for 2020/21.



The AQS Themes

Staying Healthy – how we ensure that people in Hywel Dda are well informed to manage their own health and wellbeing.

Safe Care – how we ensure that people in Hywel Dda are protected and supported from harm and supported to protect themselves from known harm.

Effective Care – the arrangements we have in place for people in Hywel Dda to receive the right care and support as locally as possible and are enabled to contribute to making that care successful.

Dignified Care – how we make sure people in Hywel Dda are treated with dignity and respected and treat others the same.

Timely Care – the arrangements we have to ensure that people in Hywel Dda have timely access to services based on clinical needs and are actively involved in decisions about their care.

Individual Care – how we treat people in Hywel Dda as individuals, reflecting their own needs and responsibilities.

Staff and Resources – the information we have available for people in Hywel Dda to understand how their NHS is resourced and make how we make careful use of them.

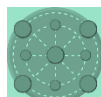
The Population We Serve



Population growth: The total population of Hywel Dda is estimated at 385,615 and is predicted to rise to 425,000 by 2033.



Ageing population: The average age of people in Hywel Dda is increasing steadily. The current number of over 65 year olds is predicted to increase from 88,200 (2013) to 127,700 in 2033. Currently, 3.2% are aged 85 and over (the second highest in Wales). The number of people providing unpaid care for family members is also increasing.



Changing patterns of disease: There are an increasing number of people in our area with diabetes and more people with dementia as our population ages. The number of people with more than one long-term illness is increasing. In 2018 Public Health Wales published a national picture on the burden of disease in Wales. It showed that cancers, cardiovascular disease, musculoskeletal conditions, mental health and substance misuse were the leading causes of death in Wales.



Tobacco: Almost one in 5 adults (18.7%) in our area smoke. While this number continues to fall, tobacco use remains a significant risk factor for many diseases, including cardiovascular disease and lung cancer, and early death.



Food: Two in every three people in our area do not eat enough fruit and vegetables, and more than 3 in 5 people are overweight or obese. For some people access to healthy, affordable food is difficult.



Physical activity: Over 40% of adults in our area do not take enough regular physical activity to benefit their health. Almost one third of our population are inactive.



Social isolation and loneliness: 16.2% of our population report feeling lonely.



Welsh language: The proportion of Hywel Dda residents of all ages who can speak Welsh is 46.6%.



Health inequalities: Variation in healthy behaviours leads to variation in health outcomes in Hywel Dda and this is also influenced by levels of deprivation. For example, whilst smoking prevalence in Hywel Dda has declined, there are communities in the health board area where rates of smoking have not changed. These communities [Llanelli & Pembroke Dock] as well as Cardigan are identified areas of deprivation within Hywel Dda. Within less deprived areas, there are often pockets of hidden deprivation.



Health Board Profile

384,000

We serve a population of around **384,000** in Carmarthenshire, Ceredigion, Pembrokeshire and borders

25%

We cover a **quarter** of the landmass of Wales



Nearly a quarter of our population is aged over **65**.

3,142



3,142 babies are born in our area every year

We have fewer people aged **25-44** and more people aged **55-79**

There are areas of **deprivation** including parts of **Llanelli, Pembroke Dock** and **Cardigan**. Within less deprived areas there are often pockets of hidden deprivation.

11,180

We employ **11,180** staff.



We have **four** main hospitals:

Last year we:

Bronglais in Aberyswyth;
Glangwili in Carmarthen;
Prince Philip in Llanelli; and
Withybush in Haverfordwest



Helped **164, 937** people through our Emergency Departments



We have **seven** community hospitals:



Amman Valley and
Llandovery in
Carmartheshire
Tregarson, Aberaeron and **Cardigan** in
Ceredigion;
Tenby and **South Pembrokeshire Hospital Health**
and **Social Care Resource Centre** in Pembrokeshire.



Cared for **64, 408** inpatients in our hospitals.

We have:

- 48** general practices;
- 47** dental practices plus **3** orthodontic practices;
- 99** community pharmacies;
- 61** general ophthalmic practices;
- 11** health centres;
- Numerous** locations providing mental health and learning disabilities services.

Specialised services support people with a range of rare and complex conditions. They are not available in every local hospital because they have to be delivered by specialist teams of doctors, nurses and other health professionals who have the necessary skills and experience. Unlike most healthcare, which is planned and arranged locally, specialised services are planned nationally by the Welsh Health Specialised Services Committee (WHSSC) on behalf of the seven local health boards in Wales. WHSSC works closely with the health boards to ensure that any specialised services commissioned is of a high standard and that there are no concerns identified from a quality perspective. They do this on our behalf through a quality assurance framework which is monitored by their quality and patient safety committee and reported into the health board.

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Staying Healthy

The principle of staying healthy is about ensuring that you are well informed so that you can manage your own health and wellbeing.

It's about the Health Board working with you to protect and improve health and wellbeing and reducing health inequalities.

We want you to be empowered to make decisions about your own health, behaviour and wellbeing that impact positively throughout your life.

In our statement last year, we said we would...	How we did
Increase the uptake of the flu vaccination	<p>80 Community Pharmacies in our Health Board offered flu vaccinations in 2019 to 2020, compared to 78 in 2018 to 2019.</p> <p>In October to December 2019, 9,368 flu vaccinations were provided in the Community Pharmacies, compared to 6,391 for the same period in 2018.</p> <p>In 2019, the Health Board also offered, as a targeted approach, flu vaccinations to patients attending clinics for:</p> <ul style="list-style-type: none">• chronic liver disease• respiratory issues• pre-assessment prior to surgery• antenatal care (Glangwili Hospital) <p>The numbers of patients vaccinated through these clinics was small but using the “every contact counts” approach the Health Board an</p>

	<p>opportunity to raise awareness of the importance of vaccination with patients with a chronic condition.</p> <p>In our South Pembrokeshire cluster work, the Health Board introduced a new role of an Outreach Nurse for the Elderly (ONE). This new role has been instrumental in engaging with care homes and the community and is able to provide flu vaccinations, helping increase flu vaccinations in these areas.</p> <p>The Health Board has also encouraged the workforce to have a flu vaccine and to capture the vaccination uptake developed accurate and timely reports for departments and managers. As at 31 December 2019, 4,897 staff received their flu vaccination.</p>
Reduce smoking rates in pregnancy	Final figures needed

“Staying Healthy” case study: the learning disabilities dream team



The Learning Disabilities Programme Group (LDPG) is a strategic group of service managers from Health and Social Care across the 3 counties of Carmarthenshire, Ceredigion and Pembrokeshire. The LDPG aim to ensure meaningful engagement with people with learning disabilities, and had commissioned a Statement of Intent and a Model of Care and Support for the Region and invited 3rd Sector services to the meetings, but had not been able to get the views of people with learning disabilities to be meaningfully represented at these meetings.

A group of adults with learning disabilities, supported by People First advocacy services, met to decide how best to provide advice and support to the LDPG.

They named themselves the Dream Team and this team has now evolved into a group of 10 people from across the 3 counties representing the wider learning disabilities population.

The Dream Team have developed a Meetings Agreement paper which specifies how meetings are run so as to ensure that the level of communication is appropriate, that papers are produced in Easy Read format, that there are breaks during the meeting and that people are given time to be heard. The Dream Team have also developed a Charter to explain how they wanted the Services to be transformed.

Safe Care

The principle of safe care is about ensuring that you are protected from harm and supported to protect yourself from known harm.

The health, safety and welfare of people are a priority for us. We want to provide services focused on safe care and are continually looking for ways to be more reliable and to improve the quality and safety of the services we deliver.

Although the provision of care has some associated element of risk of harm to service users, we want to identify, prevent and minimise unnecessary or potential harm. Therefore we want to ensure that you are kept safe and protected from avoidable harm through appropriate care, treatment and support.

In our statement last year, we said we would...	How we did
Expand the monitoring and escalation processes by introducing a Nurse Early Warning Score (NEWS) in community services and evaluate its use.	<p>To mark World Sepsis Day (Friday 13 September 2019), the Health Board launched the National Early Warning Score (NEWS) tool for use in the community and GP practices to improve early recognition and treatment of sepsis.</p> <p>Sepsis is a life threatening condition that arises when the body's response to an infection injures its own tissues and organs. It can be caused by something as simple as a cut or an insect bite, or an infection like pneumonia. It is also a risk following surgery, or for women who have just given birth.</p> <p>NHS Wales became the first healthcare system in the world to implement the NEWS tool as the standard in all hospitals in 2012</p>



but it has not been used by community nurses and GP practices until now.
NEWS enables clinicians and nurses to calculate a patient's physical condition is at risk of deteriorating in a standardised and universally understood way.

Starting with Tenby Surgery and the Pembrokeshire District Nursing Team, the use of NEWS will be rolled out by Hywel Dda UHB across all district nursing teams and GP practices in Carmarthenshire, Ceredigion and Pembrokeshire over the next 18 months.

Reduce the number of incidents of avoidable pressure damage experienced by patients in our care



In April 2019, Teifi Ward, a trauma and orthopaedic ward in Glangwili Hospital celebrated over 120 days without hospital-acquired pressure damage.

The team invested in special training and worked in collaboration with the Health Board Tissue Viability Team, Quality Improvement Team and Practice Development Nurse to ensure pressure damage prevention was a top priority.

The ward has undertaken a trial on special new 'Hybrid Mattress'. The mattress is a combination of both foam and air and designed for individuals at risk of developing pressure damage. Patients and staff both responded positively to the mattresses and a number have been purchased for Teifi Ward as a result.

Monitor the number of incidents reported within the health board and ensure that there is learning following serious concerns.

A quality assurance and improvement report has been presented to each meeting during the year of the Quality, Safety and Experience Assurance Committee.

The quality assurance section of the report includes a summary of data, intelligence and actions to provide high quality care against the core quality assurance process that exist within the Health Board and the core quality and safety indicators.

There are a number of core quality assurance processes in use across the organisation; these include Board to Floor Walkabouts, feedback on experiences of care, service specific spot checks, and clinical audit. An overview of quality can be obtained through analysis of quality and safety indicators; these include incidents resulting in harm, serious incidents (SI), and complaints.

The highest-level of patient safety incidents reported in 2019 to 2020 are pressure damage, patient accidents including inpatient falls, and medication related incidents. With these areas in mind the quality improvement section of the report has focused on the improvement work in these areas.

The full reports presented to the committee are available on the Health Board internet.

“Safe care” case study: training on the appropriate use of gloves

Utilising the work undertaken in Great Ormond Street Hospital supported by NHS England ‘The Gloves are Off’ Campaign, the Health Board introduced new training.

The use of non-sterile gloves has often been linked to episodes of cross-infection in hospital and can make the patient feel uncomfortable. Reducing glove usage in staff reduces the risk of acquiring an infection in hospital improving their safety. It also increases the chance that they would recover without the need for additional antibiotics.

The aim of the new training is to:

- Improve staff compliance with hand hygiene
- Reduce hospital acquired infections
- Reduce the level of skin complaints (dermatitis) from staff due to the overuse of gloves
- Improve the environmental impact

Two pilot wards were identified and glove usage monitored over the pilot period. In the two wards an improvement in Hand Hygiene was noted and it has been estimated that each ward saved £400 in 3 months.

This training will now be rolled out across the sites, ward by ward.

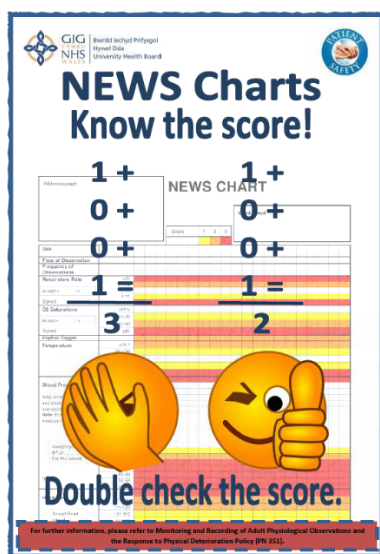


“Safe care” case study: patient safety team of the year finalists

The Health Board’s Assurance, Safety and Improvement Team were finalists at the Health Service Journal Patient Safety Awards 2019 in the category of Patient Safety Team of the Year. The team were recognised for their work to drive forward the patient safety culture agenda through a programme of patient safety initiatives.

The team recognised that within the Health Board there were no clear ‘images’ used as prompts at a clinical level to remind staff of risks and/or near misses that had been identified through the investigation of patient safety incidents.

On discussion with numerous ward level staff it was recognised that thematic learning posters would help teams learn because it would grab attention, and can explain concepts simply and quickly.



Due to the lack of images to act as ‘quick’ prompts repetitive errors and incidents continued. Through critical thinking the team decided to focus on the incidental findings of previous investigations as well as the larger contributing factors and raise awareness with colourful, bright and bold posters.

The team also lead a comprehensive and collaborative programme of activities to ensure the ‘right culture’ is present across the Health Board including:

- Regular patient safety days
- Learning from events posters
- WalkRounds™ – Board to Floor Visits
- Ward health checks

Effective Care

The principle of effective care is about ensuring that you receiving the right care and support as locally as possible and ensuring you are enabled to contribute to making that care successful.

We want you to receive the right care and support so that you are empowered to improve or manager your own health and wellbeing.

We want interventions to improve health to be based on the best practice and coming from good quality research.

In our statement last year, we said we would...	How we did
Continue to implement the hip fracture pathway and evaluate this work.	Final figures needed
Improve the quality of care and treatment plans within Mental Health Services by undertaking audits of documentation and reviewing our training.	The Mental Health Services in the Health Board have established a programme of ongoing review of Care and Treatment plans. The service have also implemented a rolling programme on Care and Treatment plans.
Ensure our patients receive their care in the most appropriate care setting and encounter minimal delays as they move through the different stages of care.	<p>The Health Board has made a commitment to improving how services are delivered. Three programmes are outlined in the Health Board's Health and Care Strategy: Transforming Mental Health and Learning Disabilities; Transforming our Communities; and Transforming our Hospitals.</p> <p>The Health Board has improved its:</p> <ul style="list-style-type: none">• Integrated Community Network. For example, making enhancements to Community Pharmacies including triage and treat, walk-In centres & information pods

	<ul style="list-style-type: none"> • Health and Well-Being Centres. For example, the opening of Aberaeron and Cardigan Health and Wellbeing Centres offering a range of health and well-being services and support • Hospital Network. For example, the establishment of front door therapy services on all four acute hospital sites • Mental Health and Learning Disability Care & Support Network. For example, the development of the Gorwelion 24hr Community Mental Health Centre including a place of safety and peer mentoring roles
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“Effective Care” case study: Faecal Microbiota Transplant (FMT)

The Health Board has introduced a new service, Faecal Microbiota Transplant (FMT) which is a treatment for relapsing cases of *Clostridium difficile* Infection (CDI).

When a patient has a course of antibiotics there is a chance they could develop a CDI which can lead to ongoing diarrhoea. This happens because the patients' normal bowel bacteria has been destroyed and the bowel has not been able to recover from the infection. Ongoing diarrhoea is very debilitating for the patient and can lead to malnutrition, dehydration and isolation and make them susceptible to other infections.

FMT aims to replace the patient's normal bowel bacteria that is destroyed with the use of antibiotics.



An agreement is in place with the University of Birmingham to supply the frozen aliquots to the Health Board. The initial agreement with University of Birmingham was that FMT would only be available to Prince Philip Hospital due to the distance that it would need to be transported. Since completing the initial FMT the service has been expanded across the Health Board.

Since the service has been available, all transplants that have taken place have been successful, with clear stool samples provided post-transplant. The patients saw improvement in general health, improved appetite and no further relapse requiring admission to hospital.

Dignified Care

The principle of dignified care is about ensuring you are treated with dignity and respect and that you treat others the same.

We should consider, at all times, and protect the fundamental human rights to dignity, privacy and informed choice. Care provided must take into account your needs, abilities and wishes.

In our statement last year, we said we would...	How we did
Continue with Multi Agency Care Assessment Meeting (MACAM) project and expand this to other hospital areas.	Information required
Establish a collaborative project to improve communication with patients, their families and carers.	<p>The Health Board has undertaken a number of collaborative projects throughout the year, including</p> <ul style="list-style-type: none">• Collaborative care model development for older people with a mental health and medical presentation• The development of pilot collaborative care model in Bronglais Hospital to bring together the acute and mental health teams for older people with a mental health and acute medical presentation

“Dignified Care” case study: charter to ensure rights of people with learning disabilities

In August 2019, Hywel Dda Board members pledged to do what they can to ensure people with learning disabilities have the same rights and choices as everyone else. The Charter was formally launched by Deputy Minister for Health and Social Care AM Julie Morgan at Pembrokeshire Show.

All Executives and Independent Members have signed “My Charter”, a charter written by people with learning disabilities in west Wales, called the Dream Team, setting out what they expect and want in life.



By signing, people express their agreement and also pledge to do what they can to make the charter a reality in work, with family and friends and in their communities.

A video detailing the charter and featuring some of the stories of people in west Wales with learning disabilities is available at www.pembrokeshirepeople1st.org.uk

“Dignified Care” case study: dementia care training

In an effort to support patients who suffer with Dementia, a training needs analysis has been undertaken. The work defines types of dementia, categories of patients who suffer this condition and its debilitating effects; and also the perceived training requirements for both informed, skilled and influencers in the care arena.

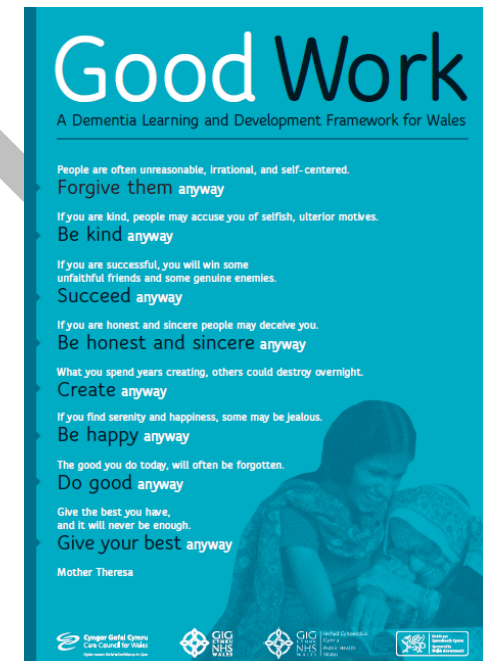
Dementia research is continuous with new ideas being developed around this condition. Several groups are in place across Wales, to support the introduction of the Good Work Framework. This Framework provides staff with an outline of the patients’ needs, the needs of the carers and staff and the potential outcomes for the patient and family.

For the patient with Dementia, at whatever stage, this work focusses care givers within the Health Board on gaining the necessary skills to provide quality care.

The acquisition of knowledge through the Good Work Framework benefits the patient and families by ensuring that the education surrounding Dementia is achieved to the benefit of patient care.

The Day Service Unit is continuing to progress providing a ‘dementia friendly’ environment for patients. This includes the laying of dementia friendly colour flooring, notices in toilets to minimise the risk of disorientation, and the assurance of the engagement of all staff. A dementia link nurse has also been allocated.

Patients who are admitted for surgical procedures and who also have dementia can be cared for in an environment that minimises the potential for increased confusion and anxiety. This also makes the experience less stressful for the carers and relatives.



“Dignified Care” case study: day surgery – ensuring dignity for transgender patients

During 2019, the Day Surgery Unit has explored how dignified care can be provided for transgender patients listed for planned surgical procedures within the service departments.

The service have reviewed the training needs of the staff and implemented a bespoke sessions for Senior Sisters over a 2 day period and 2 hour sessions for other nursing staff.

The staff who have received training has given positive feedback on the training. The service have also received equally positive feedback from a limited number of transgender patients attending the day surgery units.

Further work between Scheduled Care, Equality and Diversity and McMillan Services to evaluate and roll out the training sessions is ongoing



Timely Care

The principle of timely care is about you having timely access to services based on clinical need and about you being actively involved in decisions about your care.

We recognise that not receiving timely care can have a huge impact on your experience of our health services and on your ability to achieve the best health outcomes,

We want to ensure that, to get the best possible outcome, your condition is diagnosed promptly and treated according to clinical need.

In our statement last year, we said we would...	How we did
Continue to improve access to Ophthalmology Care	<p>We have developed and introduced an Optometry Cataract Enhanced Referral Programme. There are 45 practices with 67 Optometrists trained to provide this service.</p> <p>Between April and September 2019, 519 patients have been referred for cataract under the enhanced scheme. 287 have been directly listed following a virtual review of the notes by an ophthalmology consultant. This represents the equivalent of 43 outpatient clinics (12 patients per clinic) whose capacity has been released to see patients with other eye conditions.</p>
Improve the waiting times for follow-up outpatient appointments	Information required
Improve access to orthodontic and dental assessment and treatment	<p>As part of the NHS Wales pilot, e-referrals were introduced in Hywel Dda in March 2019, allowing for a consistent approach to the process of referrals for all specialist and secondary care services, with systems in place to identify any incorrect or inadequately completed referrals at the earliest possible stage preventing patients</p>

having any undue delays in accessing the correct services. Additionally, triaging of the referrals is completed in a timely manner ensuring that patients are provided with the care required in the post appropriate setting.

Patients and the referring dentist are able to track their referrals online as each patient is issued with a unique reference number.

Triaging of referrals is completed in a timely manner meaning that patients are signposted to the most appropriate service for the dental needs, based on the information provided on the referral.

The table below sets out the number of referrals received for the period March 2019 – December 2019.

Speciality	Total
Maxillofacial Surgery	326
Minor Oral Surgery	2164
Oral Medicine	489
Orthodontics	1532
Paeds	1160
Restorative	321
Special Care Dentistry	259
USC	122
Total referrals	6373

The level of access to General Dental Services remains relatively stable over the last 12 months at 46%

Improve access to assessment and diagnosis for Autistic Spectrum Disorder/ Attention Deficit Hyperactivity Disorder.

The Health Board has made increased funding available for services to assess and diagnose Autistic Spectrum Disorder. The funding is available to increase the small resource of staff that is currently available to provide the assessment service. Recruitment of staff with the appropriate skills has proved challenging and the current waiting times are sensitive to vacancies and sickness absences. The Health Board has also seen an increase in the referrals for the assessment services. A further financial commitment for this service has been made in the Annual Plan for 2020 to 2021

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“Timely Care” case study: the twilight sanctuary

Support when you need it - A ground breaking out of hour’s mental health service for adults has launched in Llanelli.

The Twilight Sanctuary is the first of its kind in Wales and is open Thursday to Sunday from 6pm to 2am, to offer a place of sanctuary for adults at risk of deteriorating mental health when other support based services are closed.

In partnership with Dyfed Powys Police and Carmarthenshire County Council, the Health Board have commissioned and are working together with Mind and Hafal to run the service to provide support when people need it from Mind’s centre in Llanelli.

The Twilight Sanctuary offers sanctuary and support to people at risk of deteriorating mental health, providing an alternative venue to receive early access help.

This service is the one of the first projects from the Transforming Mental Health programme to launch.

A short video had been produced to promote the service and can be viewed here:

<https://youtu.be/g5spgSdYA5M>

“Timely Care” case study: Cardigan integrated care centre

Cardigan’s brand new Integrated Care Centre opened its doors to the public on Monday, 9 December, bringing joined-up care to local communities for the first time.

The opening of the centre followed hot on the heels of the launch of a similar initiative in Aberaeron, and represented a decisive change of direction in the way that we deliver health and social care services in a largely rural landscape in the 21st Century.



As well as providing a modern, fit for purpose healthcare service including a GP practice, dental service and pharmacy, the new centre – which has been developed with £23.8m of Welsh Government funding – will host a range of other clinics and services delivered by the Health Board, the third sector, local authority and partner organisations.

Further information on the services provided at the Integrated Care Centre can be found on our website <http://www.wales.nhs.uk/sitesplus/862/news/51899>

Individual Care

The principle of individual care is about treating you as an individual, reflecting your own needs and responsibilities.

All those who provide care have a responsibility to ensure that whatever care they are providing includes attention to basic human rights. Where people are unable to ensure these rights for themselves, when they are unable to express their needs and wishes as a result of a sensory impairment, a mental health problem, learning disability, communication difficulty or any other reason, access to independent advocacy services must be provided.

We recognise that every person has unique needs and wishes. Your needs and wishes may vary with factors such as age, gender, culture, religion and personal circumstances, and your needs may change over time. Therefore respecting you as individuals is a central part of all care.

In our statement last year, we said we would...	How we did
Implement of a Patient Experience Charter and Children's Rights Charter	The Charter for Improving Patient Experience was approved by the Board in January 2020 and will be formally launched during Experience of Care Week in April 2020, with a programme of patient experience developments, to enable a wider range of improved ways in which feedback can be provided to the Health Board. Work has commenced on developing a Children and Young Persons Charter and the planned date for this is September 2020.
Increase the feedback received from patients, families and carers received and improve engagement with children and young people.	The Health Board captures service user feedback in a variety of ways, in accordance with the NHS Framework for Assuring Service User Experience, which involves the use of a four

quadrant model (real time, retrospective, pro-active/reactive and balancing).

Examples of the various methods include: surveys in clinical and ward areas, patient stories, on line surveys, the Big Thank You (an online facility to report compliments), as well receiving feedback in the form of complaints.

Earlier this year we started a pilot of a new Patient Experience module in the Datix system (our Health Board Concerns and Risk Management System). The module has been designed to capture complements that are received at a ward level either directly from patients or from their family, carers or friends.

We have also introduced the Friends and Family Test (FFT). The FFT is an opportunity for people to provide feedback on their experience of services; it involves us asking a standard question after patients have received care and treatment: "How likely are you to recommend our service to friends and family if they need similar care or treatment"? The service is currently available for all Accident and Emergency and minor injury units within the Health Board and a roll out program to extend the system to all other areas of the organisation will be implemented in 2020 to 2021.

During September and October 17,871 FFT surveys were sent representing 91% of the patients who attended our emergency departments. The response rate average was 12.2% and 84.5% returned a positive recommendation. We will be rolling the FFT across the Health Board in 2020.

Implement the revised Welsh Language Standards.



In May 2019, the Health Board launched new promotional materials to support the launch of the Welsh Language Standards.

The Health Board has formally adopted the Welsh Government's new Welsh Language Standards, which place a statutory duty on public bodies to give equal prominence to both the Welsh and English languages, as well as promoting and facilitating the use of the Welsh language, making it easier for people to use in their day-to-day-life.

The Standards aim to make it clear to organisations what their duties are in relation to the Welsh language; make it clearer to Welsh speakers about the services they can expect to receive in Welsh, make Welsh language services more consistent and improve their quality, ensuring important messages are reaching patients in their first language and making people feel more valued.

The Health Board has asked all of our staff to get ready and to familiarise themselves with the statutory duties that the new Standards will bring, and our responsibilities as a health board to ensure we provide excellent bilingual services to all. You can also find out more about how we have implemented the Welsh Language Standards in our Welsh Language Annual Report.

“Individual Care” case study: listening to our service users – a choice for bowel preparation

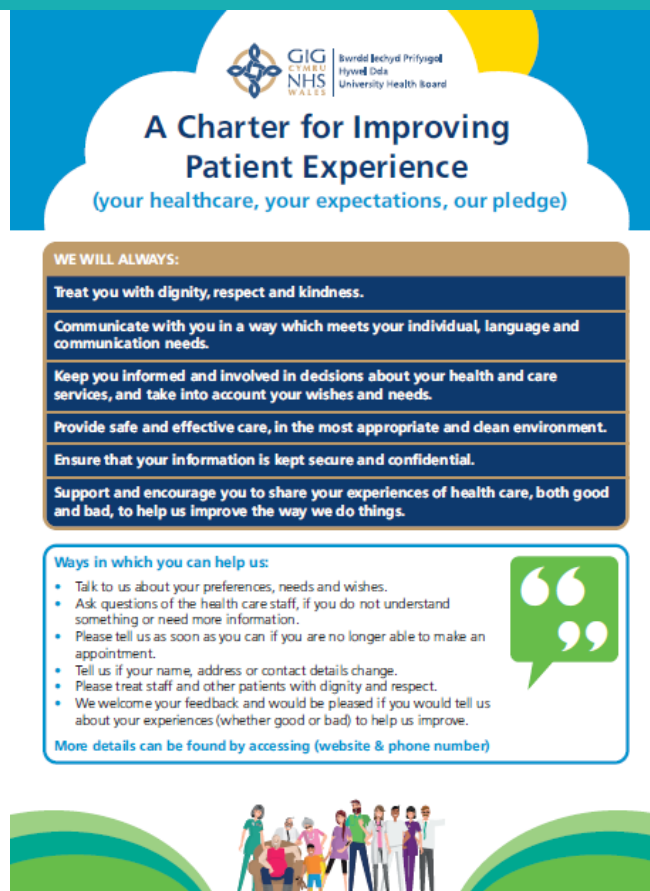
In response to a number of complaints and a theme in the patient satisfaction survey within Endoscopy, a change has been made to the bowel preparation for a colonoscopy procedure. Complaints and feedback was received regarding the volume and taste of the current bowel preparation Moviprep.

The service, after a discussion with screening colonoscopists and pharmacy lead, over a period of three months, undertook a trial of an alternative called bowel preparation called Plenvu.

A patient group direction (PGD) is in the process of being written which when approved will allow the service to offer a choice of Moviprep or Plenvu to the patient (unless medical co-morbidities indicate otherwise).

Plenvu is half the volume of Moviprep which makes it more tolerable to consume. The theory is that the taste may not suit all but it will be easier to take as less volume needed.

“Individual Care” case study: Charter for Improving Patient Experience



In February 2019, the Health Board agreed it would produce a Charter for Improving Patient Experience.


The Charter and associated poster has been co-produced with patients and the community and is based on what matters to them when accessing care and treatment, to enable a positive experience.

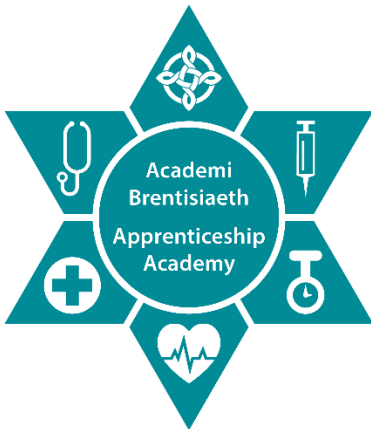
The Charter was approved by the Board in February 2020 and will inform the Health Board's patient experience programme, individual service plans for patient experience, and integration of patient experience feedback into service planning and improvement.

Staff and Resources

The principle of staff and resources is about ensuring that everyone in Hywel Dda can find information about how their NHS is resourced and how we make care use of the resources.

A significant resource is our workforce which consists of all the people who work in, for, or with our services and they are all integral to the delivery of a high quality, person-centred and safe service.

In our statement last year, we said we would...	How we did
Implement the 'Aspiring Medical Leaders' Programme 	<p>The Aspiring Medical Leaders Programme was implemented in 2019, providing the foundation knowledge needed to develop a healthcare system with A Healthier Wales: Our plan for Health and Social Care in mind. The programme focusses on real time organisational learning by challenging delegates to use the programme as the means of solving real issues mainly within their respective services.</p> <p>The programme is available to our consultants and general practitioners. This model mitigates the inclination for silo thinking, connects large parts of the whole system and also assists in developing relationships both locally and more widely.</p> <p>The outcomes of the programme are:</p> <ul style="list-style-type: none">• An understanding of the fundamental knowledge of non-clinical aspects of the organisation and broader system.• Increased capability to influence within own specialist areas of clinical responsibility and developing capability to influence across the system.

	<ul style="list-style-type: none"> • Peer support and collective desire for improving clinical services beyond the programme's lifetime. <p>A short promotional video of some of our senior clinical leaders discussing the approach to medical leadership within the organisation, highlighting our commitment to developing the leadership capability of medical staff across Carmarthenshire, Ceredigion and Pembrokeshire can be found at http://www.wales.nhs.uk/sitesplus/862/page/100220</p>
<p>Implement the 'Grow your Own' Programme</p>  <p>The logo is a teal-colored emblem. It features a central circle with the text 'Academi Brentisiaeth' and 'Apprenticeship Academy' below it. Surrounding this central circle are six teal triangles, each containing a white medical icon: a stethoscope, a syringe, a heart with a pulse line, a caduceus, a cross, and a microscope.</p>	<p>Over recent years, we have developed and implemented our 'Grow Your Own' programme. This programme is a combination of existing, new and innovative schemes, aimed at increasing our registered nurses across Hywel Dda University Health Board.</p> <p>Our aim is to increase the number of registered nurses to fulfil our vacancies within the Health Board and the 'Grow Your Own' programme offers an affordable route into nursing and allows nurses who are working in non-acute areas to move to the acute areas of nursing.</p> <p>Our Health Care Apprentice programme is an exciting opportunity that enables individuals to train to become a fully registered nurse through work-based learning. They begin by completing a Foundation Apprenticeship in Health Care Support Services (level 2), progress to an Apprenticeship in Clinical Health Care Support (level 3), before embarking on part-time university education, starting at level 4.</p> <p>The Health Care Apprentice Programme combines many programmes into one, which shows that we are committed to proving a direct pathway into nursing. Those on the programme do not need to reapply for the different programmes along the way. When they have finished the programme, they become a qualified Registered Nurse.</p>

In May 2019, Hywel Dda launched its Apprenticeship Academy. 187 applications were received for the 40 vacancies. 113 applicants attended assessment days and every person, whether successful or not, was offered individual face to face feedback.

Due to the calibre of applicants, 53 offers of employment were made and accepted (not the planned 40). 53% of those offered were Welsh speakers and 17% of those offered were male (which far exceeds our 7.8% ratio for male nurses in Hywel Dda).

Since the launch of the Apprenticeship Academy, other Apprentices have been recruited into other areas of the Health Board and with more staff groups expressing an interest.

Videos on our Apprenticeship Academy can be found here:

<https://www.youtube.com/watch?v=8ruORYE-Hic&t=41s>

https://www.youtube.com/watch?v=rOXleB_4SGI

<https://www.youtube.com/watch?v=7rzLG07fQII>

“Staff and Resources” case study: pharmacist of the year

Meryl Davies, Primary Care Antibiotic Pharmacist won the Pharmacist of the Year award at the prestigious Advancing Healthcare Awards Wales held in November.

Meryl was recognised for her innovative and disciplined way of working, focusing on addressing the appropriateness of prescribing of antibiotics. She audited general practices to assess appropriateness and then visited each practice, along with a consultant microbiologist, to discuss and educate prescribers on appropriate prescribing of antibiotics. This process has seen an improvement in antibiotic prescribing at re-audit and has received positive feedback from practices. Patients on repeat antibiotics are now reviewed to ensure that medication is still appropriate to avoid unnecessary harm.

Meryl has also provided advice on the implementation of new testing machines to help identify likely bacterial respiratory infections and has represented the health board on its national work stream. She has also worked with the Ceredigion Infection Prevention Nurse and Frailty Nurse on the management of urinary tract infections in care homes. This resulted in a 30% reduction in the amount of antibiotics prescribed during the pilot phase and a reduction in urine samples sent to the laboratory. The methods used in this pilot has now been adopted across Wales. Patients benefit from less evasive testing and appropriate use of antibacterial agents.

Meryl’s reputation is well known amongst the executive team. She is focused, driven, and enthusiastic and is both visible and accessible to support clinicians across the Health Board. She has demonstrated a passion for this role and has a vision for how it can be developed.



“Staff and Resources” case study: Cavell Star award for outstanding contribution to learning disability nursing

Laura Andrews, Professional Lead for Learning Disabilities Nursing, was presented with the Cavell Star by the Chair of the Health Board, Maria Battle. A senior Learning Disability nurse at Hywel Dda University Health Board is celebrating after receiving a prestigious award for her outstanding contribution to Learning Disability nursing.

The Cavell Star recognises outstanding nurses, midwives, nursing associates and healthcare assistants who go above and beyond in their professional duties and show exceptional care.



Laura was nominated for the award by her colleagues in the Learning Disabilities health liaison service for her passion and dedication towards LD nursing. She has been a LD nurse for over 30 years and has a wealth of knowledge and experience, having worked in many settings both in England and Wales.

Maria Battle, Chair of the Health Board, explained that “Laura is a true advocate and champion of learning disability nursing. She has tirelessly raised the profile of learning disabilities in all arenas she attends and takes every opportunity to encourage new students into the profession.

“Laura has been instrumental in developing new services to meet the needs of those with a learning disability and she always includes and values the input of people with a learning disability to ensure their voice is heard.”

“Staff and Resources” case study: recognition for invaluable commitment to educating the next generation of healthcare professionals



A Pembrokeshire GP was amongst several doctors and dentists from across Wales recognised for their invaluable commitment to educating the next generation of healthcare professionals.

Health Education and Improvement Wales (HEIW) awarded five winners, along with three runners up, at the BEST Awards ceremony that took place on 2 April.

The dedication of medical and dental trainers ensures NHS Wales is equipped to deliver excellent patient care now and in the future.

Dr Jennifer Boyce of Argyle Medical Group, Pembroke Dock was announced as joint winner with Dr Sara Bodey of Betsi Cadwaladr University Health Board in the primary care category.

As a GP trainer, Dr Boyce has been awarded for demonstrating professionalism and empathy while also bringing enthusiasm to the role of the GP in a rural area.

Julie Rogers, Deputy Chief Executive and Director of Workforce & Organisational Development at HEIW, said: “The BEST Awards recognise those doctors and dentists at the forefront of delivering medical and dental education across Wales.

“It’s fantastic to celebrate those who have been nominated by trainee doctors and dentists for their enthusiasm and commitment to their role as trainers and the support they provide.”

“Staff and Resources” case study: Lifestyle screening



From May 2019, the Health Board's Occupational Health Service has offered lifestyle screening, including a cardiovascular disease (CVD) risk assessment, to all Health Board staff. Evidence suggests that offering workplace screening:

- Identifies high risk individuals
- Directs appropriate treatment
- Promotes early intervention
- Encourages employees to adopt lifestyle changes to reduce CVD risk

A Healthier Wales (Welsh Government, 2018) identified prioritising the health of workers as a key component in meeting the health needs of the Welsh population with a “commitment to make NHS Wales an exemplar employer in its support for wellbeing at work and a healthy workforce”

This is reflected in the Health Board's strategy for the delivery health and care services A Healthier Mid and West Wales; Our Future Generations Living Well (Hywel Dda UHB, 2018) which proposed “*The health and well-being of our staff is paramount*”.

Between May and November 2019, 306 staff members underwent screening across four main hospital sites. 32% of the screenings undertaken were for administration and clerical staff who make up 19% of workforce.

The key findings include:

- 25% of staff are within the “healthy” BMI range, 41% Overweight, 28% Obese and 4.5% morbidly obese
- 6% of staff (that completed the relevant section) had moderate or more level of anxiety and depression
- 44% heard about Hywel's Health through word of mouth, followed by poster 19%

Our commitment for 2020/21: a final message from the Chair and Executive Lead for the Quality, Safety and Assurance Committee

To add words.

In our Annual Plan for 2020 to 2021, we have agreed a number of delivery priorities. The delivery priorities in our Annual Plan link to our commitment to continue to improve the quality of our services. In 2020 to 2021, we will endeavour to:

Staying Healthy

Improve our population health and wellbeing by:

- increasing the uptake of immunisations and vaccinations
- increasing access to smoking cessation services

Safe Care

Further develop the quality dashboard to enable Team to Board reporting

Focus improvement activity on agreed harm and executive priorities such as avoidable hospital acquired thrombosis, avoidable pressure damage, sepsis management and antimicrobial stewardship

Effective Care

Refresh our Quality Improvement Framework

Dignified Care

Expand the Friends and Family test to all services provided by the Health Board and publish the results

Timely Care

Deliver the Single Cancer Pathway which significantly speeds up the time to treatment

Improve our Stroke pathway

Individual Care

Increase the opportunities for listening and learning from the patient experiences in our services including

- scrutinising and sharing the learning through a new Listening and Learning from Events Sub Committee
- publishing and implementing our patient experience charter

Staff and Resources

Deliver an Organisational Development Programme to progress the skills and change management tools we need to successfully deliver services, whilst living our values and embodied in the Hywel Dda way.

To add words



John Gammon
(Independent Member)

**Chair - Quality, Safety and
Experience Assurance
Committee (until March 2020)**



Anna Lewis
(Independent Member)

**Chair - Quality, Safety and
Experience Assurance
Committee (from April 2020)**



Mandy Rayani

**Executive Director of Nursing,
Quality and Patient Experience**

Patient support services (feedback and complaints): Share your experience

Quality drives everything we do and for us to continue to improve we'd like to know about your recent experience of using our services.

You can do this by contacting our patient support services:

Telephone: 0300 0200 159

Email: hdhb.patientsupportservices@wales.nhs.uk

Online: [Using our feedback form](https://hduhb.nhs.wales/healthcare/services-and-teams/patient-support-services-complaints-feedback/) which can be found on our website
<https://hduhb.nhs.wales/healthcare/services-and-teams/patient-support-services-complaints-feedback/>

Post: Freepost Feedback @ Hywel Dda



**If it matters to you
- it matters to us.**

We are listening.