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Hywel Dda
Health Board

Annual Quality Statement 2012/13



Hywel Dda Health Board



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Hywel Dda Health Board is a healthcare organisation that wants to put patient care first and whose reputation for excellence and innovation inspires our patients, staff and the population served.

Putting patient care first means that everyone accessing / using any of our healthcare settings is safe, feels cared for and has confidence in the services provided to them. This can only be achieved through an unrelenting focus on quality and this

Annual Quality Statement provides an important strategic opportunity to reflect on the safety, outcomes and experiences of our patients during 2012/13 and sets out our priorities for quality improvement in 2013/14.

Against a background of financial pressure and the challenges of service reconfiguration, the Health Board has never waived in putting patient safety and the provision of good quality services at the top of its agenda. The outcomes have been encouraging and reflect the leadership, energy and commitment of our staff in rise to the challenge and make the necessary changes.

Statement from the Chair

During the past year, we have worked hard to achieve our vision of delivering a healthcare system which has a continued focus on improving services, delivering better quality and improving the health outcomes for the people of Hywel Dda.

I am delighted to endorse this year's Annual Quality Statement which is a key element to demonstrating the wealth of excellent work and achievements across Hywel Dda. This is thanks to the commitment and dedication of our highly skilled staff who ensure that care is high quality and person centred.



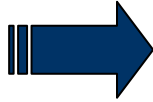
Since the publication of the Francis Report, Hywel Dda Health Board has reviewed its priorities and assurance mechanisms and has developed an assurance framework that will drive quality and safety from board to ward.

We have an exciting time of change ahead with the redevelopment of services to provide care closer to home. Driving this is the opportunity to further improve the quality and safety of health services, which remains a priority for the board.

Achievements in quality 2012/13

We planned

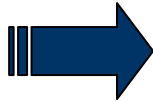
**Reduce our
Risk Adjusted
Mortality Index
(RAMI)**



We achieved

We have REDUCED our RAMI score to 92, making Hywel Dda one of the lowest in Wales and therefore SAVED an ADDITIONAL 154 lives during 2012

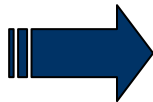
**To reduce our
Health Care
Associated Infection
(HCAI) rates**



We have achieved a 33% REDUCTION in C Difficile cases – 13% above the target

We have achieved a 40% REDUCTION in MRSA Cases –above the agreed minimum target

**To improve compliance
score against Welsh
Risk Pool audit**



We have achieved a 5% IMPROVEMENT in overall compliance with Welsh Risk Pool

Introduction

In accordance with the expectations set out in the Welsh Government's five year vision for the NHS, "Together for Health" and included as an action in the Quality Delivery Plan, for absolute transparency on performance all NHS Wales organisations are required from 2012/13 to publish an Annual Quality Statement (AQS).

The AQS provides an opportunity for the health board to report to the public in an open and transparent way on progress with the quality and standards of the services it provides. It is a way for patients and the wider community to take a view on the quality of services offered by Hywel Dda Health Board and seeks to provide an honest assessment of what we are doing to improve quality, the effectiveness of our initiatives and improvements to be made.

This inaugural AQS therefore sets out the health board's performance in delivering high quality healthcare for all, the actions taken to improve quality of services together with the plans for continuing progress and our achievements against national targets.



1) Looking back - A review of quality improvement activities 2012/13

Hywel Dda Health Board has committed itself to a major internal drive for improving quality of care and patient safety. The Quality Improvement and Patient Safety Strategy 2012/13 described the route that the health board proposed to follow. It identifies the key factors that are putting pressure on the quality of care such as:

- A rising elderly population
- Inequalities in health
- Increasing numbers of patients with chronic conditions
- Medical staffing pressures
- Some specialist services spread too thinly

Summary of progress

In order to achieve the strategic aims relating to quality improvement and patient safety, during 2012/13 the health board identified the initiatives as outlined in the Quality Improvement and Patient Safety Strategy as key high impact target areas against which services and counties / directorates were measured and monitored for improved performance.

The table below gives a quick summary of progress of the key initiatives:

	Target achieved	On target	Behind target
Safe			
Rapid Response to Acute Illness (RRAILs)	✓		
Enhanced Recovery After Surgery (ERAS) - orthopaedics		✓	
Transforming Care		✓	
Reducing falls in the community where harm has occurred	✓		
Preventing hospital acquired thrombosis			✗
Reducing mortality and harm	✓		
Global Trigger Tool	✓		
Stroke		✓	
Reduction in serious and untoward incidents in mental health and learning disabilities services	✓		
Cancer – stage of cancer treatment		✓	
Cancer – performance against waiting times			✗
Cancer – survival rates		✓	
Medicines management		✓	

Clean - Reducing Hospital Acquired Infections			
MRSA rates	✓		
C Difficile rates	✓		
Hand hygiene			✗
Urinary catheter insertion			✗
Peripheral venous device			✗
Person centred			
Reduction in out of county admission to Psychiatric Intensive Care Units (PICU)	✓		
Improving GMS access	✓		
Staff feedback		✓	
Patient experience		✓	
Public engagement – Siarad Iechyd / Talking Health		✓	
Public engagement - consultation	✓		

Achievements 2012/13

First health board in Wales to be awarded the Platinum award for the **Corporate Health Standard**

Hywel Dda Health Board has been given the **hallmark of best practice**. The Consultation Institute has confirmed the consultation was compliant with best practice standards as per the Consultation Charter, and that the health board delivered on the seven best practice principles including integrity, visibility, accessibility, transparency, disclosure obligations, fair interpretation and publication.

A project to improve signage and directions for patients in Withybush Hospital has won at this year's **NHS Wales Awards**. The innovative work, that incorporates symbols and colour zones, won in the Citizens at the Centre of Service Re-design and Delivery category.

Hywel Dda has successfully achieved the **Environmental Management Standard ISO 14001** for the whole organisation, ahead of the December 2014 deadline set by Welsh Government for all acute hospitals.

A Haverfordwest activity centre, Merlin's Magic, achieved a silver '**Healthy Options Award**' in recognition of its choice of healthy foods for children and parents.

Articles on nutritional supplements have helped two members of staff to achieve the **Eileen Rees Memorial Fund Award**.

Hywel Dda nurses were awarded two awards out of the ten categories for this year's **RCN Nurse of the Year Awards**

Hywel Dda 'Did We Deliver' scheme won the Mothercare Award for Excellence in Maternity Care in the **RCM Midwifery Awards**

A nursing sister from Withybush Hospital got to the final of the **National Dementia Care Awards** for her work with patients with dementia

A project in Pembrokeshire received a 'highly commended' award at the **Welsh Language in Healthcare Awards 2012**. A Nursery Nurse received the award for her bilingual breastfeeding and baby massage groups in the category 'Work with Priority Groups – Children and Young People'.

The health board's communications team won a Silver Award and a Finalist Award in the annual **Chartered Institute of Public Relations PRide Awards** for several in-house initiatives.

The health board achieved the **Investing in Volunteers** quality standard, in recognition of the excellent work carried out with volunteers through the Volunteering for Health project.

Providing high quality, safe services and improving outcomes

Rapid Response to Acute Illness (RRAILS)

The report 'Safer Care for the Acutely Ill Patient', published in 2007, found that 11% of the hospital deaths analysed were due to unrecognised or untreated deterioration. As a result of this and other reports the 1000 lives plus programme "Rapid Response to Acute Illness (RRAILS)" was developed, which the health board participates in.

What: To prevent unnecessary deaths by failure to respond to the acutely ill

How much: Reduction in hospital cardiac arrest calls

By when: Ongoing

Achieved: 2011/12 - **2.15%** per 1,000 admissions
2012/13 - **2%** per 1,000 admissions (**0.15%** reduction)

Progress: **Target achieved ✓**

Improvements achieved

- The Introduction of the National Early Warning Score (NEWS) across the whole health board in October 2011.
- The Introduction of areas of work within RRAILS are;
 - Admission - patients have a full set of observations and a plan for the frequency of observations on admission
 - Recognition - patients are regularly assessed using NEWS
 - Response - patients are treated appropriately and in a timely manner if their condition deteriorates
 - Sepsis (severe response to bacteria) - patients are given oxygen, fluids and antibiotics within one hour of being diagnosed with severe sepsis
- An annual cardiac arrest audit, which reviews all elements of the arrest, from the early signs to the actual arrest. From this information, staff can be trained to spot signs of imminent arrest, with the desired outcome of reducing the number of cardiac arrests.

Further improvements identified

- Introducing a health board wide NEWS observational chart and neurological observational chart.
- Developing a health board wide policy for the minimum standards for the recording of observations and the response to deterioration of patients
- Work will be spreading into maternity services and paediatrics.

Reducing hospital acquired infections MRSA bacteraemia

In line with the Annual Quality Framework 2011/12, the health board has a 20% reduction target on the number Staphylococcus aureus (S aureus) bacteraemia (this includes Methicillin resistant S aureus (MRSA)).

The health board recognises that this was a particularly challenging target this year against the 31% reductions in MRSA bacteraemia achieved during 2011/12.

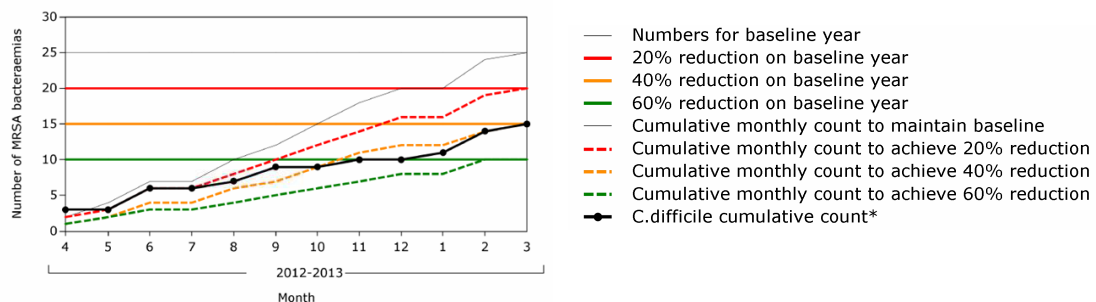
What: To reduce the numbers MRSA bacteraemia cases.

How much: Reduction of 20% of MRSA bacteraemia cases.

By when: March 2013

Achieved: 40% reduction in MRSA bacteraemia

Progress: Target achieved ✓



Improvements achieved

- Each S aureus bacteraemia is reviewed and subject to root cause analysis.
- Feedback is shared with clinical teams to ensure that we continue to work towards no avoidable infections.

Further improvements identified

- In line with the Welsh Government document, *Commitment to Purpose: Eliminating preventable healthcare associated infections (HCAIs) - A framework of actions for healthcare organisations in Wales* (2011), the health board is working to assure suitable and sustainable Infection Prevention and Control arrangements (IPC) and antimicrobial stewardship is in place for 2011/12 and beyond to support the change in culture necessary to eliminate preventable healthcare associated infections (HCAIs)

Clostridium difficile

In line with the Annual Quality Framework 2011/12 the health board has a 20% reduction target on the number Clostridium difficile (C diff) infections in in-patients over the age of 65. This again was another challenging target set against a 56% reduction in 2010/11 and achievement of status quo in 2011/12.

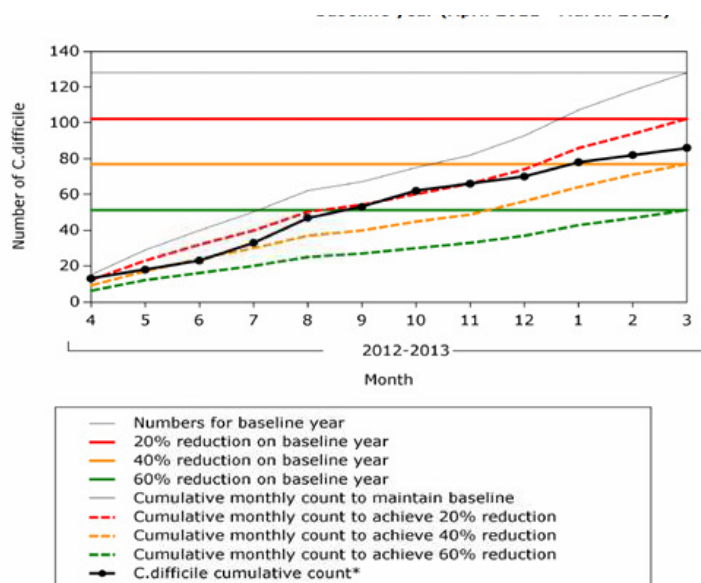
What: To reduce the number of C diff infections in patients over the age of 65 years

How much: Reduction of 20% of C diff infections.

By when: March 2013

Achieved: 33% Reduction in C diff infections

Progress: Target achieved ✓



Improvements achieved

- Each C diff case is reviewed and subject to root cause analysis.
- Feedback is shared with clinical teams to ensure that we continue to work towards no avoidable infections

Further improvements identified

- In line with the document 'Putting Things Right' all deaths as a direct result of C diff will be reported via the serious incident reporting system. In addition, all healthcare associated C diff infections will be subject to a detailed root cause analysis to build on the enhanced surveillance scheme, which monitors outcomes up to 30 days, that is already in place within the health board.

Hand hygiene

What: To improve hand hygiene compliance.

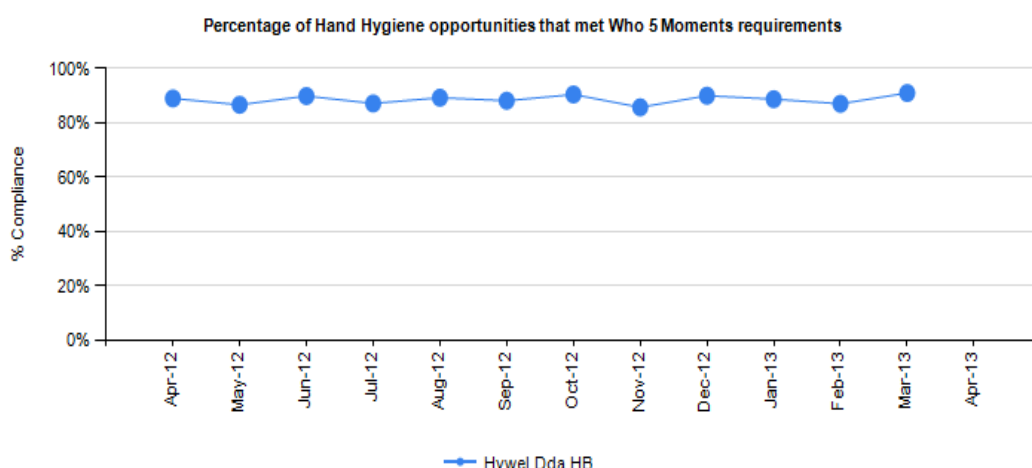
How much: Achieve 95% compliance with hand hygiene

By when: April 2013

Achieved: Hand hygiene compliance is measured against the World Health Organisation (WHO)'s Five Moments of Hand Hygiene. Mid 80% compliance.

The main area of non-compliance is Moment Five after touching the patients' surroundings as health care staff do not always appreciate the risk of transmitting organisms from patient surroundings. This means washing / decontaminating hands after picking up a medication chart for example.

Progress: **Behind target ✗**



Improvements achieved

- Hand hygiene compliance has improved over the last 12 months as a result of continued awareness raising and training. Funding has recently been secured to purchase additional 'Glo Germ boxes' which use UV light technology, and which are able to demonstrate how it is possible to pick up germs from the environment.

These boxes will be allocated to the infection prevention and control link nurses as part of a rolling programme to enable them to deliver a rolling programme of hand hygiene training in their clinical areas throughout the year to supplement training delivered by the specialist infection prevention and control team.

Regular feedback of the monthly compliance audit is provided to clinical teams in order to facilitate continuous quality improvement.

- The World Health Organisation Hand Hygiene Day took place on the 5 May 2012. In the week leading up to the day the counties held a series of road shows and training sessions to once again raise the profile and emphasise the importance of hand hygiene.
- The county teams continue to feedback audit findings to clinical teams and professional groups (letters, audit presentations and team meetings) to ensure continued raised awareness and improvement.
- IP&C link personnel carry out monthly observational compliance audits in all clinical settings. Compliance is scored against the World Health Organisation's Five Moments of Hand Hygiene and is broken down by professional group. Feedback is provided by link personnel at the time of audit and to clinical audit meetings.

Further improvements identified

The WHO target of 95% is not being achieved in all areas and the IP&C team and IP&C link practitioners continue to raise awareness to work towards achieving this goal.

Urinary catheter insertion and peripheral venous device insertion

What:	To successfully roll out all the short term urinary catheter and peripheral venous device insertion and maintenance bundle
How much:	Across all three counties (acute and community hospitals) and improve compliance with the insertion and maintenance bundle
By when:	Ongoing and currently under review
Achieved:	Overall compliance is poor
Progress:	The care packages have now been rolled out across the whole health board and quarterly compliance audits have commenced. These audits measure important criteria associated with the management of urinary catheters and peripheral venous devices including appropriate documentation and a review of whether the device is still required on a daily basis. The outcome of these compliance audits will be fed back to clinical teams in order to promote quality improvement. Behind target ✖

Improvements achieved

- The insertion and maintenance package have been rolled out across all three counties.

- The STOP campaign, to improve patient safety through better use of Peripheral Vascular Cannula (PVC) and short term urinary catheter usage was launched across the health board to supplement the improvement project associated with the mini collaborative.
 - **Stop** and ask if the device is really needed?
 - **Think** and give the necessary attention to detail, including clinical indicators for use.
 - **Options** and whether there are alternatives
 - **Prevent** healthcare associated infections by ensuring the use and maintenance of them is as safe as possible.

The effectiveness of the STOP campaign was measured in a survey in December 2012 and illustrated a 13.3% reduction in short term indwelling urinary catheters. There was no additional nursing or medical documentation associated with this campaign, it merely raised awareness, however, the impact on patient safety was far more significant than the care package approach as the benefits could be immediately recognised.

Further improvements identified

- The health board recognises the risks associated with using invasive devices such as urinary catheters and peripheral vascular catheters (venflons), as a consequence it has signed up to the 1000 Lives Plus STOP Campaign which is aimed at reducing unnecessary use of invasive devices.

The impact of this intervention will be measured by an annual survey to monitor the use of invasive devices and to raise awareness of the importance of removing these devices when they are no longer needed.

This will be supplemented with regular national surveys of Infections which will measure the number of healthcare associated infections and the percentage reduction achieved as a result of the improvement programmes currently being put in place

- STOP campaign to become an annual event together with the survey to measure the impact of the intervention.

Enhanced Recovery after Surgery (ERAS) Orthopaedics

In 2011, the all Wales 1000 Lives Collaborative for Enhanced Recovery after Surgery (ERAS) launched the improvement work for hip and knee replacement patients.

The ERAS programme is a patient centred method of optimising the effect of surgery by improving patient experience and clinical outcomes. It is a national programme focused on delivering the highest quality and safest healthcare for the people of Wales.

- What:** Consistency of care for all patients – improving patient outcomes following orthopaedic surgery
- How much:** All orthopaedic services within Carmarthenshire
- By when:** Ongoing
- Achieved:** Reduced likelihood of errors as care will be consistent across the health board. To improve the quality and consistency of care for orthopaedic patients
- Progress:** All patients follow ERAS programme. **On target ✓**

Improvements achieved

- Baseline audit undertaken to identify current practice in the care of orthopaedic patients which helped to identify the key target areas.
- All patients following the ERAS programme - it is an everyday pathway for ALL patients without exception.
- Since the commencement of ERAS an audit has shown:
 - 51% of total hip replacements met their planned date of discharge (previously 30%)
 - 94% of total hip replacements mobilised day of surgery met their planned date of discharge
 - 42% of total knee replacements met their planned date of discharge (prev 30%)
 - 62% of total knee replacements mobilised on the day of surgery met their planned date of discharge
- Patients mobilised day of surgery
- Increase in patients admitted day of surgery
- DVT regime
- Analgesia regime
- Nursing documentation
- Patient information and posters

Effect of Local Infiltration Analgesia (LIA) in 200 patients		
	Average Length of Stay (days)	
	THR	TKR
LIA Group	5.2	5.7
Non LIA Group	6.9	7.2

Further improvements identified

- Day of admission area in Prince Philip Hospital
- Increase amount of patients being admitted day of surgery
- Improve facilities for pre-admission clinic Prince Philip Hospital to optimise screening process
- Improve links with primary care
- Seven day therapies service
- Improve links across the health board to drive the process forward

Transforming care

The Transforming Care programme is a hybrid programme that has evolved in Wales from experiences gained from areas who piloted Transforming Care at the Bedside (TCAB) and Releasing Time to Care (RTTC).

Transforming Care is a mini collaborative of the 1000 Lives Plus quality and patient safety programme. Transforming Care requires all clinical teams to deliver measurable outcomes etc on four key objectives (listed below):

1. To increase the amount of staff time for delivering direct patient care to at least 75%
2. To reduce locally defined adverse events by 50%
3. To increase patient satisfaction to 95%
4. To increase staff satisfaction to 95%

As well as making progress in the implementation of a wide range of criteria and systems that support improved safety and efficiency in ward settings e.g. use of 'Knowing How we are Doing' boards to support using information for improvement and use of 'Patient Status at a Glance' boards to communicate vital patient safety information to all members of the clinical care team.

What: For all acute inpatient clinical teams across Hywel Dda Health Board to commence the programme

How much: 68 clinical teams from across the health board have been identified as teams for whom the Transforming Care programme is an appropriate improvement programme

By when: Ongoing and currently under review

Achieved: Average progress achieved, (measured using an NLIAH developed audit tool to assess progress in implementing the crucial success elements of the Transforming Care programme within the 51 clinical teams engaged in Transforming Care programme) is 49.7%

Progress: 51 clinical teams have commenced either Transforming Care, or one of the preceding programmes e.g. TCAB or RTTC. The 17 teams who have not yet started the programme formally have nevertheless adopted some of the key elements for transforming care systems and even these areas show an average progress towards compliance with the success criteria of 3.35%.

On target ✓

Improvements achieved

- Strong leadership is proving to be the most significant element required to enable clinical teams to embed and sustain the

Transforming Care quality improvements into patient centred practice in the longer term.

- There is evidence in many teams of measurable improvements to the quality of patient care, staff satisfaction, changes to the care environment and efficient use of resources.

Further improvements identified

- To establish an improvement facilitation approach that embeds and sustains the Transforming Care quality improvement methods into the culture of leadership and practice in each ward / team.
- Standardised approaches for all areas to use measurement for improvement via the use of “Knowing How We Are Doing” boards; and to improve communications about patient’s via ‘Patient Status at a Glance’ boards are being tested currently.

Reducing harm from falls in the community

The multiagency collaborative for falls has been in operation since September 2010. Its aim is to reduce the mortality and harm to adults resulting from falls that occur in a community setting. The collaborative is managed and facilitated by members of the National Leadership and Innovation for Healthcare (NLIAH), and operates as a 1000 Lives Plus mini collaborative using Institute for Healthcare Improvement methodology

All older people identified as high risk of suffering a fall (includes those who have fallen) should receive a multi factorial falls risk assessment and the individual’s GP should be notified in order to exclude reversible medical reasons which may contribute to the fall (risk) (NICE, 2004; NSF Older People, 2005; 1000 Lives Plus, 2010; PHW, 2011)

What: To ensure all fallers attending A&E aged 75 years and over are coded appropriately (Fall from Standing Height ‘FALLS’) and are placed on a Faller Register in order to facilitate referral to the Community Resource Teams via the frailty nurses and ensure GP notification.

How much: All fallers over 75 years attending Glangwili and Prince Philip Hospitals are coded and entered onto Faller Register with a view of rolling out this practice across other hospital sites

By when: Ongoing

Achieved: FALLS coding for fallers over 75 years has improved significantly since the introduction of this measure and has achieved 100% reliability against those entered on the faller register at both sites

Progress: Regular clinical audit of A&E medical records is essential to ensure validity of coding and data entry onto the faller register.

Target achieved ✓

Improvements achieved

- Adherence to evidence base for management of older people presenting at hospital at high risk of a fall
- Coding has improved significantly and data entered demonstrates 100% reliability with reference to the faller register
- Development of integrated working between A&E departments and the Community Resource Teams ensuring seamless patient focused care
- Development of clinical audit methodology to provide assurance and reliability

Further improvements identified

- The data entered demonstrates 100% reliability for those identified as fallers. It is acknowledged, however, that clinical audit is required to ensure that all fallers presenting at hospital are identified
- The data collected is limited to fallers aged over 75 years. Processes need to be developed to support the identification and assessment of all adults presenting at hospital who are at risk of fall due to their level of frailty regardless of whether they have fallen or not.

Preventing hospital acquired thrombosis

Hospital-acquired Venous Thrombo-embolism (VTE), ranging from asymptomatic Deep Vein Thrombosis (DVT) to massive Pulmonary Embolism (PE), is common during and after hospital admission and is considered a significant cause of morbidity and mortality in hospitalised patients. Any VTE occurring within 90 days of a hospital admission is classed as a Hospital-Acquired Thrombosis (HAT). However, HAT can be prevented through thromboprophylaxis which consists out of three methods i.e. mechanical, pharmacological and early mobilisation of the patient.

What: To risk assess all appropriate patients using the VTE risk assessment and issue the thromboprophylaxis identified in the risk assessment.

How much: All medical and surgical patients as appropriate

By when: Ongoing

Achieved: Whilst the completion of the VTE risk assessment forms is poor, the majority of patients prescribed pharmacological thromboprophylaxis received it

Progress: Despite the VTE risk assessment forms not being routinely completed, the percentage of patients receiving the correct drug, dose and route has improved compared with clinical audit data.

Behind target ✖

Improvements achieved

- Harmonisation of the thromboprophylaxis protocols across Hywel Dda.
- Development of methodology for the quarterly calculation of VTE rate, establishing a VTE rate baseline for Hywel Dda.
- Development of clinical audit protocols used in district hospitals to audit implementation of VTE risk assessments and prescribing thromboprophylaxis
- Review of adult anticoagulation, thrombosis and thromboprophylaxis procedures, protocols, guidelines and pathways currently in place

Further improvements identified

- Completion of Adult Anticoagulation, Thrombosis and Thromboprophylaxis Policy
- Development of Hywel Dda wide HAT clinical audit protocol.
- Implementation of hospital HAT monitoring groups
- Encourage staff to the DATIX incident reporting system to report incidences of HAT.
- Continued ongoing training of junior doctors, taking into account regular change over.

Reduction in mortality and harm

The Risk Adjusted Mortality Index (RAMI) was developed in the 1990s to measure the risk of death during a hospital stay for specific diagnoses and procedures. Predictive variables used include the patient's age, gender, race, diagnosis related groups, presence or absence of co-morbidity, presence of any secondary diagnosis. RAMI is one of a range of quality improvement measures which allows hospitals to investigate deaths and make improvements over time.

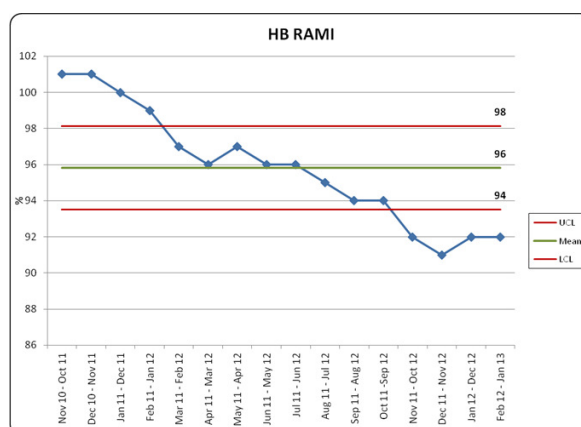
What: To continue to monitor all in hospital deaths and feedback the learning within the organisation

How much: Review all in hospital deaths

By when: Ongoing

Achieved: Almost 6,200 in hospital deaths reviewed to date

Progress: **Target achieved ✔**



Blue line depicts Health Board RAMI

Improvements achieved

- Improvements to data collection processes.
- System introduced to audit all notes of inpatient deaths to ascertain whether clinical processes could be improved.
- 6,192 inpatient deaths have been reviewed.
- The health board RAMI score has fallen.
- Mortality feedback letters circulated from the medical director to identify any learning points, which is then disseminated across the health board.

Further improvements identified

- To further develop the review process so that further learning can be identified
- To participate in the development in an All Wales Mortality Review Process that would enable peer review between health boards.

Global Trigger Tool

Further work undertaken by the health board to reduce harm in the organisation includes the use of the Global Trigger Tool, a method of identifying triggers of harm that may or may not convert to actual harm. This involves a monthly audit of randomly chosen patient records which provides the Health Board with its adverse event rate.

Learning from these audits is fed back to staff at the whole hospital audit meetings.

What: To continue with the Global Trigger Tool audits

How much: To audit 20 sets of notes per hospital monthly

By when: Ongoing

Achieved: Over 900 sets of notes audited

Progress: Target achieved ✓

Improvements achieved

Improvements from the Global Trigger Tool have occurred by the constant feedback to staff individually and by presentation at the whole hospital audit meeting for reflection and learning.

Improvements demonstrated:

- Compliance with the World Health Organisation theatre checklist, by consistent feedback of the findings from the Global Trigger Tool the compliance shifted from 60% to 95%-98%.
- Improvements made to the pre-clerking of some specialities requiring surgical admissions to ensure those with a higher risk factor were assessed earlier in the process.
- Improved compliance with the National Early Warning Score was noted over time from the consistent feedback process to the individual nursing teams. However, the clinical notes do not always document the score and this has been highlighted at the audit meetings.
- Some improvement in the doctors signing, printing their name and providing a contact number has been seen in the clinical notes.

It is critical that feedback from the Global Trigger Tool is made available to staff and the presentation at the whole hospital audit meeting is one avenue for this to occur. Areas of good practice are also identified and shared such as sections of clear, evidenced decision making process is articulated in the patients notes.

Further improvements identified

- Further improvements and the way forward will be dictated following the outcomes of the all Wales research project on Global Trigger Tool
- At Bronglais Hospital it has been agreed at the Clinical Audit Committee that the junior doctors performance on healthcare records will form part of the rolling clinical audit programme. The results and action plan will be presented and monitored at the whole hospital clinical audit meetings.

Stroke

The 'Together for Health – Stroke Delivery Plan' was published in December 2012 and provides a framework for action by local health boards and NHS Trusts working together with their partners. It sets out the Welsh Government's expectations of the NHS in Wales to tackle stroke in people of all ages, wherever they live in Wales and whatever their circumstances.

The plan is designed to enable the NHS to meet the needs of people at risk of a stroke or affected by a stroke.

What: People of all ages to have a minimised risk of having a stroke and, where it does occur, an excellent chance of surviving, returning to independence as quickly as possible.

How much: Achieve 95% compliance with the stroke care bundles

By when: December 2012

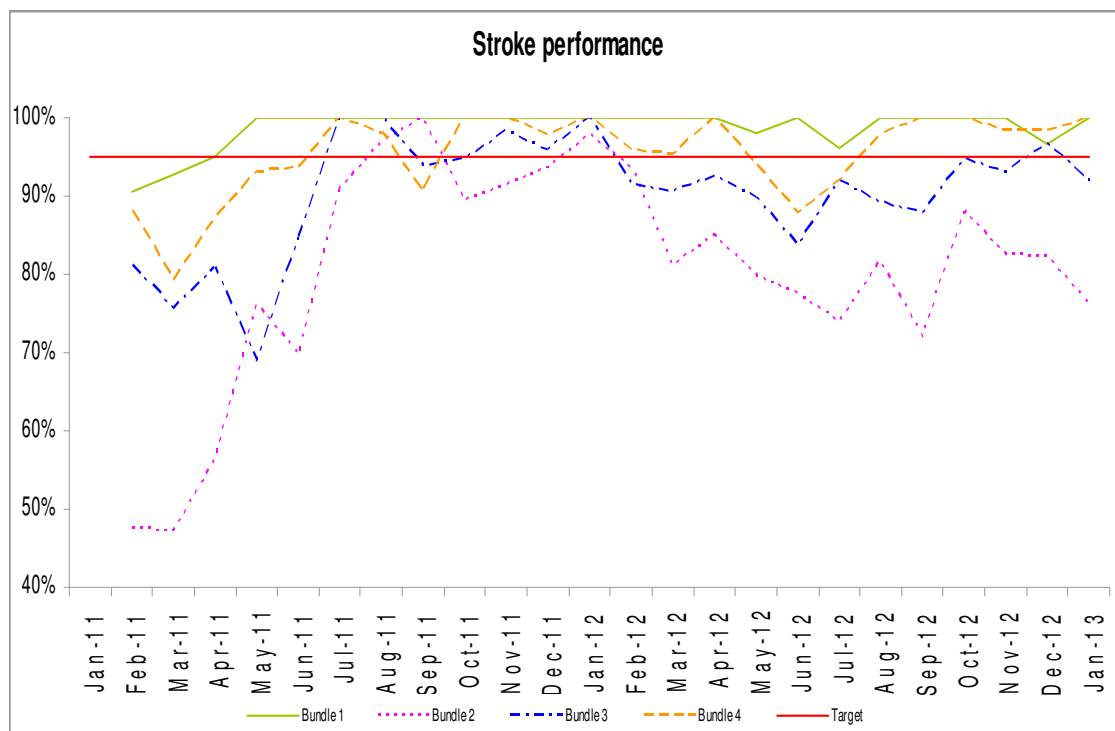
Achieved: We generally report good compliance with the intelligent targets as can be seen below with the notable exception of access to an acute stroke bed within 24 hours. Challenging flows in some of our hospitals cause difficulty in this part of the target.

Progress: Each site has considered its current stroke services against reported performance in the Royal College of Physicians (RCP) audit and the expectations set out in “Together for Health – Stroke Delivery Plan”. These have been brought together under the remit of the Stroke Steering Group to develop a composite plan for Hywel Dda Health Board.

Target achieved ✓

Improvements achieved

- Our performance against the RCP Stroke Sentinel Audit has improved to a reported position in 2012 of 64.7 as a mean across all four sites; an improvement of 24 points from the audit in 2010.



Further improvements identified

- Increase public and professional awareness of the risk factors for stroke
- Review TIA services and ensure an equitable model that is available seven days per week
- Improve access to an acute stroke bed

Reduction in serious and untoward incidents in mental health and learning disability services

Serious and untoward incidents within Mental Health and Learning Disabilities (MH&LD) services have historically been monitored reviewed and changes applied strategically previously through the health board wide MH&LD clinical governance modernisation structures; ensuring the connections between strategic learning and positive practice change.

Within the revised quality and safety structures the work is undertaken within the counties and 'double reported' into the strategic Quality, Safety and Learning Group (MH&LD) which is tasked with overseeing issues to ensure practice change and learning across all services.

What: To continue to monitor Serious and Untoward Incidents such as Suicides in Mental Health & Learning Disability Services and to learn from them across services

How much: Review all serious and untoward incident suicides

By when: Ongoing

Achieved: Monitor levels of suicide rates deaths and all cases reviewed to date and share learning

Progress: **Target achieved ✓**

Improvements achieved

- Reduction of suicide rates for the health board compared to all Wales
- Improvements to data collection processes.
- System introduced to streamline processes to ensure the data capture across services within counties and central services.
- MH&LD Quality Safety and Learning Group has representation from each county service plus services that span the three counties for the sharing of information.
- Working with quality improvement managers to ensure 'connected' processes.
- Links with county directors and county heads of mental health to ensure communication between services to consolidate and share learning and practice change.

- Reduced the suicide rate by 35% to 8.1 per 100,000 population in between 2000 – 2010 making us the lowest in Wales, compared with the same data within the National Confidential Inquiry into Suicides and Homicides (NCISH)

Further improvements identified

- Contributing to the All Wales Serious and Untoward Incident Review Group focussing on sharing learning and practices across Wales, the group membership is: Public Health, HIW, Welsh Government, NPSA, Bangor University and senior nurses from across Wales. The intention is to improve systems and processes for learning across Wales.

Reduction in out of county admissions to Psychiatric Intensive Care Units (PICU)

The process for the health board over the past seven years has been if a patient has needed an intensive period of assessment and treatment due to an acute phase of their mental health and needed a secure environment they would be conveyed and treated in an 'Out of County (OC)' PICU at a high cost to the organisation.

What: To reduce the Continuing Health Care (CHC) budget spent in mental health and treat patients closer to home as per Welsh Government policy

How much: In 2011/12 the health board spent £229,170.75 on OC PICU

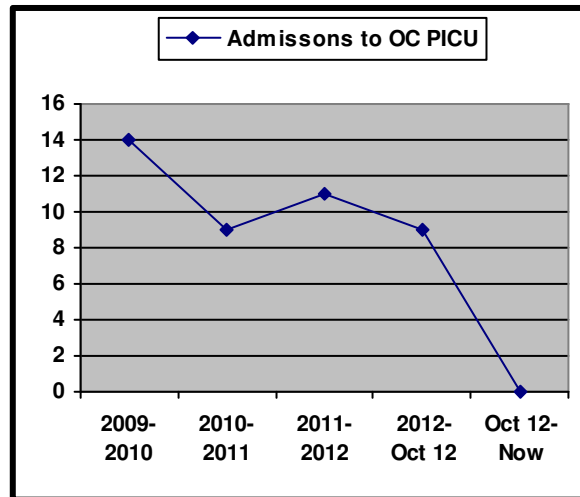
By when: Cwm Seren PICU went operational in October 2012

Achieved: Reductions in cost and compliance with Welsh Government policies achieved

Progress: No patients have been admitted to an OC PICU since the ward went operational with a saving to the health board of over £500,000 to date. **Target achieved ✓**

Improvements achieved

- Patients treated closer to home resulting in continuity and support from family / carers and care coordinators
- Reduction in CHC spend
- Skilled staff in assessment and treatment of high risk patients
- More holistic approach to care and compliance with the Mental Health measure (2010)



Further improvements identified

- To continue to develop and improve the PICU with regular multidisciplinary team reviews.
- Aim to achieve accreditation with Royal College of Psychiatrists through compliance with the Accreditation for Inpatient Mental Health Services (AIMS)
- .

Cancer – stage of cancer treatment

There are three key components to tackling cancer:

- 1) Prevention
- 2) Early identification
- 3) Rapid treatment

Whilst it is not possible to commit to reducing the incidence of cancer, due to the nature of the disease, it is possible to encourage healthier lifestyles to minimise avoidable cancers, to promote symptom awareness so that patients present earlier in the progression of disease and the provide access to rapid diagnosis and treatment. These in turn give the best chance of maximising the period of survival after diagnosis.

Whilst there are some prevention activities specific to certain cancers (e.g. sun cream) most are general to a wide range of conditions. Three Quality indicators that will be tracked for cancer:

- 1) Stage of cancer at treatment
- 2) Performance against waiting times targets
- 3) Survival rates

What: Stage of cancer at treatment

How much: Ensure the stage of all diagnosed cancers at the point they are treated is captured

By when: By April 2014

Achieved: 90% of cancer cases have the stage captured on the Cancer Network Information System Cymru (CaNISC)

Progress: Work has started to improve the recording of staging on CaNISC. Data for 2012 is awaited. Progress is being made in addressing some of the system limitations that hinder full recording of staging.

Improvements achieved

None reportable at present, due to recording issues.

Further improvements identified

- Clarification of Tumour, Node, Metastases (TNM) coding completeness on CaNISC

Cancer – performance against waiting times

What: Performance against waiting times targets

How Much: All Cancer Patients

By When: Ongoing

Achieved: 95% of Urgent Suspected Cancer (USC) referred Cancer Patients treated within 62 days and 98% of Cancer Patients identified through other routes to be treated within 31 days.

Progress: Work to clear the backlog of patients waiting past their target date has reduced the backlog by around 30% in April. This has, however, contributed to the drop in performance and the target is not expected to be achieved until late summer. Work to get back to the 95% is on target to deliver by October. **Behind target ✖**

2012/13 Performance

USC (62 day) Urgent Suspected Cancer	83.7%
NUSC (31 day) Non-urgent Suspected Cancer	97.4%

April 2013/14 Performance (provisional):

USC (62 day) Urgent Suspected Cancer	80.0%
NUSC (31 day) Non-urgent Suspected Cancer	93.3%

Improvements achieved

- There has been an increased focus on the start of the pathway with the 10 day wait for first Outpatient appointment being pursued with renewed vigour.

Further improvements identified

In the pathway, providing the 10 day Outpatient appointment is achieved the next block is access to the various (and often multiple) diagnostic tests, radiology, histology, endoscopy all of which need to be completed and reported so that a diagnosis can be agreed at the MDT and the preferred option agreed with a patient by day 31 (of a 62 day pathway). This then gives the service 4 weeks to plan the treatment (radiotherapy planning and delivery currently takes between 25-30 days). Therefore the following improvements have been identified:

- Diagnostic capacity post first outpatient appointment is now being challenged to deliver rapid turnaround for patients on a cancer pathway.
- Clinical pathways to be developed to ensure use of diagnostic resources is optimal for the delivery of high quality patients services on time.

Cancer – survival rates

What: Survival rates

How much: All cancer patients:

- To improve survival rates
- To ensure overall survival tracks the Welsh rate

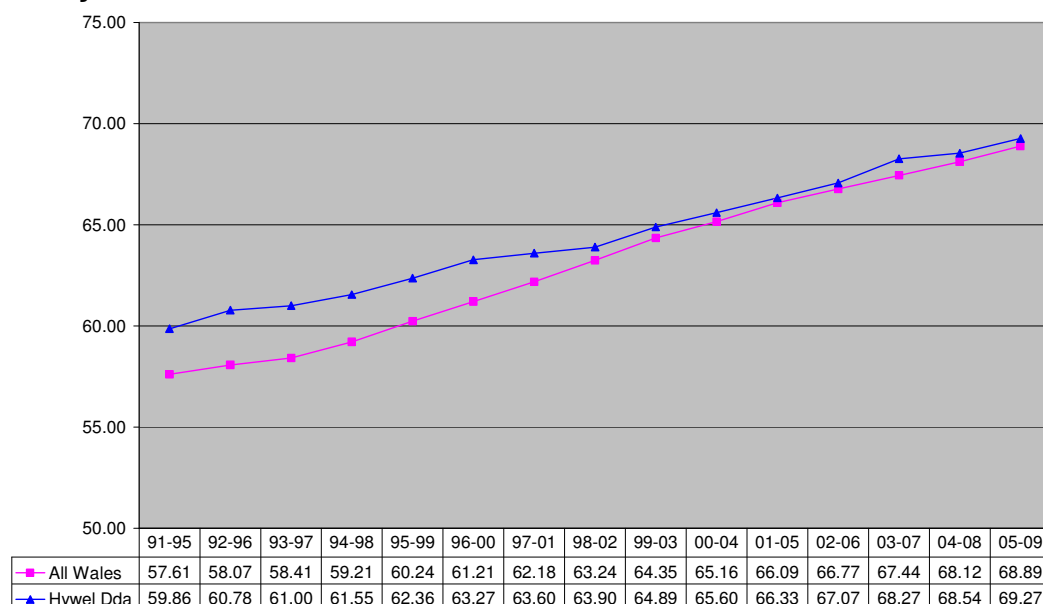
By when: Ongoing

Achieved: Five year survival has improved over time, but by less than for 'Wales'. However, what the charts do not show is the confidence intervals which overlap due to the relative population size so we may or may not be above or below, but we are not significantly above or below the Welsh rate

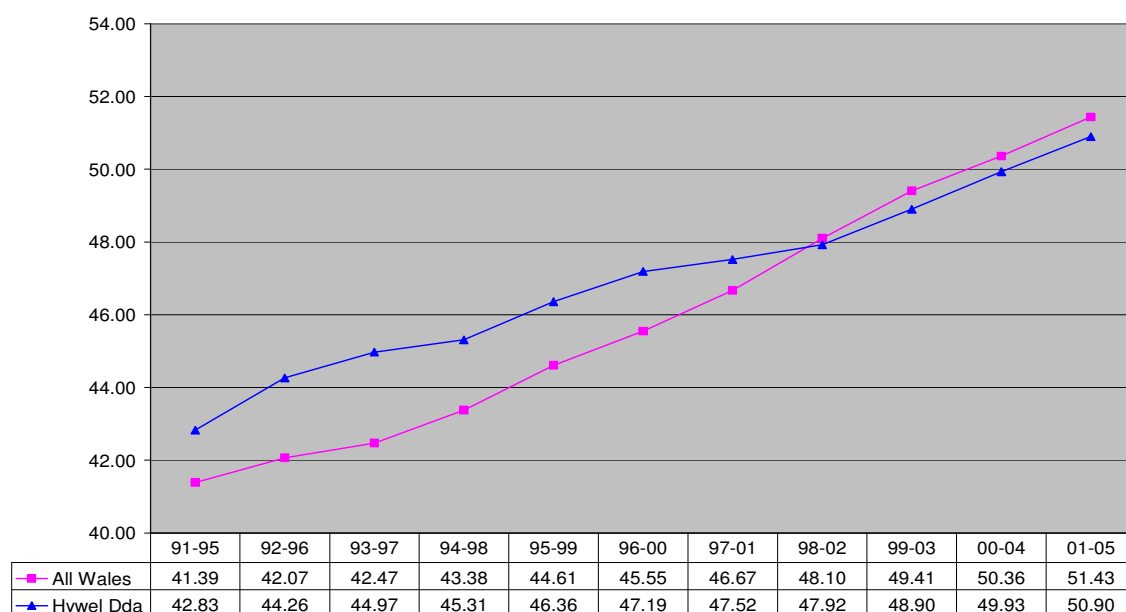
Progress: Survival rates in Hywel Dda are improving in line with the rest

of Wales. Particular attention needs to be paid to the Lung Cancer rates and this will be monitored as a key indicator of service performance. **Target achieved ✓**

One year survival



5 year survival



Improvements achieved

- Progress on survival rates cannot be reported in the short term. The shortest possible term is a one-year survival rate (that will be reported 18 months after the end of the respective year). Five year survival rates will be reported 6.5 years after the end of the relevant period).

Further improvements identified

- Survival rates will be monitored as the overall indicator of population health improvement. The Cancer Action Plan will set out the actions required to improve survival, including the measure to improve staging of cancer as reducing waiting times as reported above.

Improving GMS access

Practices are resourced under the General Medical Services (GMS) contract for the provision of general medical services during the core hours of 8am – 6.30pm, Monday to Friday. 'Delivering Investment in General Practice' (January 2004) states that normal surgery hours must be "to the extent necessary to meet reasonable need."

'Reasonable need' has not been defined within Hywel Dda Health Board and therefore this has led to a wide variety of expectations from patients and differing levels of satisfaction of the services experienced. Whilst no single model offers the perfect solution, the intention is to implement a set of principles of good access to which patients should expect.

The Tier 1 target, which is new for 2013/14, asks for practices to have appointments available after 5pm in the evening on two or more days per week. This means that those patients, particularly people who work or collect children at the end of the day, are more likely to get appointments to suit them. Clearly this is a standard we would want across Hywel Dda.

What: Increase number of practices open two or more days per week after 5pm.

How Much: To increase from 89.1% of practices compliant to over 90%

By When: April 2013

Achieved: 90.9% achieved

Progress: **Target achieved ✓** set new stretch target of 95%

Improvements achieved

- Thorough review undertaken of patient satisfaction, complaints, opening and appointment times
- Targeted improvement work undertaken with individual practices on the Tier 1 target standard – one new complaint practice
- Targeted improvement work undertaken with single practice with high levels of concerns – no concerns received in last six months
- Task and finish group convened with multiple stakeholders, with the aim of improving all areas of access with the focus of a within core hours model

- Draft set of principles of good access developed by Health Board, Local Medical Committee and practice stakeholders - not agreed yet
- New Local Enhanced Service developed with focus on good access at a foundation level, positive level and extended level

Further improvements identified

- Agree Improved Access Local Enhanced Service with Local Medical Committee and implement
- Monitor access standards and work with individual practices to apply good practice principles
- Develop new phone access monitoring system

Staff engagement

In the autumn of 2012, BMG Research was commissioned to undertake a staff survey across the ten organisations that comprise NHS Wales. The Minister for Health and Social Services made a commitment to undertake this survey in response to actions outlined in 'Working Differently, Working Together'. The survey was planned and implemented by the Welsh Partnership Forum and questionnaires were distributed during January and February 2013.

What:	To act on the findings of the staff survey from the Hywel Dda Report.
How Much:	All Hywel Dda employees
By When:	Hywel Dda Report published May 2013
Achieved:	Action Plan to be submitted to Welsh Government June 2013
Progress:	Draft Action plan to be developed in partnership through the Staff Engagement Sub-group and agreed at the Hywel Dda Partnership Forum on 11 th June 2013. On target ✓

Improvements achieved

- The Staff Engagement Sub-group was formed in November 2012 and reports to the Organisational Culture Steering Group.
- The Staff Engagement Sub-group is working collaboratively with Ideas UK and has embarked on a two year staff engagement programme.
- The first initiative as part of this programme is an Ideas Scheme launched as a pilot in Bronglais Hospital in May 2013 prior to roll-out across the health board as a whole. The Ideas Scheme is a staff suggestion scheme, where staff fill in a form with whatever suggestion they have for improvement or efficiency, anything, and the form is

submitted and considered by the county management team, and the County Partnership Forum, and the individual receives direct feedback...whether the idea is adopted or not.

Further improvements identified

- The Staff Engagement Sub-group will develop the action plan based on analysis of the Hywel Dda Staff Survey Report. This action plan will be developed in partnership and agreed through the Hywel Dda Partnership Forum. It is envisaged that there will be quarterly monitoring reports to the Welsh Government following the submission of the action plan. The main focus will be to ensure that staff are aware of all outcomes resulting from the survey to be assured that managers have acted on the findings.

The patient experience

The health board is committed to providing environments in which staff, patients and the public feel safe, valued, respected and encouraged to contribute to the quality of the services provided.

What: To improve patients' experience of the care they receive from Hywel Dda Health Board as measured by the All Wales Fundamentals of care audit tool

How much: Continued improvement in results achieved since audit programme began (2009)

By when: Audit undertaken between June and October 2012

Achieved: Overall improvements achieved

Progress: The results show that there has been between a 4-10% increase in the patient perspective scores from when the audit was first undertaken in 2009 to this year's audit. **On target ✓**

Standard	2009	2010	2011	2012
Std 1.Communication and Information	93%	95%	97%	97%
Std 2/5 Respecting people and Relationships	89%	91%	93%	94%
Std 3 Ensuring Safety	92%	95%	97%	96%
Std 4 Promoting Independence	90%	93%	95%	95%
Std 6 Rest & Sleep	84%	87%	88%	88%
Std 7 Ensuring Comfort & Alleviating pain	90%	96%	96%	97%
Std 8 Personal hygiene, appearance and foot care	90%	96%	98%	97%
Std 9 Eating and Drinking	89%	92%	94%	94%
Std 10 Oral Health & hygiene	78%	85%	85%	85%
Std 11 Toileting needs	92%	95%	96%	97%
Std 12 Preventing pressure sores	81%	86%	90%	91%

Improvements achieved

Hywel Dda Health Board shows between 4 -10% improvement from patients' perspective over the past four years for every standard

Further improvements identified

We know that to improve experiences we need to systematically embed the principle of improving the patient experience as a core value within the organisation. To achieve this we:

- Integrate patient and family centred care methodology to service improvement which keeps patients at the centre of our decisions
- Introduce a more robust survey process across the whole organisation to understand how patients are experiencing care, which will introduce the ability to provide feedback on a real time basis
- Further develop an organisational approach to the effective capture and use of patient stories so we can hear about experiences in people's own words
- Develop a robust process for bringing together all information regarding experience so that we can have holistic understanding across the health board of what it is like to be a patient.
- Ensure a quality assured system for the development and management of patient information so that people will feel informed and understand what is happening

Public engagement – Siarad lechyd / Talking Health

Siarad lechyd / Talking Health is an involvement and engagement scheme launched by Hywel Dda Health Board in June 2011. The aim of the scheme is to provide a mechanism for and to strengthen links for engagement with the local communities in the Hywel Dda area.

This scheme complements and strengthens conventional Patient and Public Engagement activity. It brings a public, patient and staff perspective to decisions made by the Health Board as listening to and taking action on the views of staff, patients and general public is vital if we are to develop and deliver high quality health services to meet the needs of local people.

What:	Siarad lechyd / Talking Health is about having a say in how local health services are planned, developed and delivered.
How much:	Users of services, carers, staff, representatives of Groups; and anyone interested in services provided by the health board can join Siarad lechyd / Talking Health
By when:	Ongoing
Achieved:	Many opportunities for Siarad lechyd / Talking Health

members to receive information and have a say in how local health services are planned, developed and delivered.

Progress: Recruitment ongoing, over 800 by year end.
Opportunities to get involved and information from health board provided regularly. **On target ✓**

Improvements achieved

- All members received documentation and event details for listening and engagement and formal consultation on the clinical services strategy
- Regular newsletters produced and sent to all members
- Opportunities for members to take part in focus groups and influence developments such as for leg ulcer pathway, visiting arrangements and new signage in hospitals
- Opportunities for members who had joined the Siarad Iechyd / Talking Health Readers' Panel to comment on written material including new all Wales consent forms, end of life leaflet
- Opportunities for members to respond to questionnaires and surveys such as GP Practice appointment questionnaire, Welsh Ambulance Services 50+ experience survey

Further improvements identified

- To build on current work to raise the profile of Siarad Iechyd / Talking Health among staff and increase its potential uses to support service review and development
- Recruitment is challenging and the organisation is committed to recruiting high numbers. Recruitment methods continually being developed and reviewed to identify best value and most efficient methods.

Public engagement – consultation

During 2012/13, the health board undertook a major engagement and consultation exercise in order to inform its plans for major service reconfiguration.

To achieve this, the health board had to comply with Welsh Government Guidance on Engagement and Consultation and demonstrate continuous engagement and communication throughout the development of consultation options before commencing formal consultation. It had to ensure that there was accessible information about service change available and wide-ranging opportunities for people to share their views with the Health Board throughout the consultation process

What: To deliver an effective, comprehensive consultation process that satisfies the requirements of the Welsh Government Guidance and satisfies the Consultation Institute's Compliance

Assessment, demonstrating the consultation has met best practice standards.

How much: The health board needed to engage with, then formally consult with key stakeholders, staff, patients, carers and the public with an interest in services provided by Hywel Dda Health Board.

By when: Listening and engagement process took place between December 2011 and April 2012 and this was followed by formal consultation between August 2012 and October 2012.

Achieved: Documentation was made available in a variety of formats including youth friendly, Braille, Easy Read and large print. A wide range of methods were used to engage and consult with stakeholders and the public including staff focus groups, public focus groups, staff roadshows, staff bulletins, meetings with key stakeholders such as local politicians, press releases and social media. Specific activities within each part of the process including:

- *Listening and Engagement* - 12 drop-in events were held across the three counties and a leaflet/DVD delivered to 120,000 households; 3,000 distributed to public places.
- *Consultation* - three public meetings, seven drop-in events, a household survey and additional meetings with seldom heard groups.

Progress: The health board achieved the Consultation Institute's Compliance Assessment. **Target achieved ✓**

Improvements achieved

- Following the completion of the listening and engagement phase, the Welsh Audit Office confirmed the health board had undertaken a comprehensive exercise.
- The health board was one of the first in Wales to implement the Welsh Government's 'Guidance For Engagement And Consultation On Changes To Health Services'
- Key targets were identified within the consultation plan and these were monitored on a weekly basis. The health board achieved the Consultation Institute's Compliance Assessment, demonstrating the consultation has met best practice standards

Further improvements identified

- Following consultation, the health board will continue to demonstrate public and patient engagement in the implementation of new service change.
- The health board will continue to develop relationships with the communities it serves to maintain continuous engagement.
- The health board will continue to work with Hywel Dda Community Health Council to implement the 'local protocol' for defining and dealing with changes to services

Medicines management

Evidence based clinical and cost effective prescribing and medicines management are key to improving outcomes for patients both in quality of life and length. Medicines continue to improve through new technology and innovation and while this has provided significant benefits it is essential medicines are used safely within a sound evidence base.

What: To continue to improve evidence based clinical and cost effective prescribing across Hywel Dda Health Board.

How much: Primary and secondary care prescribing.

By when: Ongoing.

Achieved: Achievement of the All Wales Medicines Strategy Group indicators which reflect clinical and cost effective prescribing.

Progress: On target ✓

Improvements achieved

- Development of electronic Hywel Dda Health Board formulary
- Establishment of an implementation plan for National Institute for Health and Care Excellence (NICE) Technology Appraisal (TA) and All Wales Medicines Strategy Group (AWMSG) recommendations to ensure appropriate implementation in a timely and managed process.
- Medicine waste campaign to raise awareness across the health board to reduce medicines waste.
- Achievement of clinical and cost effective prescribing through improvement in the national prescribing indicators and resource efficiency targets. **13 out of 15 national prescribing indicators achieved.** The two targets that were not met concerned the level of antibiotic prescribing but this is very variable and the key is the type of antibiotics prescribed has improved.

Number of prescribing targets	15
Number of targets demonstrating improvement	13
Percentage achievement	87%

Further improvements identified

- To further develop the health board formulary and monitor compliance with national and local recommendations and guidance.
- Strengthen the process of implementation of NICE TA and AWMSG recommendations cross Hywel Dda to improve equality for patients to access medicines.
- Continue to improve on the AWMSG indicators to achieve the absolute targets

Meeting standards

Standards for health services in Wales

The Standards for Health Services in Wales set out the Welsh Government's common framework of standards to support the NHS and partner organisations in providing effective, timely and quality services across all healthcare settings.


Standards provide a consistent framework that enables health services to look across the range of their services in an integrated way to ensure that all that they do is of the highest quality and that they are "doing the right thing, at the right time, for the right patient in the right place and with the right staff".

The health board has made concerted efforts this year to change the way it looks at and answers the questions posed by the standards. It has instigated a new review process that involves both Internal Audit and the Independent Members reviewing standards and going below this high level to talk to staff that have to work with and operate the standards on a day-to-day basis.

For the coming year there should be a review of improvement plans to ensure that they are manageable and achievable, and help improve the overall score. The completion of the Standards for Health Services in Wales by the health board has been a much smoother process than in the previous year, and this process will become enshrined within the health board in future years.

The narratives were all submitted in November 2012, but it is important to note that the process effectively carries on throughout the year, and that this date was chosen simply to bring the standards together. The majority of the standards had a quality improvement plan that would form part of the work plan of that specific department over the year.

Due to the above the level of assurance given to the processes and final completion of the standards can be seen below:

Reasonable assurance	 - + Yellow	The board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.
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Healthcare Inspectorate Wales

Healthcare Inspectorate Wales' (HIW) core role is to review and inspect NHS and independent healthcare organisations in Wales to provide independent assurance for patients, the public, the Welsh Government and healthcare providers that services are safe and of a good quality.

Services are reviewed against a range of published standards, policies, guidance and regulations. As part of this work HIW will seek to identify and support improvements in services and the actions required to achieve this. If necessary, HIW will undertake special reviews and investigations where there appears to be systematic failures in delivering healthcare services to ensure that rapid improvement and learning takes place.

Healthcare Inspectorate Wales undertook a two day Dignity and Essential Care Inspection visit to two wards in Bronglais Hospital in June 2012 and published its report in November 2012. The report highlighted some areas where improvements were required in relation to cleanliness in some (not all) areas; medication safety; and completeness of assessment and documentation.

However, the review team recognised that they witnessed staff who demonstrated a sensitive and professional attitude towards patients and who delivered care in a very compassionate manner. They also noted that the patients in both ward areas spoke very positively about the staff attitude and behaviour towards them.

The importance of the hospital environment in ensuring a dignified care experience for patients cannot be overemphasised and this is reflected in the emphasis put on external interest and monitoring of this aspect of the services provided. In the past two and half years the Health Board has received five formal monitoring visits relating to this i.e.

- **February 2011**
HIW cleanliness spot check visit to Glangwili Hospital
- **July 2011**
Cleanliness spot check programme visit to Bronglais Hospital
- **Autumn 2011**
Community Health Council hospital patient environment monitoring visits
- **March 2012**
HIW cleanliness spot check visit to Worthybush Hospital
- **Autumn 2012**
Community Health Council hospital patient environment monitoring visits

As a result of the monitoring visits many local actions are being initiated to address some of the specific areas highlighted within each hospital site.

Welsh Risk Pool

Welsh Risk Pool services is a mutual self assurance scheme for all health bodies in Wales. The risk pooling scheme covers all risk relating to NHS activity, subject to Welsh Health Circular (2000)04, Revised Welsh Risk Pool Management Arrangements from 1 April 1999 and Welsh Health Circular's (2000)12 and 51, Insurance in the NHS in Wales.

The service has two principal functions:

- Reimbursement of costs detailed in the above circulars over the agreed excess levels
- Provide support to trusts and local health boards in the development of robust risk management systems.

Areas reviewed are as follows:

- Clinical area 1: Maternity services
- Clinical area 2: Operating department services
- Clinical area 3: Emergency departments
- Concerns and compensation claims standard (undertaken separately to the clinical areas assessment)

The focus for 2012/13 included a desk based review of areas identified in previous assessments as non or partially compliant during the review of documentation in support of the clinical evidence criteria.

The clinical evidence criteria used for the assessment are based on current recognised good practice and applicable guidelines.

For 2013/14 there will be a slight change to the review process. It will include a review of documented arrangements but there will be a greater focus on issues relevant to claims. The assessment will also include a review of clinical pathways against the documented arrangements to gauge whether documented processes are embedded within the organisation.

At the time of writing, a draft Welsh Risk Pool report had been received, with the health board achieving an overall score of 92% in the assessment of documented arrangements. See table below.

Once the report is finalised, action plans will be developed to address key recommendations made by Welsh Risk Pool, with a series of meetings arranged to monitor progress.

	2010/11	2011/12	2012/13
Maternity	91%↑	88%↓	93%↑
Theatres	85%↓	89%↑	84%↓
A & E	91%↑	96%↑	96% -

	2010/11	2011/12	2012/13
Overall Compliance Score	82% ↑	87% ↑	92% ↑

Participation in clinical audit

Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change.

The health board supports the view that clinical audit is fundamentally a quality improvement process, rather than data collection *per se*. Clinical audit also plays an important role in providing assurances about the quality of services.

National Clinical Audit and Outcome Reviews are one of the key drivers for change. National clinical audit is an integral part of the health board's clinical governance, clinical effectiveness quality improvement and informatics strategies and is included as a priority on the Clinical Audit Programme. The Welsh Government published its NHS Wales National Clinical Audit and Outcomes Review Plan Annual Rolling Programme 2012/13 and this sets out how participation and the findings from National Clinical Audit and Clinical Outcome Review (formerly Confidential Enquiries) Programmes, together with a small number of Wales specific audits and other reviews will be used to measure and drive improvement in the quality of Welsh healthcare services over the next five years.

The health board is developing a holistic and extensive clinical audit programme, incorporating all specialities and disciplines. During 2012/13 the health board have participated in 28 national audits and five national confidential enquiries.

Action planning is an intrinsic part of the audit process and action plans are developed following all audits. Learning is shared across the Health Board at whole hospital audit meetings.

1000 Lives – changing direction

The health board has been actively involved within the 1000 Lives Campaign and 1000 Lives Plus since its inception, with many initiatives being reported on earlier within this document.

More recently, the focus of 1000 Lives is changing. It has been confirmed that in the future the 1000 Lives Plus Team will be supporting initiatives at the request of organisations and therefore respond directly to their individual requirements.

The current list of programme areas is being reviewed by the 1000 Lives Plus team and it is anticipated that support for many of them will cease. This information will be circulated to organisations once completed.

The external monitoring of the collaboratives by the 1000 Lives Plus team will also cease. It will become the responsibility for the health board to look at their own priorities and decide whether to continue with any of the programmes, particularly where support will stop.

Consequently the health board are in the process of reviewing their internal reporting mechanisms and prioritisation of initiatives in relation to 1000 Lives, which will be incorporated in the Quality Improvement Plan for the forthcoming year.

Improving patient / user experience

The health board is committed to improving patient experiences by providing the right care, in the right place, at the right time, every time.

There have been various developments across the health board to enable patient centred care. Some examples are as follows:

The Multidisciplinary Assessment Support Team (MAST)

This comprises of a social worker, a physiotherapist, a district nurse and an occupational therapist. The purpose of this team is to proactively identify people who enter the acute hospital in an unscheduled way with the aim being to discharge them back into the community with the appropriate support where it has been assessed that the person does not require hospitalisation.

Careline +

Careline + provides a service for older, disabled and vulnerable people in the community, giving them and their families the peace of mind of knowing that help is always available 24 hours a day, seven days a week, every day of the year.

Integrated health and social care Community Resource Teams (CRTs)

The teams bridge community networks and hospital based care, with a particular emphasis on avoiding admission and facilitating discharge, reaching into acute hospital wards, A&E and CDU to 'pull' patients through to discharge.

The Immediate Response Night Care Service

The Immediate Response Night Care service has been developed to provide an out of hours social care emergency response service. The aim of the service is to support service users and carers and to avoid unnecessary admission to hospital or long-term care. The team providing the service respond to planned and unplanned non-medical personal care calls during the night. They do not provide medical care.

Carmarthenshire Twilight

In 2007 the Carmarthenshire Health Social Care and Well-being Partnership identified a shortfall in service provision for older people, to accompany them home from Accident and Emergency and provide a home visiting service the following day. The service enables us to support the reduction of avoidable admissions which is important as older people who are admitted to hospital are at risk of extended stay; malnutrition; exposure to hospital acquired infection, etc.

Engaging patients in their own healthcare decisions

Hywel Dda has developed a Self Care Strategy which sets out the commitment of Hywel Dda Health Board working with our partner organisations and our citizens in supporting people to self-manage long-term/ chronic conditions: developing the skills of professionals to support self-management; improving the provision of information about long-term conditions and the local services available; and increasing the flexibility of service provision to fit in with patients' other commitments.

Some examples of providing support to develop competence in self care and promote rehabilitation are as follows:

Band 3 generic roles in rehabilitation

In Carmarthenshire we have developed the Health Care Support Workers (HCSW) / rehabilitation Assistant role at band 3 level. These HCSWs currently work within the community hospitals and wards. The HCSWs work alongside therapists to deliver a seven day service for rehabilitation inpatients. The band 3s have spent time working alongside the therapists developing their knowledge and skills, and are involved in assisting the patient achieve their goals.

Domiciliary care

The domiciliary care service provides care to clients within the community. It consists of 3 components;

- **The Enablement Service**

The service is about promoting independence, choice and quality of life for people by providing short term support to:

- Help people regain skills and confidence
- Help people do as much as they can for themselves
- The Enablement Team aim to support people following a period of illness, disability or loss of self confidence. The service is also designed to support people to remain living safely in their own homes in the community.

- **Long Term Care**

The service is designed to meet individual 'assessed' needs, some of which can be quite complex, and is delivered by a team of Home Care Managers, Senior Home Carers and Home Carers, either by the Local Authority in-house service or by external contracted Home Care organisations.

- **Immediate Response Night Care Service**

This service responds to unplanned care needs, to support service users and carers, and to avoid unnecessary admission to hospital or long term care. The team responds to planned and unplanned non medical personal care calls during the night. Operating between 9pm and 7am they support other night services, GP Out of Hours, Acute Response Team and A&E Departments.

There is also a wealth of services / support groups which patients can access, some examples are as follows:

The Education Programme for Patients (EPP Cymru) has some new initiatives in self management programmes that we are now able to run. EPP Cymru is now able to offer the following programmes (free of charge to participants) across Hywel Dda:

- **The Chronic Disease Self Management (CDSM) Programme** - This is a six week, 2.5 hours a week programme for anyone living with any health condition. This provides the skills to help people manage their health, from a range of cognitive techniques to healthy eating, physical activity, managing depression, working with your healthcare team and so much more.
- **The Looking After Me Programme** – This is a six week, 2.5 hours a week programme for anyone caring for someone who has a long term health condition. The emphasis of this programme is to give carers the opportunity to learn some skills to enable them to take care of their own health whilst caring for someone else, this encompasses relaxation techniques, communication skills, a range of cognitive techniques, working with health and social care staff and so much more.
- **The Chronic Obstructive Pulmonary Disease (COPD) Self Management for Life Programme** – This is a new seven week programme, three hours a week for anyone who has the respiratory condition COPD / severe breathlessness. This programme is delivered in partnership with healthcare staff. This programme is about living with lung disease and managing some of the specifics associated with having lung disease like breathlessness, pacing yourself, medication, staying active with lung disease, and managing the setbacks and so much more.

EPP Cymru has also been working in partnership with existing organisations to deliver the CDSM Programme within their setting, for example GP practices (Adfer) / West Wales Substance Misuse Service / Probation Service / Coastal / Learning Disability Services-STEPS etc. The benefits have been evident and as a result we are now developing new ways of working.

We are recruiting generic health or social care workers to train to deliver the CDSM programme in their own setting in partnership with our selves. We will provide all the training, support and resources required.

Listening to our Patients

Fundamentals of Care

The health board participates in the annual All Wales Fundamentals of Care Audit which is based on the standards within the Fundamentals of Care

(Welsh Assembly 2003) document which drew together guidance on the quality of care that patients and their families could expect from health and social care providers in Wales around 12 key aspects of care. All health boards are required to submit a report on the organisation's level of compliance against the 12 standards on an annual basis.

The audit tool requires that data is obtained through a variety of means including observations of practice; staff questioning; review of documentation and patient records; and by questioning patients. An action plan is then completed and is periodically reviewed over the year. Reporting and monitoring of progress is carried out through routine managerial supervision / performance monitoring and also within the counties' Professional Nursing Forums. In addition, when the results are considered at a Health Board-wide level, key priorities are identified and work planned and taken forward on a corporate basis.

The 2012 Hywel Dda Health Board Fundamentals of Care Audit has been conducted across 67 in-patient areas, in line with the requirement set by Welsh Government for the 2012 audit process. Other care areas such as day hospitals and Endoscopy units are also being audited to ensure that the care of all patients within the health board is reviewed but the results are not required by Welsh Government as part of this report.

Overall, the results of the 2012 audit demonstrate that across the health board, for the twelve standards the score has been sustained and/or has shown a 1-2% improvement, compared to the 2011 results. However, there is no complacency in the system and, in addition to the health board wide action plan that forms part of this report, at a local ward / department level, all areas now have an action plan in place against their individual audit findings and these will be monitored through local performance management arrangements within counties.

The audit findings suggest that whilst care standards are being maintained across the health board there remains work to be done in order to address some of the more 'resistant' issues both in terms of systems and culture; and that there must be a continued focus on the fundamental standards of care at all levels to ensure that standards are sustained (and where possible improved further) over the coming year.

Results are presented as year on year comparisons between 2009 and 2012, although it is acknowledged that there are limitations to the conclusions that can be drawn.

Being a learning organisation

Putting Things Right

In 2011 the Welsh Government passed the National Health Service (Concerns, complaints and Redress Arrangements) (Wales) Regulations 2011. As a result 'Putting Things Right' was established to review the existing processes for raising, investigation and learning from concerns.

The health board has established a Putting Things Right Committee, which meets on a quarterly basis. The purpose of the committee is to provide assurance on all matters relating to concerns (claims, incidents and complaints) across the Hywel Dda community and for that reason the Committee seeks assurance from the county and directorate teams in relation to safety, effectiveness of care and patient experience.

At each committee meeting counties / directorates are expected to submit assurance reports outlining how they are learning lessons from concerns and how this is improving care. In addition, the outcomes of investigations are discussed and the committee receives assurance that action is being taken to address the findings.

The patient experience function will also be represented at the committee in the future in order to ensure that there are clear links between concerns and incidents and user influence in service development.

During 2012/13 the committee has received assurance that action has been taken following concerns or patient safety incidents. The following are examples of some of the key learning areas in relation to the care of patients:

- Learning disabilities clients who present with medical problems
- Patients who require emergency surgical intervention at Withybush Hospital (specifically those with fractured necks of femur)
- Patients with Parkinson's disease – specifically in relation to medicines management
- The care of those patients who are hospitalised and suffer with diabetes

The main challenges for the committee relate to:

- A lack of consistent, fit for purpose assurance reporting arrangements
- Processes for monitoring full compliance with action plans developed to address patient safety concerns (including Ombudsman recommendations)
- Ensuring that lessons learned are cascaded and addressed across the Hywel Dda Health Board footprint
- Difficulties in securing full and regular attendance at meetings.

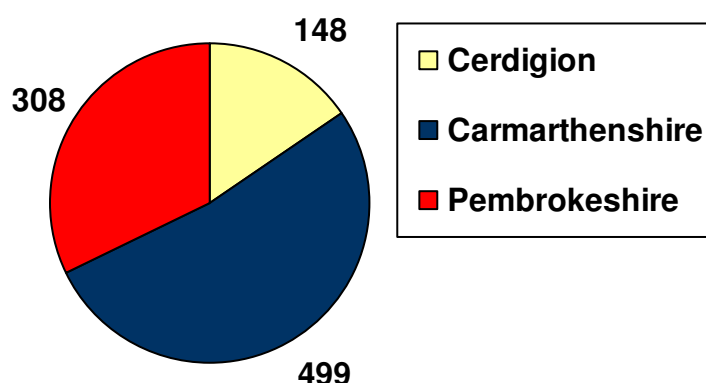
Ombudsmans

During the year, the Public Services Ombudsman for Wales became involved in 62 concerns relating to Hywel Dda Health Board. The Ombudsman decided to investigate 26 of these concerns, which represents 2.7% of the total number concerns received by the health board during that period. He decided that 36 of these referrals did not warrant further investigation.

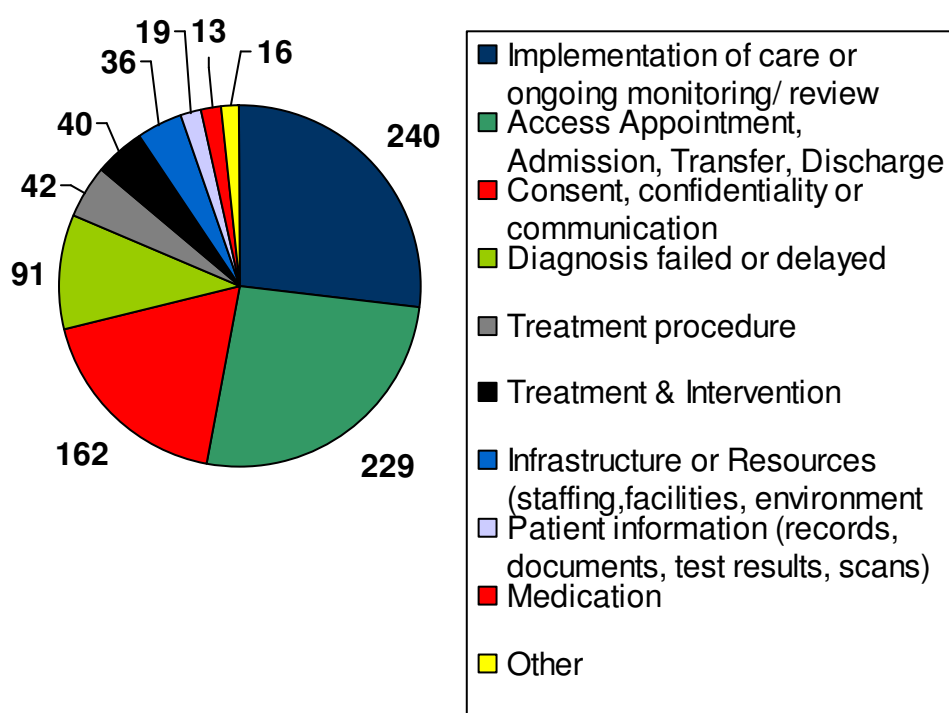
Learning from concerns

During 2012/13 the health board received 956 formal written concerns. 89 of these concerns related to primary care practices (GP; optometry and dental). This represents a reduction of 86 in the numbers of formal complaints from the previous year. 919 informal concerns were also dealt with by the Patient Support and Advisory Service. Of these 19 progressed in to formal complaints while the others were either resolved within 24 hours, resulted in further information being given to the person or were referred on to a more appropriate person in the organisation to be dealt with.

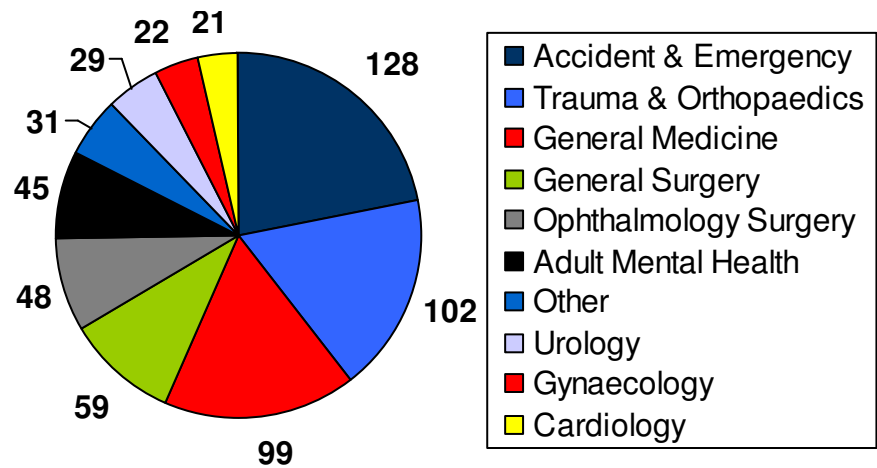
The following graph demonstrates the number of complaints by county:



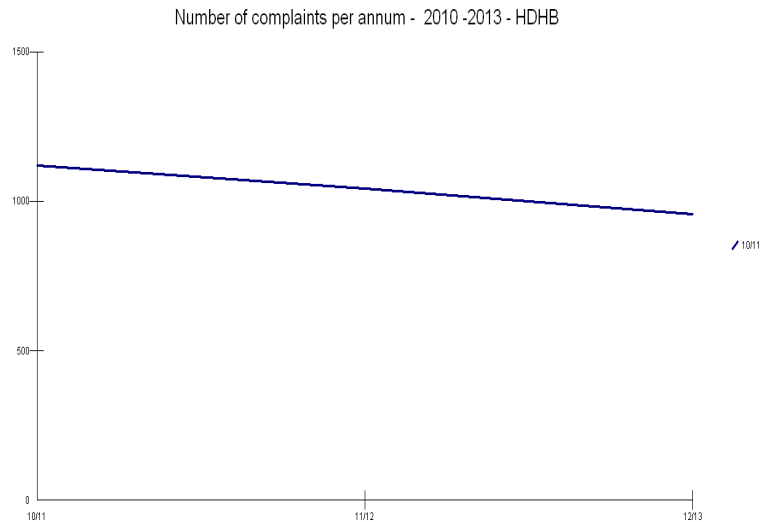
The following graph shows the 'Top 10' type of issues that people complain about:



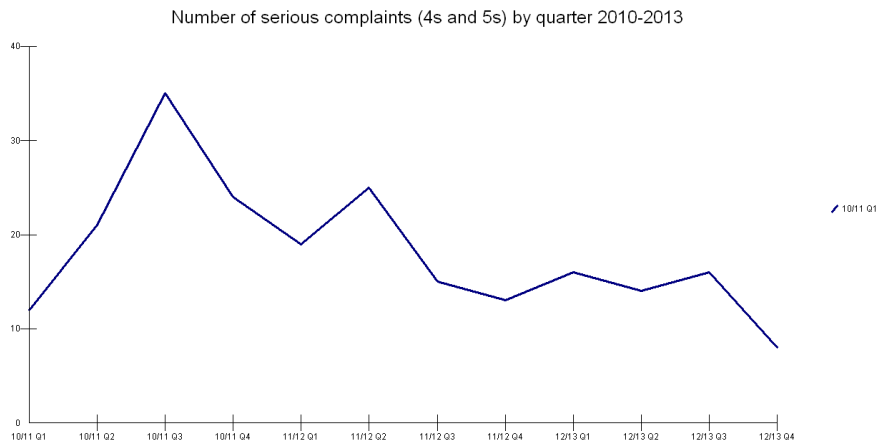
The following graph shows the specialties (top ten) that receive the highest number of complaints:



There has been a year on year reduction in the number of complaints received by the health board over the last three years:



In addition to this there has also been a steady reduction in the number of serious complaints received (graded as 4 and 5):



Learning lessons

The investigation of complaints about care presents a valuable opportunity for the health board to learn lessons and put in place measures to try and prevent similar incidences in the future.

Over the last year a number of initiatives have taken place which have resulted from the review of complaints. The following are an example of the types of changes that have been made as a result of complaints investigations:

- A resource pack for staff working with patients with Parkinson's disease has been developed
- An information sheet has been prepared for parents/carers with Autistic Spectrum disorder - with support group contact details for families.
- Diabetic monitoring - A competency programme linked to the Think Glucose campaign has been implemented; all relevant staff will be assessed against the programme. A mandatory accountability session is now being provided, with the emphasis on record keeping; 34 nurses have attended the session in Glangwili Hospital and this is now being rolled out across the health board, and a blood glucose monitoring chart is in the process of being standardised across the health board.
- As a result of an Ombudsman investigation an audit of pneumonia admissions over the last 12 months had been carried out; revised observations charts are being introduced across the health board; a health board task and finish group has been set up to review nursing documentation, which is being rolled out in September 2013
- There has been a change to the way orthopaedic surgeons work when they are on call at Worthybush Hospital. This means that they do not have to mix emergency work with out-patient and elective work.
- There has been a review of missed fractures across the health board
- An enormous amount of work is being carried out to improve follow up arrangements in the out-patient setting

The health board recognises that people can often have queries or concerns which can be dealt with 'on the spot' or within a few days. The Health Board has a Patient Support and Advisory Service, which can deal with many of these concerns, without the need for using the formal concerns process. All of the contacts made to the support and advisory service are confidential but are also recorded on a secure database to ensure that the organisation learns lessons in the same way as formal concerns.

You can contact the Concerns Team / Patient Support and Advisory service by:

Phoning: 0300 0200 159

Emailing: hdhb.patientsupportservices@wales.nhs.uk

Writing to: Hywel Dda Health Board, Freepost, CT21/2, Haverfordwest, Pembrokeshire SA61 1BR

Under the NHS Concerns, Complaints and Redress Arrangements (Wales) Regulations 2011, the health board also has a duty to produce a separate 'Putting Things Right' Annual Report. This can be found on the health board's website and provides further detail about the types of concerns received and the lessons learned.

Coroner Rule 43

Rule 43 of the Coroners Rules 1984 (as amended) provides coroners with the power to make reports to a person or organisation where the coroner believes that action should be taken to prevent future deaths. If the coroner feels that the evidence gives rise to a concern that circumstances creating a risk of other deaths will occur or continue to exist, he may make a Rule 43 report which is sent to the organisation which has responsibility for the circumstances.

A recipient of a Rule 43 report must send a written response within 56 days. The response must give details of any action which has been or is proposed will be taken, or provide an explanation when no action is proposed.

During the past year the Health Board has received two Rule 43 reports.

Rule 43 (1) - This was in relation to a missed fracture, with it noted that radiology staffing levels were below optimum. The health board took action and has since employed two Locum Consultant Radiologists. Additionally the health board is utilising an external teleradiology to report on almost all outpatient and routine scans, including plain films, mammograms, CT and MRIs.

Rule 43 (2) – This was in relation to a missed spinal fracture and the quality of examination and treatment from a junior doctor. The Health Board concluded that there were some failings in the care, and have addressed these directly with the junior doctor. He continues to have support as required for his grade and functions as a competent, careful doctor.

Both Rule 43s were responded to within the required timescales.

Never events

Never events are incidents that are considered as unacceptable and eminently preventable.

During 2012 there were two never events which related to retained foreign objects, such as a swab. These events were fully investigated and actions taken to prevent recurrence.

Action taken includes:

- Introduction of Swabsafe, which is a system designed to eliminate the risk posed to operating theatre personnel by the unnecessary handling of contaminated swabs and assisting accurate swab counting, thus protecting the patient.
- Patient Information System (Myrddin) now records all persons present during procedures.
- New theatre department personnel now undergo a full induction
- The lead surgeon is now entered manually on Myrddin for all multi-surgeon procedures.
- Bag identification now includes the following information:
 - Date
 - Theatre number / name
 - Patient identification in the form of theatre register number.
 - Time waste disposed of.
- Swab boards altered to reflect the actual size of the swabs.
- Education / communication board dedicated to swab types / names / sizes, etc.
- All documentation to be checked for completeness when entering recovery room. If not completed the theatre must be contacted and the senior nurse informed. A documentation audit is being conducted to ensure compliance.

Safety alerts

Safety alerts are issued by several different agencies including the National Patient Safety Agency (NPSA), Department of Health (DH), NHS Estates and the Medicines and Healthcare Products Regulatory (MHRA), along with many others. Alerts are derived from a series of incidents which have occurred and the solutions required to be put in place to prevent a reoccurrence and manage the residual risk. Root causes of the problem are identified with the specific actions and a specified time is dictated for completion to ensure risks are managed in a timely manner.

To date the health board is **51%** compliant with the current published alerts. Following the restructure; within Hywel Dda, alerts were being received through various avenues and were being widely distributed. This caused duplication and confusion to staff and managers and the accountability and responsibility structure became unclear.

To improve compliance a review was undertaken and a new procedure was devised and implemented.

A central email was set up for receipt of alerts into the health board. This email is managed by the Assurance, Safety and Improvement team, who are responsible for the dissemination of alerts to appropriate health board staff.

On receipt of alerts, nominated service leads are required to undertake actions within timescales and report back to the Assurance, Safety and Improvement team. Compliance will be monitored and reported bi-annually to the health board's Quality and Safety Committee.

Examples of Alerts received in the health board

Medical Device Alert

Ref: MDA/2013/042 Issued: 19 June 2013 at 15:00



Device
Implantable drug pumps and accessories:
SynchroMed II and SynchroMed EL (all models)
Sutureless connector intrathecal catheter products (models 8709SC, 8731SC, 8509SC, 8578)
Manufactured by Medtronic.

Problem	Action
Risk of drug under- or overdose due to various issues with these drug pumps.	<ul style="list-style-type: none"> Be aware that Medtronic has recently issued four Field Safety Notices concerning these products. The MHRA has summarised and prioritised the required actions below. Ensure you follow this advice on device and patient management and, also, the return of sutureless catheter connectors to Medtronic.
Action by	
All staff who manage patients implanted with drug pumps.	
CAS deadlines	Contact
Action underway: 03 July 2013 Action complete: 17 July 2013 Note: These deadlines are for systems to be in place to take actions and not for the completion of patient follow-up and testing.	<p>Manufacturer Lectle Bridge Medtronic Ltd Tel: 07740 899 216 Email: vgilance.eu@medtronic.com</p>

Medicines and Healthcare
Products Regulatory Agency

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DRUG ALERT
CLASS 1 MEDICINES RECALL
Action Now – including out of hours
HOSPITAL PHARMACY AND WARD LEVEL RECALL

Date: 19 June 2013 EL 113JA/17 Our Ref: MDR 25-05/13

Dear Healthcare Professional,

Gilead Sciences International Limited

AmBisome 50mg Powder for Solution for Infusion PL 16807/0001
(Liposomal Amphotericin B)

Batch Number	Expiry Date	Pack Size	First Distributed
042303AD1	30 Jun 2015	10 x 50mg vials	20 Nov 2012
042303AD2	30 Jun 2015	10 x 50mg vials	07 Dec 2012
042303AD3	31 Aug 2015	10 x 50mg vials	04 Jan 2013
042303AD4	31 Oct 2015	10 x 50mg vials	14 Mar 2013
042311AD	31 Jan 2017	10 x 50mg vials	15 May 2013

Gilead Sciences International Limited is recalling the above batches as a precautionary measure due to a potential lack of sterility assurance. No complaints or adverse reaction reports which may be related to this issue have been received by the company to date.

Remaining stocks of affected batches should be quarantined and returned to the original supplier for credit. For stock enquiries, please contact Gilead Customer Services by phone on 01223 891400 or by email at gileadcustomer.services@usd.com

For medical information enquiries please contact Gilead Medical Information by phone on 01223 897312 or by email at gileadinfo@usd.com

Receipts of this Drug Alert should bring it to the attention of relevant professionals by copy of this letter.

Yours faithfully

Alicia Blumie
Pharmaceutical Assessor
Defective Medicines Report Centre
191 Buckingham Palace Road
London
SW1W 9BZ
Telephone +44 (0)20 3889 6574

Medicines and Healthcare
Products Regulatory Agency

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NHS WALES
High Voltage
Hazard Alert

Date: 22nd May 2013



WG HWHA 2013 023



Llywodraeth Cymru
Welsh Government

Cathays Park, Cardiff
CF10 3NQ
Parris Cathays, Caerdydd
CF10 3NQ

Dangerous Incident Notification DIN 2013/0021/00 RMU – Tyke Mk IIA – Yorkshire Switchgear

To: Chief Executives, LHBs
Chief Executives, NHS Trusts

This Alert must be copied immediately to internal contacts for Hazard Alerts in Estate Departments.

The Alert has been endorsed by the Welsh Government as being relevant to NHS Wales and is issued by:

Neil Davies, Assistant Director, NHS Wales Shared Services Partnership, Facilities Services; Head of Facilities Services

This equipment is generally only used by Estates staff

For advice in Wales:

Simon Russell
NHS Wales Shared Services Partnership – Facilities Services
P. O. Box 182, Treva House
24-30 Lambourne Crescent
Cardiff CF14 5GS
Tel: 029 2031 5500
E-mail: simon.russell@wales.nhs.uk

Alerts are available in full text at:
<http://www.nhs.uk/wales.nhs.uk/03/Contact-us/EmailPublicPage?message>

Research and innovation

As a result of increased Research and Development (R&D) funding from the National Institute of Social Care and Health Research (NISCHR) Welsh Government, Hywel Dda Health Board has recently been able to enhance the support available to researchers across the health board.

The R&D department has appointed additional staff including a senior R&D manager with a strategic role, a portfolio research coordinator to facilitate involvement in high quality research studies and two dedicated research nurses who support clinicians carrying out both commercial and non-commercial clinical trials.

Training, guidance and support is available for health board staff who would like to become involved in or who are already undertaking research. This includes research methodology and statistical advice which can be provided by the health board's academic partner, the West Wales Organisation for Rigorous Trials in Health (WWORTH) at Swansea University.

The Clinical Research Centre at Prince Philip Hospital opened in 2012 and provides dedicated space for research projects to be undertaken, including a patient waiting area and clinical room, and research laboratories for sample analysis. The research infrastructure across the health board has also been increased by R&D supporting additional clinical support services staff (pathology, pharmacy and radiology), and also funding research equipment and dedicated office space for research nurses.

By enhancing the opportunities for its staff to carry out research and for patients to participate in clinical trials.

Hywel Dda Health Board is ensuring that new knowledge is gained about clinical treatments and novel therapeutic regimes. By sharing the outcomes of research studies and encouraging innovative practice, the health board ensures that clinical practice is evidence based.

Engaging our workforce

The health board recognises that staff engagement is a key ingredient in helping us meet our priorities. Effective staff engagement is essential to help meet financial challenges and improve productivity.

Staff engagement is also often associated with other positive staff indicators such as lower levels of absence, with some health boards have also linked improving staff experience with better experience for patients and users. High levels of staff disengagement can also damage quality.

The primary aims of the Health Board in relation Workforce and OD are to:

- Maintain safe staffing levels to manage increasing acuity levels
- Integrate workforce, service and financial planning
- Establish a common, systematic approach to the analysis supporting the plan
- Undertake a cross professional, cross sectoral service based analysis with wide engagement of all professionals
- Embed this process within the healthcare community to achieve the service transformation and deliver financial/workforce savings and service targets as defined within the Annual Quality Framework and local development plans.

The key workforce challenges to the Health Board are:

- The internal capacity and resources to move to a modernised community driven service whilst sustaining service delivery and associated targets (Referral to Treatment)
- The ability to manage the increasing acuity and complexity of in-patient skill mix
- The impact of rurality on flexibility to use our workforce
- The impact of our local community demographics and the impact upon the future complexity of our case mix
- The ever increasing risks associated with the age profile of our current workforce, which, when considered by specific professions / service / county present significant risk to the delivery of the service and the impact of deanery changes upon training posts and ongoing recruitment issues in some key clinical sub-specialties
- The challenge of not only changing the culture of the workforce to a new community based model of service delivery, but more importantly the healthcare community itself

These challenges have, and continue to be supported through a variety of activities such as:

- Budgetary review
- Minimised use of bank, locum and agency staff to significantly reduce variable pay
- Ward nursing establishment review
- A further reduction in workforce in all corporate services departments (non clinical) of 5%.
- A potential reduction of workforce within outpatient department services.
- Continued work to reduce variable pay spend
- Medical workforce transformation
- Targeted voluntary early release
- The reduction of nursing variable pay through establishment review modernised practices

Staff survey

The health board and the Welsh Government thanked local NHS staff for sharing their views as part of the NHS Wales staff survey.

The Director of Workforce and Organisational Development (OD) and the Chair of Hywel Dda Health Board Partnership Forum commented:

“Our staff are at the heart of our NHS and are our most valuable asset. We would like to thank those staff who took part in this important survey, particularly during such challenging times”.

Statements producing the highest scores Hywel Dda Health Board



Highest positive summary ratings % agreed % satisfied from 5 point scale attitudinal questions

Statements producing the lowest scores Hywel Dda Health Board



Lowest positive summary ratings % agreed % satisfied from 5 point scale attitudinal questions

The health board recognised that there was more work to do, particularly in relation to managing change, closing the gap between expectations and what can be delivered to enable staff to provide the standard of service that they aspire to and improving communication between senior managers and staff.

The health board intends to build on the positive findings and focus on the areas for improvement. The findings will be discussed fully with the health board's Partnership Forum.

A Staff Engagement Group is in place to take forward key actions identified.

Work is underway to develop a staff suggestion scheme, with a pilot scheme due to begin shortly, and other initiatives to improve staff engagement are being explored.

2: Looking forward

Hywel Dda Quality and Assurance Framework

The Annual Quality Statement has given an overview of the quality improvement activities that have taken place during the past year. The publication of the Francis Report proved an opportune time for the health board to review their quality priorities along with its assurance and monitoring processes.

The health board has consequently developed a quality framework which provides a definitive source of information which describes the health boards approach to quality assurance and safety. The quality framework has been designed to facilitate the implementation of legislative requirements, standards and its own priorities

Hywel Dda Quality and Assurance Framework						
How do we improve quality						
Standards for Health Services in Wales	Annual Quality Statement	Quality Improvement Plan	Francis Report	Welsh Risk Pool	Putting Things Right	Accounts
Reporting to:						
Audit Committee		Board Quality and Safety Committee			Integrated Governance Committee	
Reporting method:						
Quality Dashboard	SBAR Reports	Action Plans & Exception Reports		Patient Experience	Triangulated Reports	
Populating:						
Board / Directorate / County Risk Registers						

In 2013 Hywel Dda will launch its Quality Improvement Plan for the forthcoming year. The Quality Improvement Plan builds on the achievements of the previous year and describes how the health board will improve patient outcomes by identifying key quality improvement priorities. It will also ensure that it incorporates the Health Board actions required from the second Francis Report and other standards such as Welsh Risk Pool and the Standards for Health Services in Wales.

We will deliver a board approved Quality Improvement Plan which will assist staff to make changes and provide the right care, at right place, at right time...every time.

Key goals

- Improve patient experience
- Increase patient/public engagement
- Reduce mortality
- Reduce harm

- Improve quality assurance (links to Francis Report action plan)
- Foster a culture of improvement and safety (links to Francis Report action plan)

We will focus attention on quality activities which will assist the health board to achieve their goals.

Programme of quality improvement activities

The Quality Improvement Plan will be delivered through a detailed programme of quality activities. We would like to highlight the following activities as key priorities for the health board; however, this list is not exhaustive.

Key goals

Quality Activities

Improve patient experience



- Improve dignity in care
- Improve compliance with Fundamentals of Care

Increase patient / public engagement



- Develop a process for the capture of patient stories
- Introduce patient and family centred methodology as core element of service / quality improvement

Reduce mortality



- Continue with the mortality reviews
- Improve response to and treatment of the acutely ill patient

Reduce harm



- Reduce infection rates
- Reduce Venousthromboembolism
- Reduce pressure ulcers
- Improve shared learning from events
- Improve medication safety

Improve quality assurance



- Develop a quality improvement plan
- Develop a quality dashboard
- Establish a quality and safety working group

Foster a culture of Improvement and safety



- Training programme for staff Improving Quality Together
- Improvement Academy
- Intelligent use and triangulation of data

In order to achieve the health board key goals an Integrated Quality Improvement Plan is in the process of being developed, which will be launched later this year. The Integrated Quality Improvement Plan will be a guidance document about how Hywel Dda Health Board will manage, deploy, and review quality and safety throughout the organisation.

It will describe the processes and activities that will be put into place to ensure that our key goals are achieved.

The health board has already made good progress in the following areas which were identified in the second Francis Report and subsequent health board action plan.

Development of a quality dashboard

Work has already commenced in the development of a quality dashboard which poses trigger questions/ dimensions of quality listed in 'Safe Care Compassionate Care', with quality indicators of achievement under each. These triggers are also mapped to the recommendations from the Francis Report as well as the Standards for Health Services in Wales.

This quality dashboard has already been used for reporting and assurance at two of the bi-monthly Board Quality and Safety committees.

See example below:

Quality Indicator	Reporting Frequency	5 February 2013	16 April 2013	11 June 2013	20 August 2013	15 October 2013	10 December 2013
Are we providing safe care? Safety measures can never be failsafe but they can always be improved. Improvements should be detectable in reductions in avoidable mortality and harm.							
RAMI	Every other meeting		Report due 2/4/13		Report due 6/8/13		Report due 26/11/13
Crude Mortality	Every other meeting		Report due 2/4/13		Report due 6/8/13		Report due 26/11/13

Whilst in its infancy, the health board are already seeing the benefits of reporting and assuring in this way. It is anticipated that the dashboard will constantly evolve as more quality triggers are added.

Intelligent use of data - understanding the factors which influence the quality and the safety of our services

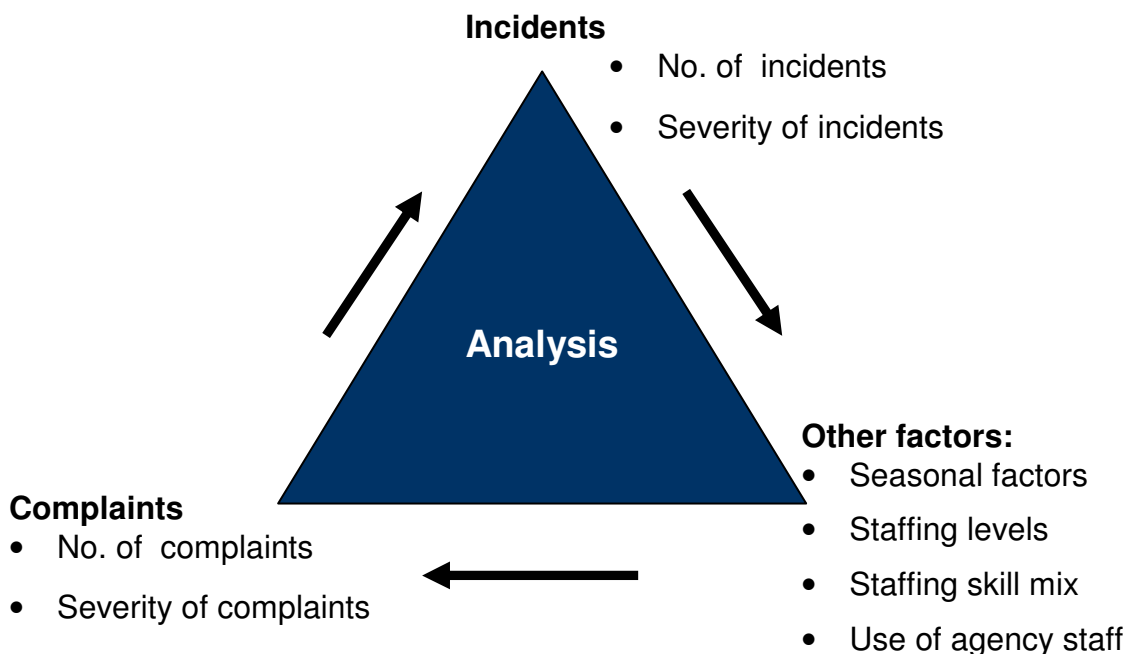
As a health board we have shown in this document, tangible improvements have been made in many key areas which measure the quality and the safety of our services. For us, in the coming year our focus will be making much more use of the information we hold by combining it in a more effective manner.

For example, the health board has detailed policies in place for the reporting, investigating and the management of concerns (incidents and complaints) and consequently has a wealth of data in these areas.

So a key area of focus for 2013/14 will be the intelligent use of this data in order to triangulate and analyse information on incidents, complaints against a range of other factors such as staffing levels, vacancy levels, skill mix, seasonal pressures, etc. to ascertain whether there is any correlation between variables.

This information will be cross referenced throughout against the organisation's risk registers to support and inform their relevance. Another key area for inclusion in this developing work will be the on going work which will commence to support "patient experience".

We believe this process of triangulation of information will make very tangible difference to our understanding of the quality and safety of services and will ensure we maintain a holistic view of our organisation.



Training programme for staff - Improving Quality Together

In order to foster a culture of improvement and safety the health board is introducing a standardised framework of core improvement skills known as Improving Quality Together (IQT), which builds upon recognised local, national and international expertise.

By taking part in IQT we will play a vital part in helping transform the NHS Wales into the service that people need.

Staff undertaking the IQT programme will share a common and consistent approach to improving the quality of services that will help improvements take place much more quickly and spread effectively throughout the health board.

The content of the framework has been developed on a national level, but will be delivered locally by the health board and incorporated into existing and newly designed organisational development programmes.

The Improvement Academy

The Improvement Academy is clinically driven and takes a whole system approach to quality, service and financial improvement. Each programme of work is clinically led, and supported by a team of experts with firmly established skills in facilitation, improvement, programme and project management, measurement and data analysis, business analysis and health economics.

Included within the Improvement Academy is the Centre For Leadership

The Hywel Dda Leadership Academy intends to provide a centre for leadership development and talent management in mid and west Wales.

It aims to:

- Deliver and promote best practice
- Develop innovative practice
- Provide opportunity to lead on local and national activities
- Develop improved and more effective relationships with partners
- Deliver our local leadership development activity
- Make effective use national leadership development activity in a planned a cohesive approach for identified future senior leaders

A variety of programmes will be running for staff.

We will be reporting on progress against all activities in next years Quality Statement and will be providing updates to the Quality and Safety Committee throughout the year.

Views and comments

The views of our patients and carers are at the heart of improving the way in which we deliver our services. Monitoring how well we're doing through the eyes of those people who use our services is the most effective way of knowing what we do well and what we can do better.

If you wish to provide feedback on the Annual Quality Statement or require any further information please contact the Communications team on mediaoffice.Hyweldda@wales.nhs.uk

Hywel Dda Local Health Board

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Published by Hywel Dda Local Health Board communications team

Design: Hywel Dda Local Health Board communications team and

www.reddotdesign.co.uk

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Hywel Dda Health Board is the operational name of Hywel Dda Local Health Board

Alternative formats and large print are available on request