

Hywel Dda University Health Board

Annual Quality Statement

2017/18



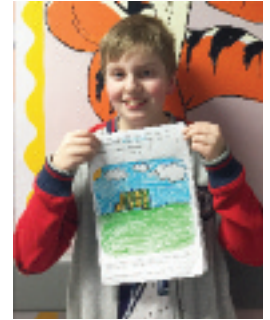
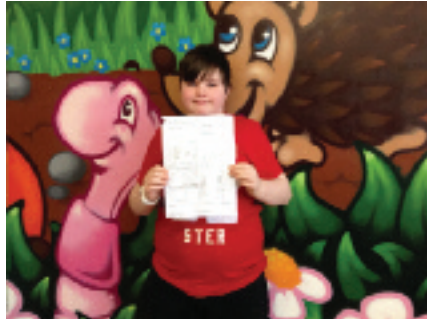
GIG
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Hywel Dda
University Health Board

Our Cover

Whatever a child's previous experience of hospitals are, a visit can be frightening and traumatic. We recognise the importance of play during a child's hospital stay, it is intended to fulfil different functions and is often used to fulfil a purpose, such as to reduce stress and anxiety, to aid feelings of normality etc.

As part of that play, this year we wanted to involve our inpatient children in the designing our front cover. Our play specialists Paul Harries and Sandra Jones ran a competition for our inpatient children to draw pictures of what each of the themes means to them.



Our winners were as follows:



Staying Healthy – Tomas James, Aged 7 – Puffin Unit, Withybush General Hospital

Tomas drew what he felt "Staying Healthy" means. His picture depicts, the importance of sleep and exercise, eating and drinking well, getting some sunshine and having lots of love.



Safe Care – Iestyn Plunket, Aged 13 – Puffin Unit, Withybush General Hospital

Iestyn is a regular patient and he drew his experiences of his annual assessments. His picture depicts him having an MRI scan, staff washing their hands and wearing gloves, his hospital bed and the staff that work with him.



Effective Care – Ela Downes, Aged 5 – Community Paediatrics

Ela drew herself and her community paediatric palliative care play specialist.



Dignified Care – Lewis Evans, Aged 11 – Angharad Ward, Bronglais General Hospital

Lewis drew a picture of the support he received from the play therapists whilst he was in hospital. His picture depicts the various methods of play used to make his stay as nice as possible.



Timely Care – Josh Wilmot, Aged 12 – Cilgerran Ward, Glangwili General Hospital

Josh based his drawing on his experience of coming into hospital via ambulance.



Individual Care – Carwyn Gravell, Aged 14 – Day Care, Theatre, Glangwili General Hospital

Carwyn drew a picture of his journey. His picture depicts how he broke his finger whilst playing rugby and how the Orthopaedic Surgeon fixed his finger.



Our Staff – Lily Louise, Aged 13 – Clynes, Cilgerran Ward, Glangwili General Hospital

Lily drew the staff that support her in the Shared Care Centre for Oncology on Cilgerran Ward. With her Oncology Specialist Nurse and the nursing and medical team.



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University Health Board



Calon
Iechyd Lleol
The Heart of
Local Health



Gwasanaethau Eich Dyfodol
Your Future Services

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

Contents

Welcome	5
Foreword	6
About This Report	7
Who We Are	10
We Said, We Did	12
Staying Healthy	15
Safe Care	22
Effective Care	27
Dignified Care	33
Timely Care	38
Individual Care	44
Our Staff and Resources	52
What We Will Do In 2018/19	64
Links To Other Documents	65
Acknowledgements	65
AQS Editorial Team	65

Welcome

This is Hywel Dda University Health Board's 6th Annual Quality Statement. This is my first quality statement since taking up my position as Director of Nursing, Quality and Patient Experience ten months ago and I am pleased to introduce this document to our patients, our staff and members of the community.

Thank you for taking the time to read this document which focuses on the quality, the safety and your experience of the services we provide to our population

The contents have been developed with help from our staff and members of our community through our readers panel, to ensure that it contains information that is useful and meaningful to the people who use and work in our services.

Providing high quality care is the highest priority for the Health Board and we hope that this document helps you to understand what we think we have done well and where we recognise we need to do better in the year to come.

We are trying to make this year's Annual Quality Statement more accessible and interactive. We have therefore included some videos showcasing some of the work we have undertaken over the past year.

If you are viewing the document electronically, you can access these videos by clicking on the gold links or the picture.

If you would prefer to read a printed version in either Welsh, English or large print please contact us on **01267 239554**. Email: **communications.hdd@wales.nhs.uk**. We can also arrange for it to be translated into other languages if you prefer.

Thank you for taking the time to read this report, we hope it helps to explain a little more about what we do. Please get in touch if you have any ideas to share with us or want to become more closely involved in our work. You can join our involvement and engagement scheme – Siarad Iechyd/Talking Health – by:

- **Visiting: www.talkinghealth.wales.nhs.uk**
- **Calling: 01554 899056**
- **Writing to: FREEPOST Hywel Dda Health Board**

Or alternatively click or follow the link below and give us feedback on our online survey.

<https://www.surveymonkey.co.uk/r/AQS2017-18>

Mandy Rayani

Director of Nursing, Quality & Patient Experience

Foreword

On behalf of the Health Board we invite you to join with us in standing back and reflecting on the past year through the Annual Quality Statement 2017/18.

This document is in addition to our Annual Report, and focuses on how we are making a difference in their lives of our patients in areas that matter most to them. From how we are supporting our population to live healthy and fulfilled lives to improving the safety of our services and quality of care and patient experience. It is clear from reading this document that our hard working NHS staff continue to put patient care at the heart of everything they do, living out our organisational values. We are awed and very proud of what they achieve every day and no doubt this is why 86% of respondents in our friend and family survey said they would recommend the care provided by Hywel Dda University Health Board. We are also delighted to hear first hand from patients in this document (patient stories are included in coloured boxes) reminding us of the direct impact our work has on our patients in the community and in our hospitals. However, whilst we celebrate and share success so that we can learn from it, we also acknowledge that we have some fragile services and challenges that we must address. We identify those areas in this report, and will continue to keep them as active priorities, reporting back to you, until we see the improvements that our patients deserve.

Thank you for your time and continued support for the NHS in this our 70th year.



Bernardine Rees OBE
Chair



Steve Moore
Chief Executive



Professor John Gammon
(Independent Member)
Chair – Quality, Safety, Experience Assurance Committee



Mandy Rayani
Director of Nursing, Quality & Patient Experience

About This Report

Every year we refresh our plan to deliver health care services. The Annual Quality Statement for 2017/18 is first and foremost for you: our patients and the public. It gives us the opportunity to tell you, openly and honestly, how and what we have been doing to improve the quality, safety and efficiency of our services.

During the year there has been a focus on taking forward the Transforming Clinical Services (TCS) Programme, which is the Health Board's strategic transformation work programme.

The ethos is on working together, with our patients, staff, the public, key stakeholders and partners, in order to move beyond the traditional structure for NHS services by being truly able to address the needs of the population through earlier intervention, flexible and joined up approaches to care and preventing ill health in the first place.



Trawsnewid ein gwasanaeth iechyd

Hywel Dda

Our big NHS change

We've set out this report under seven main headings to help explain how we put our commitment to quality at the heart of everything that we do.

Staying Healthy – supporting people to manage their own health and wellbeing.

Safe Care – protecting people from harm and supporting people to protect themselves from harm.

Effective Care – providing the right care and support for people, as locally as possible, and empowering each person to contribute to their own care.

Dignified Care – ensuring people are treated with dignity and respect and treat others the same.

Timely Care – giving people timely access to services based on clinical need and ensuring they are actively involved in decisions about their care.

Individual Care – treating everyone as an individual, ensuring that their care meets their own needs and responsibilities.

Our Staff and Resources – providing information about how we manage our resources and make careful use of them.

Each of these chapters is divided into age groups you can identify these by looking for the following symbols:



Babies



Young Children



Young People



Adults

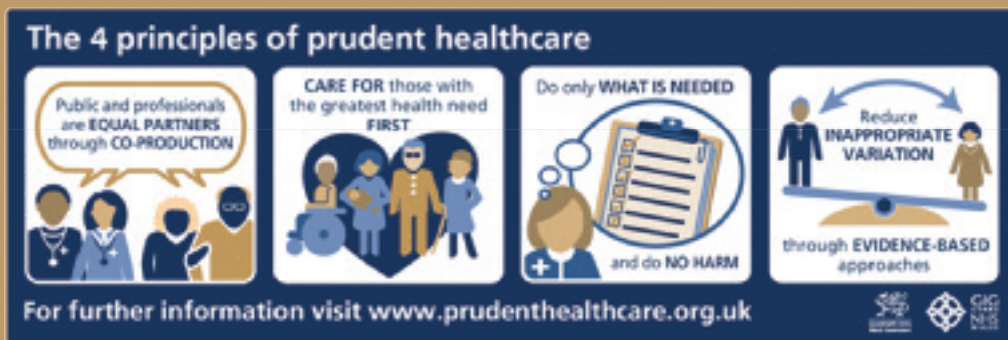


Older Adults

Towards the end of the statement we have set our commitment to the work we will do to improve the quality of our services in 2018/19; we will report back on our progress in our Annual Quality Statement next year.

There are a number of national as well as local policies which inform the way we do things in the NHS in Wales and which underpin all the work in this report.

We work according to the four principles of Prudent Healthcare



We also need to meet the 26 national Health and Care Standards across all our services



We also ensure that we follow our own organisational values and behaviours in all that we do



All of these pieces fit together to inform the work we do as described in this report



Who We Are

384,000

WE SERVE A POPULATION OF AROUND **384,000** IN CARMARTHENSHIRE, CEREDIGION, PEMBROKESHIRE AND BORDERS.

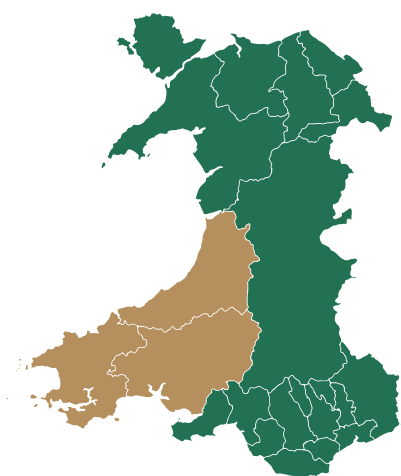
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NEARLY A QUARTER OF OUR POPULATION IS AGED OVER **65**.

25%

WE COVER A **QUARTER** OF THE LANDMASS OF WALES.



3,281



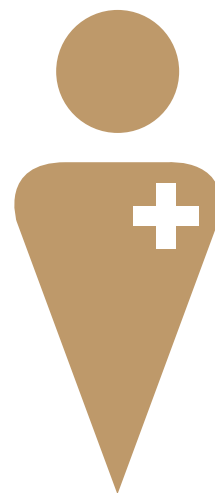
3,281 BABIES ARE BORN IN OUR AREA EVERY YEAR.

WE HAVE POCKETS OF **DEPRIVATION** AND **POVERTY** IN URBAN AND RURAL AREAS.



9,715

WE EMPLOY **9,715** MEMBERS OF STAFF.



WE HAVE **FOUR**
MAIN HOSPITALS:



BRONGLAIS IN
ABERYSTWYTH;
GLANGWILI IN CARMARTHEN;
PRINCE PHILIP IN LLANELLI;
WITHYBUSH IN HAVERFORDWEST.

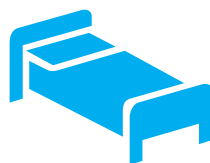
WE HAVE **SEVEN**
COMMUNITY
HOSPITALS:



AMMAN VALLEY
AND **LLANDOVERY** IN
CARMARTHENSHIRE;
TREGARON, ABERAERON AND
CARDIGAN IN CEREDIGION;
TENBY AND **SOUTH**
PEMBROKESHIRE HOSPITAL
HEALTH AND SOCIAL CARE
RESOURCE CENTRE IN
PEMBROKESHIRE.

LAST YEAR WE:

HELPED **148,011** PEOPLE THROUGH
OUR EMERGENCY DEPARTMENTS.



CARED FOR **64,639**
INPATIENTS IN OUR
HOSPITALS.

WE HAVE:

51 GENERAL PRACTICES;
46 DENTAL PRACTICES (INCLUDING
ONE ORTHODONTIC);
99 COMMUNITY PHARMACIES;
64 GENERAL OPHTHALMIC
PRACTICES;
11 HEALTH CENTRES;
NUMEROUS LOCATIONS
PROVIDING MENTAL HEALTH AND
LEARNING DISABILITIES SERVICES.

SPECIALISED SERVICES SUPPORT PEOPLE WITH A RANGE OF RARE AND COMPLEX CONDITIONS. THEY ARE NOT AVAILABLE IN EVERY LOCAL HOSPITAL BECAUSE THEY HAVE TO BE DELIVERED BY SPECIALIST TEAMS OF DOCTORS, NURSES AND OTHER HEALTH PROFESSIONALS WHO HAVE THE NECESSARY SKILLS AND EXPERIENCE. UNLIKE MOST HEALTHCARE, WHICH IS PLANNED AND ARRANGED LOCALLY, SPECIALISED SERVICES ARE PLANNED NATIONALLY BY WELSH HEALTH SPECIALISED SERVICES (WHSSC) ON BEHALF OF THE SEVEN HEALTH BOARDS IN WALES. WHSSC WORKS CLOSELY WITH THE HEALTH BOARDS TO ENSURE THAT ANY SPECIALISED SERVICE COMMISSIONED IS OF A HIGH STANDARD AND THAT THERE ARE NO CONCERNS IDENTIFIED FROM A QUALITY PERSPECTIVE. THEY DO THIS ON OUR BEHALF THROUGH A QUALITY ASSURANCE FRAMEWORK WHICH IS MONITORED BY THEIR QUALITY AND PATIENT SAFETY COMMITTEE AND REPORTED INTO THE HEALTH BOARD.

We Said, We Did

In our statement last year we identified **key areas as improvement projects for 2017/18** to report back on this year; the following table sets out our progress.

We Said	We Did
<p>We will develop an Organisational Learning Policy to ensure that lessons are learnt and shared across the organisation.</p>	<p>During the year we have had focused improvement and learning workshops, used internal lessons learned flyers, introduced the Quality & Safety Newsletter.</p> <p>We updated our Management of Serious Concerns policy to include more focus on learning and sharing lessons across the organisation.</p> <p>Learning from events meetings have continued throughout the year the emphasis has been to continually share good practice and communicate lessons from incidents; this has built on the positive safety culture.</p>
<p>We will roll out the use of medicine transcription and e-discharge (MTeD) to a further eight wards in 2017-18.</p>	<p>We have worked hard to increase the number of Medicine Transcribing.</p> <p>There are now a total of 15 wards which is an increase, of 7.</p> <p>With a focus on improved safety through improving communication between primary and secondary care.</p>
<p>We will roll out centralised prescribing of continence appliances in order to improve patient care and efficiencies.</p>	<p>This service has been rolled out across all areas. It provides centralised prescribing by specialised nursing staff. This has improved patient experiences by reducing travel and time for our patients that need these products, it is been positively received and has proved efficient and cost effective service.</p>
<p>In collaboration with Public Health Wales we will expand our prevention work in relation to urinary tract infections.</p>	<p>We now have an Advanced Nurse Practitioner working in the Community setting working with health care staff and members of the public on prevention of infection and promotion of health & well-being. This work has led to development of patient information and organised study days for care Home Staff. In collaboration with Public Health Secondary Care ward based training session focus on infection prevention and prudent sampling techniques which enable staff to identify signs and symptoms of urine infection and how to manage them.</p>

We Said	We Did
<p>We will support the nationally agreed enhanced service for testing blood thinning treatment to assist our GPs in delivering this service to patients.</p>	<p>29 of our 51 GP practices are supporting this service fully providing a one-stop shop for our patients. This has allowed patients to receive all of their care close to home, with positive feedback from our patients using this service.</p> <p>A further 13 GP practices are delivering part of the service in conjunction, with our hospitals.</p> <p>A community pharmacist in Burry Port is also providing a full service, working closely with GP practices; this has received positive feedback from our patients in this area, by supporting care closer to home.</p>
<p>We will develop pathways for patients needing elective surgery in pursuit of supporting the optimal patient experience.</p>	<p>The Health Board continue to work collaboratively with clinical colleagues in primary and secondary care to ensure patients are both treated as close to home as possible.</p>
<p>We will improve on our response to audit recommendations focusing on identified key priorities.</p>	<p>We have responded better to audit recommendations by producing a larger number of improvement plans than in previous years following a national audit report. These plans highlight a number of areas for improvement such as diabetic foot care, inpatient falls, dementia care and hip fracture care. We will contribute to more of these national projects in 2018/19 using the results and recommendations to improve more services for our patients.</p>
<p>We will reduce inpatient falls and the harm from inpatient falls.</p>	<p>The Health Board's aim was to reduce falls, however, the number of falls has remained static for 2017-18. The quality improvement teams are working with wards and service areas, a number of improvement projects have commenced.</p> <p>Examples include introducing falls improvement boards, introducing bay watching at night etc.</p> <p>The Health Board have acknowledged that further work is required and are keen to build on some early successes. This has been made a priority for 2019.</p>
<p>We will reduce hospital acquired pressure damage.</p>	<p>Our aim for 2017/18 was to reduce hospital acquired pressure damage; however, we have not been able to achieve this. We remain concerned about the pressure damage incidents reported and a Pressure Damage Improvement Group has been set up to oversee improvement work needed.</p> <p>The Health Board is looking at a whole system approach to support reducing these incidents in 2018/19.</p>

We Said	We Did
<p>We will reduce medication errors.</p>	<p>The number of medication errors reported across the Health Board has remained consistent.</p> <p>The Health Board continues to work to reduce medication errors.</p> <p>The Health Board now has in place a Medicines Event Review Group (MERG) to:</p> <ul style="list-style-type: none"> • Identify trends and ‘hot spots’ from reports of incidents and near misses for proactive targeted work. • Identify any medicines that are more frequently associated with errors to focus actions to reduce risks. • Share learning across directorates, sites and sectors.
<p>We will improve our hospital site safety meetings utilising the Red to Green tool.</p>	<p>We have implemented the “Red to Green” initiative and tool across the Health Board. This tool is being used to help reduce length of stay.</p> <p>Alongside red to green days #EndPJparalysis day has also been implemented and this has shown an increase in patients outside of their bed environment, supporting increased independence of our patients.</p>
<p>We will reduce length of stay for emergency inpatients.</p>	<p>It is recognised that the initiatives need to embed further across the Health Board to understand effectiveness of this programme.</p>
<p>We will implement board rounds and embed SAFER principles in ward rounds.</p>	<p>This has been supported in many ways, such as staff training, running across the Health Board.</p> <p>A RED day is a day of no value for a patient.</p> <p>A Green day is a day of value for the patient.</p>
<p>We will ensure plans for discharge are commenced upon admission and use the Estimated Date of Discharge (EDD) as a clinical tool in conjunction with clear communication with patients, carers and relatives.</p>	<p>Daily Estimated Date of Discharge (EDD) report is now in place, with actions required if there is no Estimated Date of Discharge identified. Daily board rounds are in place where EDD is updated with agreement of the multidisciplinary team.</p> <p>A discharge plan is to be agreed within 24 hours of admission, with a multidisciplinary plan for discharge agreed within 48 hours.</p>

Staying Healthy

Staying healthy is a priority for us and to support our local population a number of projects have been implemented throughout the year.



Across all ages



ARCH Swansea University, Hywel Dda and Abertawe Bro Morgannwg University Health Boards have continued to build this year upon their unified aim to improve the health, wealth and wellbeing of South West Wales and its citizens.

The ARCH Portfolio Development Plan was submitted to Welsh Government, outlining a plan to find long term, sustainable solutions for the region.

ARCH 2017/18 Successes

- The opening of Swansea University Health and Wellbeing Academy.
- A Non-Surgical Cancer Strategy for South West Wales was agreed.
- As part of the Swansea Bay City Region deal, the Llanelli Health and Wellbeing Village, the Health and Technology Innovation Centre, and the Institutes of Life Sciences (ILS) at Morriston and in Hywel Dda are being progressed.
- The Bridgend, Swansea and Cross Hands Health and Wellbeing Schemes were awarded Welsh Government Primary Care Capital pipeline funding.
- Secured £13.5million of investment, including £6.7million from Welsh Government, for the Agor-IP project; Agor-IP then launched.

Healthy Lifestyle Advisors/Advocates: Promoting Health in Practice

This is a programme, which has been rolled out across all our GP practices. Specially trained staff deliver the service for patients. To date 60 staff have been trained with the aim of encouraging and supporting patients to make positive choices around issues such as tobacco, alcohol, physical activity, healthy eating and mental wellbeing.

As well as encouraging behaviour change, the team are working closely with Carmarthenshire Public Services Board with the police, fire service, local authority housing officers, ambulance staff and those who work with carers to deliver a unique public sector Making Every Contact Count programme to improve public health, wellbeing and home safety across Carmarthenshire.

Recently the team has engaged with the falls agenda and is looking to be pro-active in this area to focus upon prevention of falls rather than the reduction of re-occurrence.

Community Resilience

This is a project, which is running across all areas of the Health Board. Its aim is to reduce inappropriate social prescribing. There is good engagement and investment from all our GPs across each County, and established partnership working that is embedding a range of 'alternatives to prescription' within primary care, social care, community, and voluntary organisations. Evaluation methods are being devised with support from Swansea University.

Common Ailments Service

Many of our community pharmacies offer a pharmacy led advice and treatment service, for up to 26 conditions; a few examples include Conjunctivitis, Hay Fever, Nappy Rash, Athletes Foot, Head Lice, Teething, Mouth Ulcers and Scabies. Treatments from this service are provided free of charge.

This service is available in 69 out of the 99 pharmacies across all counties, with the remaining pharmacies due to take up the service by the end of September 2018.

This means our patients and our local population do not have to visit the GP for advice and treatment for many of these common conditions.

Emergency Supply of Repeat Medication

You can now access repeat medication from 65 pharmacies without a prescription. This offers a local service for our population as well as anyone visiting our area that requires emergency prescriptions.

Foodwise – 8 week weight Management Programme

This project uses training packages and support materials aimed at promoting healthy eating for the whole family. This 8 week weight management programme, which is delivered by appropriately trained community workers. 79% of people who have attended this programme have lost weight. People also reported that they felt their diet and their family's diet was healthier. Similar programmes are also being developed to support pregnant women with managing their weight.

Self-Management Programmes

We have built on our work from last year, and continued to develop our menu of options for self-management programmes to help people with long-term chronic conditions. This year we further developed the programmes and worked in partnership with primary care to increase the awareness of these programmes.

There are now 11 programmes available, which have doubled and the number of people completing the programmes has increased by 20%.

Some of our new programmes include:

- The introduction of 'Thriving and Surviving', which are for anyone who has survived cancer and would like some support getting back into the usual daily routine.
- Foundation Pain Management Programmes are for anyone with chronic pain giving those help and support with different types of coping strategies.

Patient Story

Firstly because of this course I feel better equipped and more confident in the way that I conduct myself in relation to my long term illness. The subjects that we have covered e.g. diet, relaxation, medication, communication, and the way that we can break the vicious cycle of doubt and uncertainty that surrounds us is something to be valued.

Secondly, I should like to affirm that the other participants on the course have been a wonderful mix and also a very pleasant, amicable and congenial group. It has been a pleasure to meet them all.

Thirdly both of the lay tutors have been first class for the way in which they have educated us, please accept my grateful thanks. Their understanding of a long term illness and all the issues it raises is supported by the fact they live with a long term illness themselves.

Fourthly would I recommend this course to anyone else? The short answer is yes. If other people can gain as much as I have then this course is definitely worthwhile. I realise that everyone will not want to attend a course like this – a person has to want to do it. But to anyone who has, or feels the need don't hesitate.

Once again my grateful thanks.



Babies

Parent Support

A **network to support parents** who have or have had a baby on Special Care Baby Unit (SCBU) across the 3 Counties has been started using a closed Facebook page. The aims of the support group are to promote and protect maternal mental health and to support the health and well-being of the infant.

Parents are able to share their journey through SCBU and support each other. The support group meets monthly and has had educational sessions on aspects of infant development for example tummy time, weaning session and sensory play, these sessions are led by the neonatal therapists. Information from the group is shared on the Facebook page for those parents unable to attend.



Children and Young People

Oral Health Team

As a result of implementing the National Designed to Smile initiative across Hywel Dda Health Board the Oral Health Promotion Team are delighted to announce the region has seen the most significant decrease in tooth decay across the whole of Wales.

Latest statistics from the Welsh Oral Health Improvement Unit for Hywel Dda show that Designed to Smile has contributed to a reduction of 21.1% of 5 year olds with tooth decay.

Within Primary Care as of September 2017 we had the following figures:-

- 195 settings are providing the design to smile service.
- 48 settings providing fluoride varnish twice annually for patients.
- We had 10,300 children tooth brushing.
- 90% of children brushing received home packs twice a year.



Young People

Iechyd Da

Iechyd Da was established with the aim of reducing health inequalities experienced by young people, particularly those not attending mainstream school and those who are at an increased risk of engaging in high risk behaviours.

The team deliver health promotion sessions in a variety of education settings, pupil referral units, and youth traineeship providers. There are a variety of topics covered such as; substance misuse (alcohol awareness, smoking drugs, new and emerging substances), sexual health (consent issues, safe relationships, contraception and sti's), emotional health and wellbeing (stress and anxiety, anger management).

The team have been trained by Women's Aid to facilitate the STAR (Safety, Trust and Respect) Programme; this incorporates 6 sessions focusing on healthy relationships, domestic abuse, consent, sexting, pornography, child sexual exploitation and gender stereotyping.

The team has set up a LGBT group for young people in Carmarthenshire in partnership with CCC youth service.

The team had a poster presentation accepted for the Chief Nursing Officer Conference 2017 highlighting the work undertaken in Ceredigion and Carmarthenshire.

Smoking Prevention

School Nurses 'Have a Word' about smoking and e-cigarettes:

Have a Word School Nurses E-Cigarette Booklet –

This booklet was created by a local public health team member following from discussions with school nurses on their need to have a better understanding of e-cigarettes. They expressed that having information to hand when they have informal meetings with their pupils would be very beneficial. This booklet was created with recent e-cigarette evidence and figures. It provides the school nurses with a wide range of information that can be delivered using a motivational interviewing and brief intervention style of conversation. The second part of the booklet is all on how to have a positive conversation with the pupil (examples included in the booklet). This has been printed and delivered to each school nurse in the Health Board.



16 Pembrokeshire school nurses received MECC MI/BI training that dovetailed into the e-cigarette information, with future training planned for Carmarthenshire and Ceredigion.

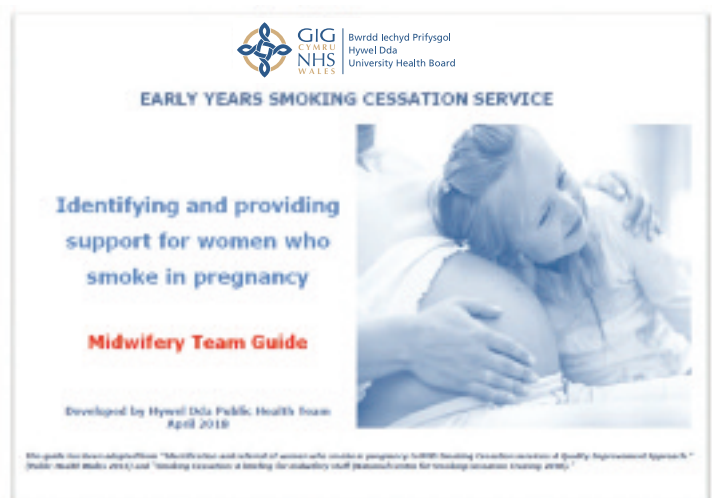


Adults and Older Adults

Smoking Cessation

Supporting 'Opt Out Referral' for maternal smoking cessation.

To accurately identify all pregnant smokers to ensure they get the care they need NICE PH Guidance 26 recommends midwives need to carry out a Carbon Monoxide (CO) breath test at the booking appointment. The CO test is important as it not only recognises that it is sometimes hard for women to admit they smoke but it is also about getting the right care early to improve outcomes for the mother and baby.



Pregnant women are often offered support by health care practitioners in making positive changes to nutrition, exercise, breastfeeding and other important issues and therefore could also be offered support in relation to quitting smoking.

The programme being delivered across Hywel Dda was developed in partnership with the Midwifery team and sets out the role midwives play in supporting smoking cessation by doing the following:

- CO Test ALL women at the booking appointment.
- Opt Out Referral to specialist smoking cessation services.
- Ask how it's going at all follow up appointments.
- Accurately recording CO readings and referral information.

Smoking Cessation

Our community pharmacies now offer a one stop Smoking Cessation service. This service is available to smokers aged 12 and above. A 12 week programme is offered, which includes a free supply of nicotine replacement products, motivational support and carbon monoxide monitoring. During 2016/17, 334 patients accessed the pharmacy service. To date in 2017/18 (9 months) 405 smokers accessed this service.



All district hospitals across Hywel Dda now provide smoking cessation support. This service not only supports in-patients to remain smoke free during their hospital stay but also provides smoking cessation support to those wanting to quit. A 12 week programme is offered which includes weekly carbon monoxide monitoring, behavioural support and access to nicotine replacement therapy. This programme also provides support to outpatients and has in the last year piloted an 'Opt Out Referral' scheme for patients accessing respiratory and podiatry services and those waiting for elective surgery.

To date (quarters 1-3, 2017/18) 429 smokers have been treated by this service. This is an improvement when compared to the same period in 2016/17 (260 treated smokers).

Emergency Contraception

There is free supply of **Emergency Hormonal Contraception** available in pharmacies across the Health Board. This provides quick and easy access to this medication without having to visit the GP.

Healthy Heart Check

Residents of south Pembrokeshire aged 40 to 64 have been invited attend Healthy Heart Checks as part of a pilot being run in the county. The programme offers a one-to-one cardiovascular risk assessment health check. It also offers ongoing support for people to improve their health through diet and exercise, address risky behaviours such as smoking and excessive drinking, and to identify and manage early signs of disease. It is part of a national programme of work, supported by the Welsh Government that is aimed at improving the lives and well-being of people across Wales, and we will be assessing whether the programme could be rolled out to other areas. Director of Public Health for Hywel Dda University Health Board, Ros Jervis, attended a clinic in Pembroke at which she discovered her heart age, find out more in our video:

https://www.youtube.com/watch?v=X_JDKAPnJQ&list=PL5iVML1BrZpqrP6KqSFL5BZo16ChdNNYd



Older Adults

Oral Health

We have focused on **improving mouth care for adults** in care homes.

We have worked with 12 care homes during 2017/18, assessing care home residents' risk and mouth care plan and implementing a mouth care plan daily. This means that:

- Each care home will have to have an up to date mouth care policy.
- Each resident will have a mouth care risk assessment within 7 days of admission.
- Risk assessment will lead to a tailored mouth care plan ensuring resident has adequate resources to carry out their mouth care.
- Training to staff provided by the Community Dental Service using All Wales National documentation.
- Quality Assurance visits from the oral health promoters will audit care plans.
- Ultimately the correct use of the documentation will improve mouth care for older people living in care homes and also highlight the need for referral to dental services in a timely manner.



Children and Older Adults

Immunisation and Vaccination

In Hywel Dda we **immunise** a large number of children and adults against a wide range of diseases. Our uptake of vaccine against influenza (Flu) in all age ranges, in 'at-risk groups', and in particular in those with respiratory illnesses remains below average and below target; as does our uptake for 2 doses of MMR which prevents measles, mumps and rubella (German measles).

We have recently developed a dedicated **Immunisation and Vaccination team** in Hywel Dda. This team will support, encourage and promote immunisation and the options available to access immunisation.

The majority of the population have immunisations in their GP surgery. However immunisations can be delivered through community pharmacies, in your own homes and in care homes. For the >65 years or an adult in an 'at-risk' groups, one of our community pharmacies can provide you with your vaccine.

- The Health Board is pleased to have seen an increase in our staff vaccination rates in 2017, which will help prevent the spread of flu to our patients.

Safe Care

Safe Care is a key priority for the Health Board. We have a number of measures in place to ensure our care is as safe as possible and prevent our patients coming to harm.



Across all ages

Infection Prevention and Control

The infection control team are working with the Health Board's nursing and medical teams to ensure that the appropriate equipment and techniques are used when inserting a cannula (a plastic tube that is inserted into a vein so that medicines can be given). This is to ensure that our patients do not get an infection when these cannulas are inserted. Unfortunately, this year we have seen an increase in these types of infection, from 5 in 2016/2017 to 12 in 2017/2018. A detailed review has taken place and actions are underway to improve this position.

Jabs to Tabs

The Infection Control Team have implemented the "Jabs to Tabs" initiative. This aims to review patients receiving intravenous (IV) antibiotics within 48 hours to determine whether they need to continue this treatment or whether they can switch to oral tablets. This will reduce the risk of our patients developing infections such as clostridium difficle, which causes diarrhoea.

Neonatal Outreach Team

The **Neonatal Outreach** team has been working jointly with the acute services to prepare infants and their parents for discharge. This includes babies who are oxygen dependant, those with stomas and those requiring long term nasogastric tube feeding. The neonatal outreach team also supports families of infants who require palliative care.

Sepsis

Sepsis, also referred to as blood poisoning or septicaemia, is a potentially life-threatening complication of an infection or injury. The Health Board's has been working with our clinical teams in Accident & Emergency department to improve the sepsis treatment times.

We have seen sustained improvement on all of our hospital sites. From May 2014 there has been a steady improvement over time in relation to completion of the Sepsis Six interventions.

Preventing Blood Clots

We have been working with the clinical teams to increase awareness of the **thromboprophylaxis risk assessment** tool in order to improve the completion rates. As a result we have seen improvement in the areas we have supported and continue to put measures in place for this to be a streamlined process.

The number of **Hospital Acquired Thrombosis (blood clot) remains low** with no more than 2 cases per quarter being reported. All cases are thoroughly investigated and any lessons learnt are discussed with the clinical teams involved.

Nutrition and Hydration

We have **increased the availability** of between meal **snacks** to further support patients to meet their nutritional needs when in hospital; this is particularly important for patients who have a small or poor appetite or increased nutritional need as a result of their illness, snacks provide an important opportunity to enhance nutritional intake.

We have listened to our patients and staff and following negative feedback about meals in one of our Mental Health units there is an incremental change of meal provision underway changing from bought in frozen meals to providing meals that have been prepared freshly in the main hospital kitchens and transported to the unit.

We are mid way through a Clinical Nurse Specialist Nutrition led project to deliver sustainable competency based training to nurses and doctors in the placement and management of naso-gastric feeding tubes.

Learning Lessons

The Health Board strives to provide the very best of services to patients but there are times when services do not meet the standards we would expect. Undertaking thorough investigations allows the Health Board to learn lessons and take appropriate actions in order to improve safety for patients, carers, staff and visitors and ultimately improving the quality of its services.

Some failings are associated with recurrent themes and therefore it is imperative that the Health Board has a structure in place to support organisational learning from both local and national recommendations.

A number of learning posters have been developed. Some examples are below.



Serious Incidents

The majority of serious incidents reported to Welsh Government are pressure ulcers occurring in the community and inpatient falls. The Health Board has run a number of workshops to promote learning from these incidents.

Pressure ulcer workshops were held for staff across the Health Board, which have been very well attended.

A learning poster on how to correctly grade pressure ulcers and how to report Grade 3, 4 and Unstageable pressure ulcers as serious incidents to the Welsh Government has been produced and sent to all community teams.

We have implemented a rolling programme of Falls Prevention and Improvement Workshops across the Health Board. The workshops were aimed at all levels of ward staff and were very well received. Areas covered included; Datix and serious incident reporting, falls investigation, presentation case study – learning from events, preventing falls and post falls care, manual handling following an inpatient fall and patient risks in relation to medication.



Falls Improvement Workshop – Prince Philip Hospital – May 2017



Falls Improvement Workshop – Glangwili General Hospital – March 2018

Patient Safety Awareness Days

In the lead up to World Patient Safety Awareness Day, we held a Patient Safety Awareness Day in each of our four hospital sites. The main themes of the day were the importance of incident reporting and investigation. These were themed around our top reported incidents of pressure damage and inpatient falls.



Never Events

We reported two never events in 2017/2018 which related to:

A patient had a wrong sided prosthesis implanted, and a patient had a wrong sided regional anaesthetic block in readiness for surgery.

A dual action plan was completed as the learning was from the same area.

- Increased training for theatre staff on how to store and select the correct implant, to check the packaging for completeness, damages and expiry dates.
- Health Board policies and procedures are being updated to ensure that they comply with the National Safety Standards for Invasive procedures.
- Implementation of Stop Before You Block Campaign.
- Production of Local Safety Notice.
- Regular audits.



A reminder to anaesthetists and anaesthetic assistants:

- **Verify** site and side with patient and consent form.
- **Mark** the block site.
- **Stop** and confirm with assistant immediately before inserting block needle.



Mortality Reviews

The Health Board performs Mortality Reviews on all inpatient deaths at our four hospital sites to see whether there are elements of patient care which could be improved.

The process of reviewing varies across the Health Board and we are reviewing this to ensure a standardised approach in the future.

Learning from Mortality Reviews are shared in many ways:

- Learning points are discussed at the Whole Hospital Audit Meetings.
- Learning from Events or a Mortality and Morbidity meeting.
- After a review the episode can be reported as a patient safety incident, which would instigate a more detailed review and investigation.



Older Adults

Care Homes Directed Enhanced Service

Since April 2017 51% of our GP practices have delivered the Care Homes Directed Enhanced Service (DES). This service aims to enhance the care provided for residents in care homes through a proactive, holistic, coordinated model of care.

Safe & Steady Clinic

We have developed a Physiotherapy led Safe and Steady clinic across five locations within Ceredigion. This was funded through the Integrated Care Fund and launched in May 2017 and aims to reduce the risk of falls among the at-risk population. It is supported by a multi-disciplinary team including National Exercise Referral provided through Ceredigion County Council.



The Ceredigion Community Safety and Steady Clinic welcomed its 100th patient in February 2018.

Effective Care

This year, we have looked at some innovative ways to help patients receive the care that they need as locally as possible.



Across all ages

Transforming Clinical Services

A temporary workforce is frequently being used to sustain current services which are fragile, causing many challenges for Hywel Dda University Health Board with costs inhibiting our ability to invest in other services that are needed. We have no choice but to make changes to ensure we provide high quality, safe and sustainable care in the future.

We created the “big conversation” to engage with our patients, the public, carers, Community Health Councils, local authorities, the third sector – anyone and everyone who uses, cares about or interacts with our services.

Following the period of this report (April 2017-March 2018), a formal consultation Our Big NHS Change, was launched by the health board.

Transforming Clinical Services – <https://youtu.be/nGKOUWy2E7A>

New Diabetes Service

A new Diabetes Service in Llanelli has been developed, named after a recently-retired Senior Diabetes Consultant in Carmarthenshire, Dr Meurig Williams. This co-locates a number of services enabling patients to manage diabetes more effectively in a one stop clinic.

Diabetes consultant, Dr Sam Rice, said: “We are delighted to open the Meurig Williams Community Diabetes Centre. It will be the first time in Wales that all these services for patients with diabetes will be located in the same building. This will help to ensure that our patients get all of the correct elements of care that they need.”



Patient Story

Trial of the Eversense Continuous Glucose Monitor (CGM)

We share the story of a patient who has been diabetic for 36 years. She tells us how she was pleased to be given the opportunity to trial a new type of CGM.

A month into the trial, I wanted to share my experiences with you all.

“This allowed me, as a type 1 Diabetic, to monitor my blood glucose (bG) levels continuously, all day and all night, and to help improve my diabetic control. The process started with a very painless procedure, using local anaesthetic to implant a sensor under the skin in my upper arm. A small transmitter was then placed over the sensor which can be removed to charge the battery. It took just over a week for the little incision to heal, again, no pain, and the mark is now hardly visible.”

“From that point on, accurate bG readings were wirelessly (using Bluetooth technology) transmitted to the Mobile App on my Smart Phone Device, and then displayed clearly on a real time graph.

The graph allows me to discretely see at a glance, where my bG levels are, (without having to stop to prick my finger!). I receive an audible alert if my bG levels alter and I can decide on a course of action to rectify the situation. The information is stored, which can be sent via email to my Diabetic Team.

The sensor remains in place for 6 months and replaced with a new one.

The system comes with a password protected Data Management System, where data is frequently synched from the Mobile App. This allows me as the patient and my Diabetic Team, to closely monitor events, identify patterns in bG levels, and gives Professionals the tools to offer advice, adjust insulin doses, all the things necessary to reduce the effects and ultimate complications associated with Diabetes.

There are so many benefits in having this system. It gives diabetics a peace of mind, the ability to discretely check on how daily life and activities are affecting their blood glucose levels on a continual basis. It allows diabetics to tweak their regimes, to be independent and to try to live as “normal” a life as is possible, and to be honest, we need as much help as we can get.”

Correct Inhaler Techniques

During respiratory reviews, one GP practice is providing support for a pharmacy technician to undertake inhaler technique clinics. This will support patients to use the correct method when taking their inhaler. If successful the pilot will be offered to further practices.

Accuvein Vein Viewing System

Thanks to #charitable #donations the Day Surgery Unit at Bronglais General Hospital recently purchased an Accuvein Vein Viewing System. With a click of a button this piece of equipment will show even the tiniest of veins meaning that patients will not need to have unnecessary cannulas inserted.

Clinical Audits

All Hospital sites contribute to the **National Diabetes Foot care audit**. The time it takes for a foot wound to heal is recorded which has enabled us to create simple and rapid referrals to podiatry. Fast access to services is vital to heal this foot disease successfully.

We have established education programmes for patients and staff regarding foot care awareness and rapid access when necessary. Being part of this audit has benefited the way we direct resources for Hywel Dda podiatry.



Babies

Clinical Audits

The Health Board has **learnt lessons** from taking part in the annual **National Pregnancy in Diabetes Audit**. Last year we mentioned the implementation of a pre-conception planning campaign. The National campaign, which commenced in September 2017 aims to improve care through the promotion of pregnancy planning in women with pre-existing diabetes, therefore ensuring safer pregnancies. In line with the National Guidance (NICE), the three maternity sites within the Health Board have a much improved process for referring women with pre-existing diabetes during pregnancy. The significance of a seamless multi-disciplinary maternity service has similarly been reinforced by the development of a Diabetic Specialist Midwife Role which is in the process of being finalised.

Acute Neonatal services

We have developed a **neonatal practice development nurse** role. This role is to ensure best practice is delivered. This has resulted in an increase in the number of qualified speciality nurses and Newborn Life Support trained nurses on every clinical shift as recommended in the Wales Neonatal Network standards.

Neonatal Outreach

The neonatal outreach service, to provide equitable care in the communities is provided across the three counties.

We have introduced a neurodevelopment clinic run by the neonatal multi-disciplinary team which is a developmental screening tool which is used to identify developmental delays. This allows for early intervention and better long term outcomes.



Children and Young People

Counselling

A website has been developed to enable quicker access to GP referral into the young persons counselling service.

Advanced Paediatric Nurse Practitioner Role

We have created an Advanced Paediatric Nurse Practitioner (APNP) within Hywel Dda University Health Board to support the acute medical team and enhance access to paediatric care for those in areas where services are limited. The APNP exercises independent clinical judgement to assess, investigate, diagnose, plan, implement and evaluate the clinical management and care of paediatric patients.

A nurse-led clinic has been set-up to assess both new patients as well as follow-up reviews, reducing the numbers of ward attendees. The APNP role is vital in modernising the provision of paediatric services across Hywel Dda University Health Board and the vision is to extend this service across all hospital sites.

Young Persons Phlebotomy Service

Nurse lead Paediatric phlebotomy sessions have been set up Monday to Friday in Wthybush and Glangwili hospital sites. This ensures an efficient and effective service for children referred for blood tests.



Older Adults

South Ceredigion – Frailty

We continue the frailty project in South Ceredigion. This involves a nurse and Pharmacist who undertake an initial and follow up home frailty assessment of patients and carers. They review their physical, psychological, medication and social issues. The early intervention aims to avoid crisis management and reduce unplanned hospital admissions.

- 4195 clinical interventions by Pharmacists (January 2015 – January 2018), which gave a cost saving of stopping medication of £54,654.60.
- 63 medications considered high risk of causing falls stopped (April 2017 to January 2018).
- GP time saved 4958 minutes (April 2017 to January 2018).
- Reduced Hospital Admissions 63 – x £399.49 x 8=£201,342,96.

Living Well, Living Longer

We have been successful in winning a bid for the “Living Well Living Longer” initiative. This programme assesses an individuals risk of developing cardiovascular disease, by undertaking health checks, such as blood pressure, pulse and cholesterol.



The South Pembrokeshire cluster will be working with the Health Board with this project alongside all 5 practices.

Poly Pharmacy/Multidisciplinary Reviews

Polypharmacy is when patients are continuously using multiple medications, which may not be necessary. This can have negative effects on patients, such as increased risk of falls. The Health Board recognise the importance of reviewing patients on multiple medications and have Implemented multidisciplinary polypharmacy reviews working with our GP practices and nursing homes.

Research & Development

Changing practice could save lives

The Hywel Dda Respiratory Research team received the Welsh Government Research to Practice Award in October 2017. This research grant will enable the team to improve access to chest x rays and measure the impact establishing if this will lead to earlier diagnosis and treatment of lung cancer.



Clinical Research Time Award

Joe Annandale, Respiratory Nurse Specialist has received the Clinical Research Time Award in the form of a grant. This money will enable Joe to spend 1 day a week over 3 years undertaking research on his PhD and to receive up to £1500 towards training and education to further develop his research skills. Joe’s research involves examining patients with COPD and stopping inhaled steroids where they are unlikely to require them, reducing the risks of side effects and costs.

Stroke

The treatment of stroke is multidisciplinary involving immediate treatment and monitoring. Intensive therapy is then needed to enable the patient to live independently.

Hywel Dda University Health Board (HDUHB) has been active in stroke research for the last 17 years, with Bronglais being the first hospital to have a stroke research portfolio. We also have research trials looking at the immediate treatment of stroke by paramedics, early treatment post-stroke and rehabilitation.

Commercial Studies

We have had great success with commercial studies for 2017/2018 with the appointment of a respiratory research nurse and a research officer.

Zambon is one such trial which aims to investigate subjects with non-cystic fibrosis bronchiectasis. Professor Keir Lewis, R&D Director for the Health Board, is the Principal investigator for this study and is involved in many other commercial and portfolio studies.

Prince Philip Hospital

The European Society of Cardiology and Imperial College London are researching into the prevention of heart disease and strokes on a study called Euroaspire V/Aspire 3 Prevent. Prince Philip Hospital is one of two sites in Wales that has been collaborating with them to recruit patients and collecting the relevant data. Dr Lena Izzat is principle investigator for this study.

The purpose of this study is to find out whether advice and guidelines intended to reduce cardiovascular disease and diabetes are being followed in everyday clinical practice and to see if these interventions can reduce the likelihood of either developing heart disease or stroke. It also hopes to raise standards of preventive care in daily clinical practice across the UK from lifestyle interventions (smoking cessation, a healthy diet and increased physical activity), reducing obesity and central obesity, treating blood pressure, lipids, and diabetes, and taking cardio-protective drug therapies.

Glangwili General Hospital

The 65 trial is run by the Intensive Care National Audit and Research Centre (ICNARC) and evaluates the clinical and cost-effectiveness of permissive hypotension in critically ill patients aged 65 years or over with vasodilatory hypotension. In critically ill patients, hypotension (low blood pressure) is common, especially in patients with severe infections. Raising blood pressure is a complex process involving multiple elements including vasopressors (intravenous drugs), fluids and catheters.

Study to Improve Diabetes Management

A small pilot study has found watching short health information films online, can help patients with type 2 diabetes reduce their blood glucose level. A series of short films were 'prescribed' to people newly diagnosed with type 2 diabetes, alongside standard treatments, at two GP practices within Hywel Dda University Health Board and Abertawe Bro Morgannwg University Health Board. They included titles such as 'What is diabetes?'; 'What can I eat?'; 'Diabetes and weight'; 'Looking after your feet'; 'Stopping smoking'; and 'Medication and monitoring'.

After just 3 months, routine tests showed a clinically significant improvement in HbA1c – an established marker of diabetes control. In contrast, no reduction in HbA1c was observed in the non-watchers. Study author Dr Sam Rice, Consultant Physician and Endocrinologist at Prince Philip Hospital, and Deputy Research and Development Director for Hywel Dda UHB, said: "With patient self-management widely recognised as an increasingly important treatment it is encouraging to see that this low cost and scalable solution is reaching many more patients than would otherwise be the case." The study was undertaken by Swansea University in collaboration with Hywel Dda University Health Board, Abertawe Bro Morgannwg University Health Board and Cardiff and Vale University Health Board. It was also supported by the Diabetes UK Clinical Champions programme.

Dignified Care

One of our core organisational values is 'dignity, respect and fairness' – this is because we want to ensure we continually treat everyone in a way that supports their self respect. We believe acknowledging people's feelings, wishes and beliefs is a vital part of providing high quality and compassionate care.



Children and Young People

Learning Disabilities

We aim to support children and young people with **learning disabilities**. In paediatrics the play team and ward link nurses' aim is to reduce barriers, enable and support children and young people with learning disabilities. We encourage families to bring in any resources that may help us with communication whilst visiting a hospital and we are in the process of developing a 'communication passport' for admission and 'my day case' book with symbols/pictures. The play team has resourced photos, symbols and pictures to support children and young people and we are purchasing ipads to aid support learning disability with the use of APPS.



Older Adults

Give a Gift

We have supported the "Give a Gift" project, whereby a wish list was produced on Amazon Christmas 2017 dedicated to supporting older adult mental health services, the list included a range of gifts chosen by the mental health team to be of most benefit to older adults with mental health problems, including dementia.



Nursing Homes

The Health Board has a Long Term Care Team which includes a number of Nurse Assessors whose roles include assessing the eligibility for funding etc, as well as a number of other responsibilities. These incorporate monitoring the care being provided, and signposting should any training be identified as being required. Each Nurse Assessor has a particular area of nursing skills for which they are champion, ie Tissue Viability, Nutrition, Dementia, Falls, UTI etc.

Our work also includes:

- Falls – The Long Term Care team have worked with the Welsh Ambulance Service encouraging and facilitating staff to attend the iStumble workshops arranged by WAST and promoting the tool developed. Each Locality within the Health Board now has a frailty nurse appointed who has the responsibility for assessing all elderly patients including those residing in Care Homes.
- Tissue viability and pressure damage management – supported by a Nursing Home allocated Tissue Viability Nurse attached to the Long Term Care team, who also provides training to all levels of staff.
- Dementia – an RMN has been seconded to the Long Term Care team to support care homes specifically with patients presenting with challenging needs. The role has been successful and will now be a permanent position within the team to facilitate dementia training for Nursing Home staff, support with linking and liaising with the Older Adults Mental Health teams and to ensure patient centred care is provided.
- Oral Hygiene – Oral Hygiene advisor / trainer attached to the Care Home Support Service providing in house training and support. A full day workshop, 'Improving Mouth Care for Older People living in Care Homes' arranged by Community Dental Service for all Care Home staff.
- Sensory Loss – arrangements are currently in place to support deaf patients within Primary and Secondary care, and there are discussions to extend this service into nursing and residential homes.
- End of Life – Marie Curie through a Service Level Agreement with the Health Board continue to support the Care Homes within the Carmarthenshire area.
- UTI – the Infection Control team are working with GP practices in relation to UTI prevention, recognition and sampling in Care Homes.
- Fundamentals of Care – An audit of all Nursing Homes has been undertaken which is not only being used to identify areas of concerns but also identifies areas of good practice. A further audit tool will need to be developed as the current tool, although helpful, is not as adaptable for nursing homes.
- The Nursing Home managers have all raised concerns with regards to staff recruitment and in particular Registered Nurses. A number of summit meetings are being facilitated to support this sector starting with the Pembrokeshire homes. A workshop has also been facilitated by the Long Term Care team to debate how Nursing Homes can raise their profile and promote recruitment with speakers from the Health Board Workforce team giving advice and top tips.
- Student Nurses – in liaison with Swansea University student nurses are now attached to the Long Term Care team with bespoke placements in Nursing Homes. With the support and mentorship of Nurse Assessors, the Students are given an opportunity to experience the work and care being provided by Nursing Homes. This is also hoped to raise the profile of this sector.

Contenance Management

We have been supporting our Care and Residential Homes in Contenance Management. Some good practice identified is as follows:

- Toilets are clearly marked with large pictures.
- Clients who need higher levels of support are being assisted with toileting needs.
- Awareness of decaffeinated tea and coffee and changing products if required.
- Promotion of good fluid intake and promotion of hydration with water and squash, regularly providing extra fluids. Meals served with water, soft drinks and a choice of tea and coffee.
- Toileting facilities are private, no urinals.

We are providing continence management teaching to community district nurses.

We provide regular clinic opportunities for people to attend a weekly clinic in the community for their routine continence requirements, including re-catheterisation and assessments. This gives patients more dignity and control.

Dementia Care

We continue to take part and learn lessons from the National Audit of Dementia (care in General Hospitals). The national audit, which took place in April 2018, measures the performance of general hospitals against criteria relating to care delivery which are known to impact upon patients with dementia. Lessons have been learned from the 2017 recommendations by identifying a need for extra support and advice from Mental Health Services. Standardised mental status test and functional assessment advice are now in use and additional staff are being recruited in Old Age Psychiatry to improve support to Glangwili Hospital. Mental Capacity Act Practitioners have been recruited to undertake and support timely assessments of patients' mental capacity and to facilitate early diagnosis of dementia Health Board Wide.

Advance Care Planning

The North Pembrokeshire GP's have continued to fund the Paul Sartori Foundation to work with practices to assist in identifying patients for whom Advance Care Plans would be most urgent and relevant. Registered Nurses work with patients to complete the ACPs. In the 12 months ending September 2017 195 new referrals were received by the service.

- The average age was 78, with a median of 79 and a range of 29 – 100.
- The average age of the 'well adults' was 79.
- The average age of those with a diagnosis of 'general frailty' was 87.
- Many of the 'self/family' referrals had been prompted by the GP.

Activity

There were 1045 contacts (including phone calls) with 221 clients (an 81% increase on the previous year).

Patient Story

Paul Sartori Foundation facilitated and documented a Record of Best Interest Discussion (RBID) for a care home resident with dementia. All involved felt that hospital admission should be avoided if at all possible. The resident was subsequently found on the floor with a red swollen wrist. She was thought to have fallen. Care home staff took her to Accident and Emergency, expecting her to be x-rayed, treated and returned to the home. There was no fracture, but the hospital wanted to admit her in case the redness was cellulitis. They intended to investigate and put her on IV antibiotics if necessary.

On hearing this, the care home manager faxed the RBID form to the hospital. Plans were changed and she was returned to the home where her wrist injury resolved without further intervention.

Care Home Manager:

"Family feel comfortable knowing that their relative will be treated as they would have wanted to be. Staff are aware of the wishes of residents and their families and everyone is able to work towards the same goal."

Family member:

"I did not feel beforehand that there was a lot to gain from this meeting. I was very wrong. It was informative and helpful."

We now request feedback from all clients. Responses from families for people for whom we have facilitated RBIDS are still being processed.

In this period the team have been involved in events and training sessions delivered to a total of 672 people, including 525 health care professionals.

Palliative Care

We have redesigned and refurbished Ty Bryngwyn with the engagement of patients, staff and their families. This guides us to a better understanding of the needs of a patient's experience at the unit and how the improvement in facilities will meet the need.

The Acute Response Team

The Acute Response Team, (ART) is a service which is operational 24 hours a day in the community with the purpose being to support patients to receive their acute nursing interventions such as Intravenous Antibiotics (IVs) in the community, who would otherwise require admission into the acute hospitals. The team consists of registered nurses and health care support workers and the service has recently been strengthened to ensure more people can be supported away from the acute hospitals. This meets the ambition of the transforming clinical services strategy. The strengthened service will work more closely with the GPs and the ambulance service, particularly during the out of hours period and will focus on responding to community falls and to provide

more support for those patients and their families during the end of life period. Patient feedback is extremely positive. One patient feedback stated “the nights can be very long but it is so nice to know there is someone out there who you can call on.”

Health Inspectorate Wales

During the year HIW conducted 8 visits or inspections across Hywel Dda University Health Board in 2017/2018.

2 Learning Disability Services follow up inspections.

1 Mental Health Service inspection.

1 Adult Mental Health Thematic Review.

1 Acute Hospital inspection.

1 Community Hospital inspection.

Inspections highlight good practice and any areas for improvement. Where improvement is required, improvement plans are completed by the relevant service leads and monitoring of the progress of implementation of the actions is undertaken by the relevant Quality and Safety Committees.

Generally feedback received highlights that we have dedicated and passionate staff who are delivering compassionate patient care.

All HIW reports can be found on the HIW website: <http://hiw.org.uk>

Community Health Council (CHC)

The CHC works to enhance and improve the quality of your local health service. They are your statutory and independent voice in health services provided throughout Wales.

The CHC undertook 3 visits during 2017/18.

Action plans have been developed and the Health Board is currently working towards completing its implementation by March 2018.

HM Coroner (Rule 28) Reports

Throughout 2017/18, the Health Board received 1 Coroner Rule 28 report. Any actions that needed to be implemented as a result of the reports have been carried out and confirmation of completion returned to the Coroner’s office. These actions are monitored by the Improving Experience Sub Committee.

Timely Care

We, as a Health Board, know that it is very important for our residents to have easy access to the services we provide, whilst ensuring that support is provided throughout a patient's experience.

We want to encourage patients, their families and carers to be involved in decisions about their care and treatment, as early as possible, so that wishes are known and options discussed.



Across all ages

Our unscheduled care department has faced continuous high levels of demands on our services with an increase of medical admissions of patients of 75 years and older.

During the winter of 2017 and spring of 2018, we experienced adverse weather conditions and a flu epidemic which resulted in increased medical admissions, prolonged in-patient stays and significant demand on the Ambulance service.

Due to the dedication of our Primary Care, Secondary Care and Community staff, safe services were maintained for our patients.

Ambulance handovers

Overall we have seen an increase of the daily average of ambulance arrivals. The daily average ambulance arrivals in March 2018 increased to 98.6% compared to 96.8% in March 2017.

Accident & Emergency Departments (A&E) and Minor Injury Units (MIU)

We have seen a large increase in the number of new A&E and MIU attendances.

	March 2017	March 2018	Increase
Across all hospitals	12,356	12,884	4.3%

All other sites except Glangwili General Hospital saw a decrease in attendance numbers however Glangwili General Hospital increased from 3,489 in March 2017 to 3,908 (12%) in March 2018.

Accident and Emergency departments have a **4 hour waiting time target** for patients to be seen and Minor Injury Units have a **12 hour waiting time target, unfortunately these were not achieved**. This was primarily due to the lack of medical beds across all sites.

Department / Unit	Target	March 17	March 18	Difference
Accident and Emergency.	Patients spent less than 4 hours in all emergency care facilities from arrival until admission, transfer or discharge.	85.90%	80.30%	5.6% Less patients seen within 4 hours than March 2017.
Minor Injury Units.	Patients spent 12 hours or more in an emergency care facility from arrival until admission, transfer or discharge.	423	861	438 More patients had to wait 12 hours or more than March 2017.

Challenges

- Continuing higher demand than the same period last year.
- The Health Board demand is significantly higher for 2017/18.
- Influenza cases have been 4 times higher over the months of January and February 2018 than 2017.
- Medically optimised patients (patients who can be discharged) in hospital beds have been significantly higher this year caused by reduced options outside of hospital for alternative placements.
- Rising demand without alternatives being in place or effective use of alternative options.
- Staffing levels have been under immense pressure due to the number of patients in the hospital and staff sickness due to flu.
- Staffing vacancies continue to be a significant challenge which has resulted in a reliance on temporary staff. However Medicine staffing levels have seen an improvement.
- The Out of Hours service has been unable to cover a number of shifts with significant pressure experiences in Prince Philip Hospital.
- There is a shortage of Community Carers and this continues to impact on discharging patients with complex needs.
- It has been necessary to cancel elective surgical procedures and this is due to the lack of in-patient beds.

Improvements

- Operational and front line teams continue to work over and above to maintain patient safety.
- We have ensured that our winter monies have been used to support and improve the following:
 - o We have extended our discharge hours in Prince Philip Hospital to help with patient flow.
 - o We have additional Medical teams on the weekend to focus on discharging patients on all acute hospital sites.
 - o Increased Pharmacy/Phlebotomy/Therapies support over the weekend period to increase weekend discharges to avoid bottlenecks on a Sunday.
 - o Increased Red Cross support in Carmarthenshire to support discharge home – 7 days service.

- o Transfer of Care Advice and Liaison Service (TOCALs) pilot is being rolled out at Prince Philip Hospital.
- o Additional Out of Hours Radiology staff to increase capacity.
- o Additional Acute Responses Team (ART) hours in Ceredigion/Pembrokeshire to provide 24/7 cover.
- o Additional Community Therapy support at weekends.
- o New geriatrician working closely with Transfer of Care Advice and Liaison Service (TOCALs) team at Glangwili General Hospital to speed up complex discharge pathways for elderly frail patients.
- o Agreement to develop share point medically fit database across all 3 counties.
- o Review of Medical Emergency Assessment Unit (EAU) patient pathway at Bronglais General Hospital.
- o Review of pathways for admission avoidance and also within the acute hospitals for example paediatrics, to reduce pressure on Accident and Emergency departments.

When can we expect improvement and by how much?

“Breaking the cycle” actions will commence from mid March 2018 for an 8 week period as well as re-focussing our unscheduled care programme.

Breaking the cycle

What are we doing? Here are a few examples:

Preventing patients from needing to come to Accident and Emergency by:

- Working with GPs in one practice to provide nursing interventions to patients in their own homes.

Increasing weekend discharges through:

- Opening the hospital pharmacy on Sundays so patients can be discharged rather than waiting in a bed until Monday.
- Ward staff agreeing clinical criteria to allow patients to be safely discharged over the weekend.

Increasing daily discharges by:

- Identifying and managing delays to discharge at ward level on a daily basis.
- Working closely with families and carers.

Encouraging patients to remain independent by:

- Introducing a self-service cold drinks refreshment area and agreeing and displaying mobility goals for patients on the Clinical Decision Unit; and
- Supporting the #PJParalysis campaign.

The Health Board’s plans for 2018-19 aim to make improvements on all aspects of the unscheduled care system. Specifically our aim is to improve on our very poor recent performance caused by the pressures set out above and not allow this to become the norm.



Adults and Older Adults

Cardiology Mobile Catheterisation Laboratory

The Cardiology Mobile Catheterisation Laboratory (Mobile Cath Lab) Team was established for a short-term project at Glangwili General Hospital. The team aims were to address the backlog, reduce the waiting times for day case angiograms and to provide a facility which could perform inpatient angiograms in order to reduce the wait and need for transfers to supporting health boards.

During the 7 week project the team performed over 45 different inpatient procedures with early calculations suggesting a saving of over 200 hospital bed days.

By the end of November 2017 26 week waits, for the procedures were being reported which should be performed within 8 weeks.

By the end of the project the wait had been reduced to only 2 weeks after performing over 160 day cases in the lab and continued to provide the usual service of 3 lists per week at Prince Philip Hospital over the same period.



The Independent Living Centre

The Independent Living Centre within Carmarthenshire is a resource which provides:

- A training venue for staff on a range of subjects relating to a person's wellbeing.
- The offer of an appointment with an Occupational Therapist for those who want to solve their own problems in relation to activities of daily living.
- For those with any form of disability to help manage their condition without the need for statutory services.
- To provide advice to those who would like to privately fund daily living equipment and adaptations to their home.
- To provide preventative intervention to assist in managing their condition
- To provide a resource for many community 3rd sector organisations.

The Independent Living Centre were fortunate to receive an Integrated Care Fund grant to carry out internal building work to the building in Dafen which houses our Carmarthenshire Integrated Community Equipment Service (CICES). The building work was completed in March 2017, following this we started to build a programme of workshops activities and training sessions for staff, carers and the general public, that we would be able to roll out at the centre.

Between September to November 2017, 15 consultation sessions were held with staff across Carmarthenshire County Council and Hywel Dda University Health Board. These sessions provided an overview and introduction to the centre and its potential provision, while also giving staff attending the opportunity to contribute to its vision on how it can be utilised.

In total 193 attended with representation from Social Work, Careline, Information Advice and Assistance, Domiciliary Care, Housing, District Nursing, Substance Misuse Team, Occupational Therapy and Physiotherapy.



Home Improvement Team

The team will provide an open session on the third Thursday of every month. Staff will be available between the hours of 10am to 3pm to answer any questions you may have in relation to:

- Disabled Facilities Grants.
- Council House Adaptations.
- Occupational Therapy for Housing Adaptation or Alternative Accommodation.
- Care and Repair.
- Home Safety advice.
- Health improvement assistance.
- Loans for private sector to improve home defects in their properties.
- Energy efficiency measures.

Wheelchair Clinic

This provides an opportunity for our residents who need to be assessed for a wheelchair. Not only will the Occupational Therapist provide an assessment and referral to the wheelchair service but will be able to demonstrate the use of the wheelchair, how it is folded and stored and give an opportunity for carers to experience the weight of it when being transported.

Falls

Occupational Therapists will be available to provide education and training to identify the hazards which may result in the risk of a person falling or fearful of falling. These sessions are interactive and are open to staff who work in health, social care, voluntary and independent sectors as well as residents, families and carers.

Joint Protection

Many of our residents who have a musculoskeletal condition are not referred to a Rheumatologist. It is important for our residents to understand that with information regarding joint protection, energy conservation and normal movement patterns it will empower people to look after their joints and reduce the pain they experience.

Minor Injuries Unit, Glangwili General Hospital

Minor Injuries Unit opened on the 4th of December 2017. This has enabled patients attending the A&E department with minor injuries or illness to be seen within the 4 hour waiting time standard. On average 40 patients a day are now seen through this unit.

Clinical Decision Unit, Glangwili General Hospital

The Clinical Decision Unit (CDU) is now open from 8.00am to 8.00pm, 5 days a week and with weekend cover. Acute Physicians and GPs have been recruited to this area and now provide senior decision making at the front door for GP and medical patients.

Advanced Nurse Practitioners, Glangwili General Hospital

Three advanced Nurse Practitioners have been recruited, one to work in Accident and Emergency, Clinical Decision Unit and Cardiology. This will see the development of nurses to support the medical teams in assessing and treating patients who present to these areas.

Social Prescribing

We appointed 2 Social Prescribers in Llanelli in April 2017. Social prescribing, sometimes referred to as community referral, is a means of enabling GP's, nurses and other primary care professionals to refer people to a range of local, non-clinical services. Recognising that people's health is determined primarily by a range of social, economic and environmental factors. Social prescribing seeks to address people's needs in a holistic way. It also aims to support individuals to take greater control of their own health. Eligible patients are eighteen years plus with a long term limiting condition, mild to moderate mental health problems. 80% of the current referrals are for anxiety and depression with the rest being referred due to substance misuse, obesity, isolation/loneliness, Fibromyalgia, Pain, Asthma and work related stress. Over half of the referrals are under the age of 55.

Infliximab infusions

We are now able to offer children and young people with inflammatory bowel disease their Infliximab treatment closer to home. Prior to this, patients would travel to Morriston Hospital for their treatment, which lasts 4-6 hours every 6-8 weeks. The families have reported that this has reduced their travelling time for treatment and it has less impact on their education as they can attend school and still travel to Glangwili General Hospital for their treatment.

Individual Care

Here are some examples of how we have taken action to put patients at the centre of everything that we do, to ensure that everyone is treated as an individual and receives support that is firmly centred on their specific needs.



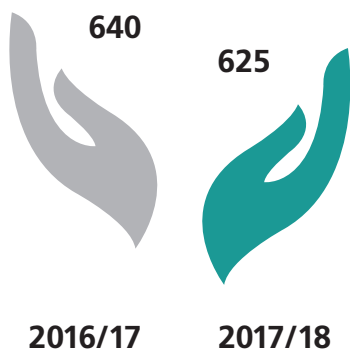
Across all ages

Patient Experience and Putting Things Right

Patient Experience

86% OF RESPONDENTS IN OUR FRIENDS AND FAMILY SURVEY SAID THEY WOULD RECOMMEND THE HEALTH BOARD.

Number of Formal Complaints



Friends and Family Evaluations

12,768 2017/2018

Formal Concerns

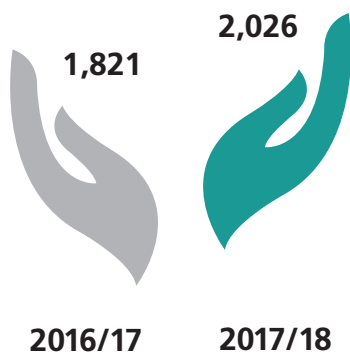
625 2017/2018
640 2016/2017
780 2015/2016

Informal Concerns

2,026 2017/2018
1,821 2016/2017
1,952 2015/2016

We welcome feedback from our patients and their families and take seriously any concerns that are raised, as part of any feedback received. We do our utmost to address them as quickly and as effectively as possible.

Number of Informal Complaints



Last year in 2017/2018 we received fewer formal complaints than we did in 2016/17 which has been achieved by the strengthening of our Patient Advice and Liaison Service (PALS) and through the "Learning from Feedback approach" we have now reinforced throughout the Health Board. We now also telephone people immediately on receipt of a complaint to provide reassurance and attempt to reach an early resolution. We know that not all concerns are responded to in the most timely way and we are working hard to improve this.

We are pleased to see an increase of formal compliments received along with a volume of informal 'thank you's' such as cards and notes.

A full breakdown of the concerns performance can be viewed in our 2017-2018 "Putting Things Right Annual Report" which is available here:

<http://www.wales.nhs.uk/sitesplus/862/pendoc/320935>

Hywel Dda also has robust scrutiny arrangements in place led by Independent Members of the Board that review complaints, claims and incident trends which ensure that we are learning and, where appropriate, implementing corrective action.

We are also pleased to advise that in 2017 we have also piloted an electronic system that sends a short Friends and Family Survey to all patients discharged from our Accident and Emergency and Minor Injury Units. Some examples of the valuable feedback we have received from this system can be seen on the next page. The success of this pilot has led us to decide to expand the pilot into other areas of the Health Board.

Friends and Family Survey

The survey launched in Spring 2017 and at the end of March 2018 over 92,000 surveys had been sent. Every month throughout the period over 80% of our patients have said they would recommend Hywel Dda to their Family and/or Friends with a total of over 86% recommending us during the whole period.

What is it?

The Friends and Family survey is an opportunity for people to provide feedback on their experience of our services. It involves asking a standard question after you have received your care and treatment: "How likely are you to recommend our service to friends and family if they need similar care or treatment?"

Patients are also given the opportunity to leave a comment on why they have responded in the manner they have.

The survey is being piloted in all Accident & Emergency and Minor Injury Units across the Health Board and is carried out either by text message to the patient's mobile phone or by interactive voice message to the patient's home phone.

"I had great care from entering A&E to leaving. Everyone was very polite, charming and happy to help you when you needed it. It was my second time in A&E in Wales as I'm from Manchester and the care support and very friendly atmosphere stands out so much."

"I felt understood the staff were friendly... the treatment for my foot was explained really well... waiting time was kept to a minimum."

"Excellent standard of service from a cottage hospital. Essential facility which must be retained in the future."

"Went into hospital as an emergency and ended up waiting 9 hours just for the results."

Other Sources of Feedback

The Health Board is striving to make the process of providing feedback as simple and easily accessible as possible. In support of this aim, we have a number of other avenues that patients can use to comment on the services we provide. Our Patient Advice and Liaison Service (PALS) can be contacted by telephoning 0300 0200 159 or by visiting our website:

<http://www.wales.nhs.uk/sitesplus/862/page/65382>

You can also feedback your experiences using our "Big Thank You" form:

<http://www.wales.nhs.uk/sitesplus/862/page/76043> or by completing our online survey:

<http://www.wales.nhs.uk/sitesplus/862/page/76043>

In our online survey, we ask the question "Using a scale of 0 – 10, where 0 is very bad and 10 is very good, how would you rate your overall experience?" and we are really pleased to advise that in 2017-2018 over 58% of patients rated us as either a 9 or 10.

Some of the comments from the survey and the "Big Thank You" can be seen below.

Big Thank You

"I have had two knee replacements Sept 2016 & Nov 2017 I am now pain free, the care and professionalism from all the above departments was fabulous."

Online Survey

"We are on holiday in Pembrokeshire on the coldest week in living memory with snow etc. The staff at Cardigan MIU could not have been kinder or more helpful. Great experience of NHS Wales."

Online Survey

"I am a retired nurse trained 60 years ago. The total care I received was up to my standards with the bonus of modern medical knowledge. Thank you."

Big Thank You

"They have been nursing my mum at home over the last 4 years. Each and every member of the team has always shown professionalism, compassion and support to my mum & as a whole family."

Big Thank You

"I've been travelling between Oxford & Aberystwyth several times a week juggling work commitments & visiting my Mum on Ystwyth Ward, this gentleman is always so kind and helpful at finding places to park and give any help he can. He makes a stressful time that little bit easier. His cheery demeanour is a rare and invaluable thing in today's world!"

Online Survey

"Used A&E only because my surgery could only offer me an appointment in 4 weeks time."

We also monitor and respond to feedback left on independent forums such as Care Opinion.



“I went in to Withybush day Surgery unit for knee keyhole surgery, and I just wanted to let people know what excellent care and attention I received while I was there for the day. From when I was seen by Donald to take my information, to when he discharged me in the afternoon I can only say how professional and caring all the nurses and doctors treated me, (and not forgetting the lady who got me the coffee and toast after surgery, who nothing was too much trouble for). It is only the next day at the moment so I can't say how successful the operation will be yet, but I just wanted to let people out there know my experience of the Day surgery unit.”

What are people saying about this service?	
What's good	What could be improved?
Care Comfort Healthcare Assistants Nurses Porters	Communication Communication between services Compassion Empathy Information

During 2017/18 the Health Board was the subject of just under 40 investigations by the Public Services Ombudsman for Wales. An example of some of the learning from one of these investigations can be seen below and the latest Ombudsman Annual Report can be viewed here:



<http://www.ombudsman-wales.org.uk/en/publications/Annual-reports.aspx>

Following a successful surgery, a gentleman's health was discovered to be deteriorating on the day of his discharge. Junior medical staff were unable to adequately respond to the situation and despite intervention from more senior medical colleagues the patient sadly died. The Ombudsman found that there was inadequate support given to junior medical staff, inadequate escalation to more senior staff and the emergency team and there was inadequate clinical recording by both nursing and medical staff. The Health Board has ensured that all clinical staff are aware of the process for involving the Emergency team and encouraged its deployment. It has also ensured that all relevant staff are reminded of the necessity to appropriately record clinical findings.

Equality and Diversity

For a comprehensive understanding of how we are delivering Hywel Dda's Strategic Equality Plan please see the Equality Plan Annual Report: <http://www.wales.nhs.uk/sitesplus/862/page/61233>



The Health Board encourages all staff to think differently about family and person centred care. During 2017/18 a number of gatherings were held with single sex couples, their children and a range of staff members to discuss their experiences of accessing healthcare within Hywel Dda.

In all our induction training staff are reminded of the diversity of families today and that the families accessing our services may be of mixed race, blended, one parent, extended families, adoptive families, foster families as well as LGB&T families and to treat them all as individuals.

The Health Board strive to remove discrimination at all levels and in 2017 ran the "Don't Judge Me" – tackling weight discrimination campaign with particular emphasis on Protected Characteristic groups.

In 2017-18 a number of other programmes across the Health Board have been run that now incorporate significant Equality and Diversity components. These include the Person Centred Planning programme and the "Managers Passport & Manager Passport Plus" programme. These highlight the benefits of being an inclusive employer and a compassionate and inclusive leader. They also promote the benefits of involving staff and service users in decision making around service planning.



Sensory loss and other vulnerable groups

At a national level, we continue to support the delivery of the Sensory Loss Standards by attending the all-Wales senior officers group meeting. This platform has given us excellent networking opportunities and influence in all-Wales initiatives, such as sensory loss awareness month each November. Hywel Dda delivered a number of local initiatives during the 2017 sensory loss awareness month.

One of the areas that we are particularly recognised for is the provision of communication support for the Deaf community. British Sign Language and other support is provided by the Wales Council for Deaf People, with the uptake increasing year on year by over 20%.

Each year, we have provided sensory loss support to over 200 patients and the highly cost-effective model has been recognised nationally also by the Wales Audit Office Good Practice Team.

We have also won a number of national awards during 2017/18. The combined Wales Councils for Deaf People and Blind five star awards are based entirely on nominations from patients. Our Audiology Department won an award as did the Pre-Assessment Clinic for their work on supporting a visually impaired patient. Please click here for more details:



Another positive has been the development of our Sensory Loss Friendly Awards. When the standards were first published, we invited members of the sensory loss community to 'walk and talk' visits to wards, clinics and departments. Each of these provided bespoke improvement suggestions and based on this cumulative experience, the Awards were developed.



The Welsh Low Vision Service, hosted within the Health Board, was another winner. Perhaps most impressive was that Hywel Dda was the only organisation to win awards for both of the sensory losses, hearing and visual.



Gwasanaeth Golwg Gwan Cymru
Low Vision Service Wales



The Health Board recognises that within our communities, there will be individuals who belong to one or more of vulnerable groups, this includes the homeless community.

The Health Board works in partnership with Local Authorities and other organisations through the Regional Commissioning Collaborative to support these vulnerable groups.

Another positive area of work is our activity with the armed forces community. Like all Health Boards in Wales, we have a dedicated NHS Veterans Service and this has recently expanded capacity with some dedicated psychiatrist input. The partnership approach to this topic is particularly vibrant and we are working with all the major charities, including a new 'Gateway project' which aims to provide referral information to veterans on health & social care issues.

An example of supporting vulnerable groups is our full and active contribution to the Syrian Vulnerable Persons Resettlement Programme. Over the last 2 years, over 100 people have arrived in the Hywel Dda area. About half of these people are in the Carmarthenshire area with Ceredigion also particularly active since the early stages of the programme. More recently, families have begun to arrive in Pembrokeshire and we are working with our partners to find a sustainable approach to support their health needs.

Another area of work we are especially proud of is around our support to unpaid carers. This success is predicated on joint working with Local Authorities and other voluntary sector partners. Indeed every week, 50,000 carers provide us with 1 million hours in health and social care services. Our award winning Investors in Carers project is one of the key parts of the programme.

During 2017/18, we have been managing the second year of a transition to the new Social Services and Wellbeing Act (Wales) 2014.



IiC

The Health Board strives to provide care catered as much as possible to meet the needs of individuals.

Examples include:

Sion's Story

We have been working with Siôn who has learning disabilities and anxiety. We provided therapy through the medium of Welsh which is Siôn's first language. Siôn along with his mother, Lynda, discuss their experience of receiving therapy first of all through the medium of English, and the significant difference of receiving therapy in Welsh.

<https://www.youtube.com/watch?v=5vTfILVQxmQ&t=1s>

Cilgerran Outdoor play area



2017 saw the regeneration of the outdoor area 'Lle Hapus' enhancing Cilgerran Ward in Glangwili Hospital.

Following extensive fundraising efforts from paediatric staff and patients, the project gained local community support from the 'Next Steps' project and finally opened its doors in August.

The outdoor play area focuses on encouraging our children and

young people to maintain a healthy lifestyle through play. The area also encompasses a rehabilitation area complete with an arm and pedal bike for physiotherapy.

It has proven to be an asset to our paediatric unit and provides a non clinical area which is beneficial to our patient's emotional health and wellbeing during admission.

National Play in Hospital Week

The Health Board have again participated in national play in Hospital week. This aims to raise the awareness of the benefits of play in the treatment of poorly children.



Our Staff and Resources

Organisational Development

The organisation is in a phase of financial Turnaround and in parallel an engagement and discovery phase about the future clinical service model for the Health Board (Transforming Clinical Services.) The complex challenges associated with service delivery and improvement demand a strengthening of the leadership and management capacity and capability across the organisation. Arrangements are being put in place to address this issue as outlined below.

The Executive Team is now at full complement with several new leaders having joined in recent months. A new Board Development programme is underway which includes a specific Executive Team Development work stream which has already commenced.

A review of the Management Passport Framework of management development programmes has been undertaken and the programme content and format has been revised.

A Coaching Skills Development programme has been delivered for Triumvirate Leaders as well as a Coaching Conversation Tools and Techniques Development day for Pulse Programme participants including Service Delivery Managers, Senior Nurse Managers and Heads of Therapies.

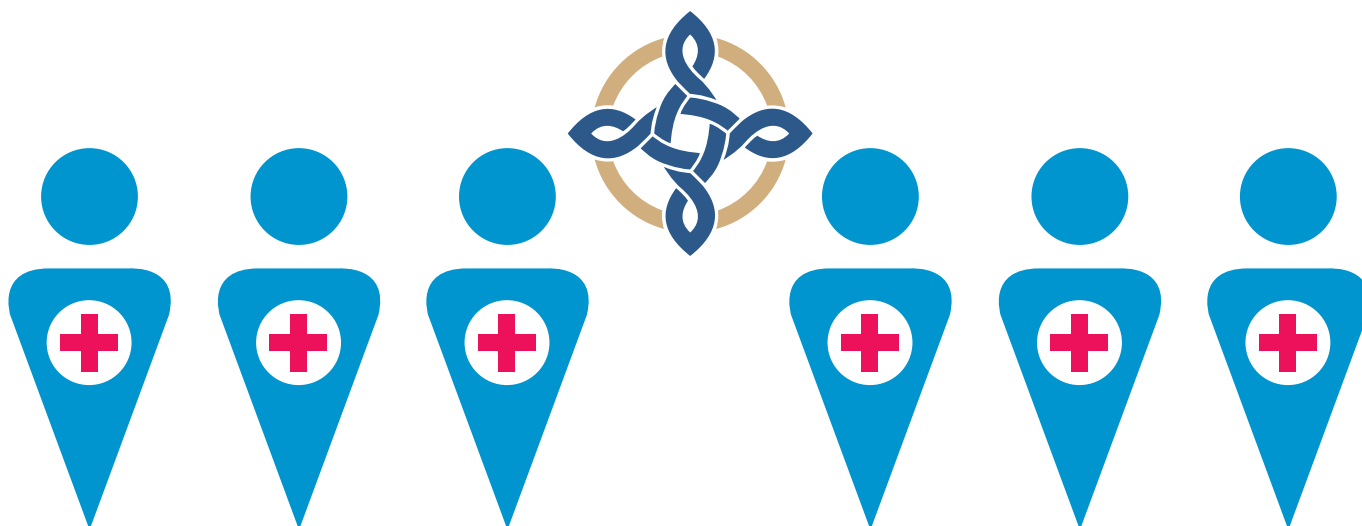
A review of Medical Leadership Development Programmes is currently underway and a new Clinical Executive has been established.

Resourcing Campaigns

Our staff are the Health Board's most valuable resource and our key objective is to ensure that the service have the right staff in the right place with the right skills. 2017/18 has presented real challenges in recruiting sufficient numbers of doctors, nurses and therapy staff in some cases, due to national shortages across not just Wales but the UK as a whole.

The recruitment teams use many innovative advertising schemes including geographically targeted social media and London Transport advertising as well as targeted recruitment events. Recruitment literature has been produced including videos and literature which are advertised on social media platforms nationally and internationally.

The information produced is attached to vacancies on NHS Jobs to ensure easy access. At the end of 2017 we had 28 more Allied Health Professionals (AHPs) and 91 more Registered Nurses (RNs) (the only Health Board in Wales to see an increase in RNs). Hywel Dda appointed 65 senior medics which is double that of 2015.



To ensure Hywel Dda are providing high quality, relevant and contemporary recruitment information for our potential recruits, the service have worked tirelessly with the Hywel Dda Recruitment Team (specifically the Campaigns department) over the last 12 months. This has involved not only providing information relating to the service, sites and specialities for Recruitment Service Pages (in which the films sit online) it has also involved working with a local commercial film company who recently won a tender to work with Hywel Dda. Many staff have also contributed to the campaigns by providing testimonials. All of the campaign materials are in line with the National WG #TrainWorkLive campaign and the Health Board have been commended for their work. The Cabinet Secretary launched the 'next phase' of the national #trainworklive GP campaign in Winch Lane Surgery, Haverfordwest in October 2017. All literature (including Recruitment Service Pages, Testimonials and Films) are linked to relevant vacancies on NHS jobs to ensure maximum exposure. Social media is also playing a key part in our advertising strategy. All of our campaigns are produced bi-lingually and the main platforms for use are online/social media ensuring maximum exposure via online geographically targeted advertising.

Recruitment Campaign Links: Films & Recruitment Service Pages

West Wales Property

Recruitment Opportunities Home Page: <http://www.wales.nhs.uk/sitesplus/862/page/75205>

Paediatric

Recruitment Service Page: <http://www.wales.nhs.uk/sitesplus/862/page/90919>

Paediatric Services Hywel Dda (English): <https://www.youtube.com/watch?v=UIJBRPlv9a0>

Paediatric Services Hywel Dda (Welsh): https://www.youtube.com/watch?v=yfcskQzCI_M

Paediatric: Why Hywel Dda (Welsh subtitles):

<https://www.youtube.com/watch?v=6GYgIO0n4EM>

Why Paediatrics @ Hywel Dda: <https://www.youtube.com/watch?v=JT8EMPbnBgl>

Withybush General Hospital

Recruitment Service Page: <http://www.wales.nhs.uk/sitesplus/862/page/92088>

WGH Generic Film (English): <https://www.youtube.com/watch?v=G4FYjM6KUlo>

WGH Generic Film (Welsh): https://www.youtube.com/watch?v=8inKmhKBq_Y

Sally's Story (RN Oncology) Testimonial (English with Welsh subtitles):

<https://www.youtube.com/watch?v=clvvV1Qnh6k>

Withybush Medical Training

Recruitment Service Page: <http://www.wales.nhs.uk/sitesplus/862/page/91889>

Medical Training Short Film: <https://www.youtube.com/watch?v=02920luAGr4>

Medical Training Short Film (Welsh subtitles):

<https://www.youtube.com/watch?v=A7gOpzT51MA>

Medical Training Full Film (English): <https://www.youtube.com/watch?v=2Gpp1DVdJLE>

Medical Training Full Film (Welsh subtitles): <https://www.youtube.com/watch?v=Br5Lq1qQ7Lk>

Withybush A&E

Recruitment Service Page: <http://www.wales.nhs.uk/sitesplus/862/page/92089>

WGH A&E (English): <https://www.youtube.com/watch?v=qzyc5i9PZk>

WGH A&E Film (Welsh): <https://www.youtube.com/watch?v=ZOJVQbG8xfY>

Glangwili General Hospital

Recruitment Service Page: <http://www.wales.nhs.uk/sitesplus/862/page/93193>

GGH Generic Recruitment Film (English): <https://www.youtube.com/watch?v=8LnIhN7C6q0>

GGH Generic Recruitment Film (Welsh subtitles):

<https://www.youtube.com/watch?v=e0TTh8oKigo>

GGH Nursing Recruitment Film (English): <https://www.youtube.com/watch?v=v-OfQ4RlyJ4>

GGH Nursing Recruitment Film (Welsh subtitles):

<https://www.youtube.com/watch?v=T84rPEDjlv4>

GGH Medic Recruitment Film (English): https://www.youtube.com/watch?v=xXT0_bNzlhk

GGH Medic Recruitment Film (Welsh subtitles):

<https://www.youtube.com/watch?v=FaG5GiLtp6A>

Psychiatry

Recruitment Service Page: <http://www.wales.nhs.uk/sitesplus/862/page/94896>

Psychiatry (English): <https://www.youtube.com/watch?v=xxXlqbYSW5Y>

Psychiatry (Welsh): <https://www.youtube.com/watch?v=geea1ojNMg0>

Bronglais General Hospital:

Recruitment Service Page: <http://www.wales.nhs.uk/sitesplus/862/page/94426>

Dr Phil Jones Testimonial (Welsh subtitles): <https://www.youtube.com/watch?v=myKC-NXfQGo>

BGH Generic Film (English): <https://www.youtube.com/watch?v=uyrB16Qtll8>

BGH Generic (Welsh subtitles): <https://www.youtube.com/watch?v=v5HCZuYR42w>

Colorectal Campaign (English): https://www.youtube.com/watch?v=O_BVpUheuU4

Colorectal Cancer Campaign (Welsh): <https://www.youtube.com/watch?v=PGvqXrP0OaA>

Stroke Recruitment Film (English): <https://www.youtube.com/watch?v=Ynz6ZwZfliQ>

Stroke Recruitment Film (Welsh): https://www.youtube.com/watch?v=01C_trKSXp0

Films produced for us by Pembrokeshire College (Student Projects/Community Engagement)

MSK Physiotherapy

Recruitment Service Page: <http://www.wales.nhs.uk/sitesplus/862/page/91610>

MSK Film (English & Welsh subtitles): <https://www.youtube.com/watch?v=u7vAaqElgXk>

(film produced by Pembrokeshire College)

OT (MHL D)

Recruitment Service Page: <http://www.wales.nhs.uk/sitesplus/862/page/90998>

Film (by Pembs College) in Welsh & English: https://www.youtube.com/watch?v=__HykSCH6hY

Temporary Staffing

We have worked, over the past 3 months, to develop the bank and agency processes. The working hours of the bank office has increased to 12 hours – 8am to 8pm, 7 days a week; there are now four telephone lines with one of them dedicated specifically to bank only calls. The team are reviewing the potential of weekly pay for bank only workers to increase both our staffing levels but also to support our bank staff. One of the current developments is a Critical Care Bank which is currently being advertised at enhanced bandings to ensure staff are rewarded for the additional work they do. We continue to work with contract agencies to support patient care.

Variable Pay

Reducing our reliance on agency workers has been a key objective to realise financial savings and deliver many wider patient safety and quality benefits of minimising our reliance on a peripheral workforce. The Workforce & Organisational Development (W&OD) Directorate have led and worked in partnership with Nursing and General Management leads on schemes to support the generation of savings in this area. A senior member of the W&OD team was deployed to specifically focus on reducing medical agency expenditure.

The programme of activities are excellent examples of where a corporate function has worked in partnership with nursing colleagues and those responsible for delivering front line services to make significant financial savings during the year. Many of the initiatives introduced are now embedded and will continue to support better management of agency expenditure.

Nursing Staffing Act

The Nurse Staffing Level (Wales) Act 2016 became law in March 2016. The Act means that health board has:

- A legal duty to ensure appropriate level of nurse staffing in all settings;
- A legal duty to calculate and maintain the appropriate nurse staffing level in adult acute inpatient medical and surgical wards; and
- A legal duty to report on compliance with staffing requirements and take action if nurse staffing levels are not maintained.

The nurse staffing level is the number of staff required by a ward to enable the team to provide care to the patients in a way that takes into account all of the patients' nursing needs.

The decision on what the nurse staffing level is for each ward is ultimately made by the Director of Nursing, but the decision is made following discussions with the nursing team responsible for the ward, including the nurses on the ward and the ward manager. We use a number of tools to assess what the nurse staffing level should be for different wards. We look at how sick or dependant the patients are on that particular ward and the level of care they need; we look at the information we already have on the safety and quality of each service, and people's reported experience and we apply the professional judgement of the senior nurses who know the wards and the patients' level of need. The nurse staffing level varies from ward to ward, depending on the number of patients and the kind of nursing that those patients need. Intensive care, for example, has a higher nurse to patient ratio than a medical or surgical ward.

We look at the nurse staffing level for each ward every six months; if something changes on the ward, or if the nursing team thinks that a review needs to take place for any reason.

The ward manager will ensure that the number of staff on duty reflects what the nurse staffing level should be for each day for that ward and they will inform the senior nurse when there are gaps. There are occasions when the nurse staffing level on a ward may be lower than what we planned because of unexpected staff sickness or other reasons outside of our control. When this

happens the nurse in charge will try to cover this shift by asking staff to change their shift, where possible. If there is still a gap, the nurse in charge will escalate this to the senior nurse on duty who will consider offering staff additional hours or overtime to fill the gap and will consider the possibility of moving staff around between wards and departments.

Sickness

The Health Board has continued to make steady progress in relation to sickness rates in the 2017/18 financial year. On average, rates have been consistently lower than the corresponding month in 2016/17 year. This represents excellent progress and is the result of a concerted approach to managing sickness absence. At year end, the rolling 12 month rate was the lowest rolling rate in Wales of all the larger Health Boards.

The Health Board investment in a Sickness Advisor whose role is dedicated to help manage sickness has proved invaluable. However, this does not detract from the Line Manager's responsibility as the role is one of facilitating and one which helps to identify shortcomings in approach by Line Managers and provides training and support. The Advisor undertakes sickness audits which are designed to assess whether Line Managers have been adhering to policy and also provides individual and group training. A supportive action plan is produced to assist – this is followed up by a re-audit in six months. Line Managers have welcomed the approach and there has been extremely positive feedback to date.

In addition, sickness rates are scrutinised at each Directorate Performance Review meeting with Executive Directors on a regular basis. Investment has also been provided in the Occupational Health team in order to help maintain clinics during the flu season and in order to reduce waiting times for appointment.

The Health Board will continue the focus on the management of absence going forward and will be introducing new initiatives to further improve the position.

Volunteering

Volunteering for Health, the University Health Board's volunteering service, recruit local people to get involved in a variety of volunteering roles across all of our hospitals to support our patients and enhance their experience of hospitals. Spending half an hour chatting with a patient can make all the difference to a patient's day in hospital or helping them navigate around the hospital to get to an appointment can make for a better experience.

Currently Volunteering for Health have 350 volunteers who bring a lot of benefit to our patients and support to our staff. For our volunteers it can bring new meaning to their lives, give them a real taste of the NHS, help improve and develop new skills, give something back or simply provide them an opportunity to do something meaningful and useful with their time.

We have around 70 volunteering roles where people can be involved including; ward befriending across our wards and our Accident & Emergency departments, Shop Trolley Service, Library Trolley Service, Outpatient escorts, Meet & Greet, Pharmacy, Gardening, community audit and many more. In addition to our volunteers we also have other volunteer initiatives and organisations providing support through volunteering; MacMillan Cancer Information Support Service, the Expert Patient Programme, hospital radio stations and the League of Friends.

Values

We launched our values and behaviours framework in July 2017. These were designed to incorporate all the personal values that our staff believed they should live and breathe and were complimented by our 3 organisational values.

- Putting people at the heart of everything we do.
- Working together to be the best we can be.
- Striving to deliver & develop excellent services.

Our behaviours framework outlines the behaviours we expect:

- **Core** – What we do day to day and is expected of all. It's integral to the DNA of the organisation.
- **Advanced** – How we change the way we work to create a positive experience. Demonstrates a positive impact on patients and services.
- **Excellence** – Values are embedded in our culture and become habit. We lead by example and evidence what we do.

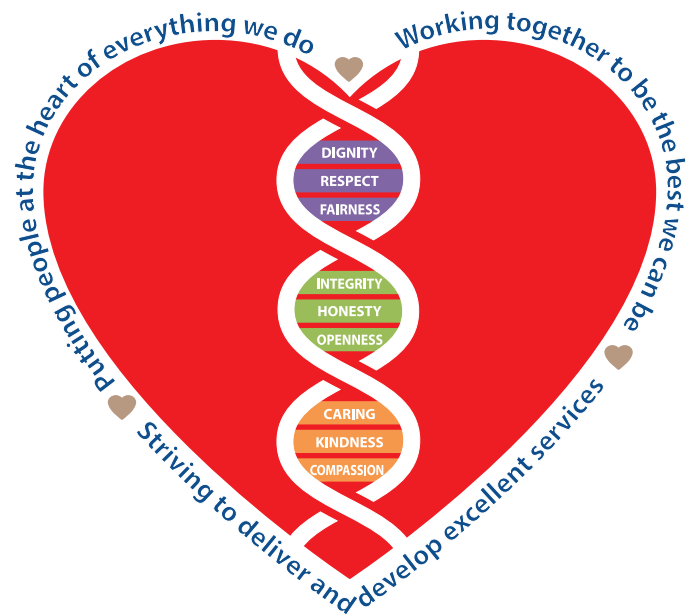
Our staff are required to demonstrate the Core and when required the Advanced levels of behaviours. All managers are expected to demonstrate the Excellence list of behaviours.

The Organisational Development team have been facilitating an ongoing programme of bespoke values training sessions for a wide range of services. These are tailored to individual service requirements and allow teams to develop a values charter in how they will live the values.

The team are also completing 6 month follow up sessions for all new starters and attendees of leadership programmes. These sessions allow an informal discussion around how the new starter has settled and how the training has been beneficial to both individual and teams. The sessions also build up psychological safety and allow the Organisational Development team to build trust so any future concerns can be raised with them.

Our values and behaviours are now incorporated into the Personal Appraisal Development Review (PADR) process which now allows for both performance and behaviours to be reviewed. The feedback has been extremely positive, with guidance and check lists also developed to support the PADR process.

Exit interviews are continuing to be completed and there has been an increase in response rates. This has allowed the team to write quarterly reports to inform Workforce and OD Sub Committee of any trends for leavers.



Celebrating Our Success

Each year, our staff and teams, either individually or through specific projects and initiatives, are recognised for their excellence at local and national levels. These awards highlight the hard work, care and commitment of our staff and volunteers across the organisation and we are very proud to share some of our highlights.



Consultants commended

Congratulations to two of our consultant psychiatrists who are celebrating after winning prestigious awards from the British Medical Association (BMA). Dr Justin Cressey-Rogers and Dr Matthew Sargeant came first in their respective categories in Teaching and Learning Innovation and Outstanding Achievement at the BMA Cymru Wales/BMJ Clinical Teacher of the Year Awards for 2017.



More than Just Words

Many congratulations to our Board members who won the Leadership award at the Welsh Government's More Than Just Words showcase event on 3rd October 2017. The Board were awarded for leading by example in terms of using and promoting the use of Welsh language within the workplace.





Pembrokeshire Shwmae Awards

Congratulations to Betsan Ifans who won the Pembrokeshire Shwmae Award for her fantastic work promoting the Welsh language with new parents. Betsan works with individual families as well as arranging group sessions for new parents – an opportunity to socialise and share experiences through the medium of Welsh. She plays a vital role in the development of children and we congratulate her for her fantastic work.



NHS Wales Awards 2017

Citizen's at the Centre of Service Redesign and Delivery Award

We're celebrating after winning an NHS Wales Award at the tenth anniversary of the awards. Well done to everyone involved in the project 'Working Hand in Hand to Transform Mental Health' which won the citizens at the Centre of Service Redesign and Delivery award, supported by Wales Council for Voluntary Action.

Quality in Care Diabetes Award

The Children and Young People's Wales Diabetes Network, which supports paediatric diabetes teams across Wales, has won a Quality in Care (QiC) Diabetes Award for SEREN, the all-Wales structured education programme. SEREN is a national diabetes education programme for children and young people developed by healthcare professionals and parent representatives from across Wales. Three members of Hywel Dda staff have been integral to the project – Yvonne Davies, Karen Thomas and Trudie Brew are part of the team who developed the programme.

RCN Nurse of the Year Awards

We're very proud to see some of our fabulous nursing staff recognised at this year's RCN Nurse of the Year Awards, with two winners out of four finalists from Hywel Dda UHB attending the recent prestigious ceremony in Cardiff. Congratulations to Bethan Andrews, Senior Sister in Withybush Hospital, who won the Older People's Commissioner for Wales Award, Ann Robins, Ward Sister in Prince Philip Hospital, who won the Registered Nurse Adult Award, Iris Williams, Clinical Nurse Specialist in Glangwili Hospital, runner up in the Clinical Nurse Specialist Award and Carys Stevens, Palliative Care Clinical Nurse Specialist/Team Leader, Ceredigion Community Services, also a runner up in the Community Nursing category.



Consultant wins Royal College of Psychiatrists Award

Congratulations also to Dr Anand Ganesan, Consultant Psychiatrist for winning the Speciality Doctor/Associate Specialist of the year at a recent event hosted by the Royal College of Psychiatry in London. Dr Ganesan was the only Psychiatrist from Wales who was shortlisted for any of the categories involved.

Mentor Awards Success

Congratulations also to all winners and runners-up recognised at this year's Mentor Awards ceremony, particularly Emma Booth, Midwife, Bronglais Hospital; the Surgical Assessment Unit, Glangwili Hospital; Paul Larke, CMU, Bronglais Hospital; and Sunderland Ward at South Pembrokeshire Hospital.

Employee/Team of the Month

We encourage staff to nominate colleagues who have gone above and beyond the call of duty to shed light on the fantastic work being done around Hywel Dda. Below is a list of our worthy winners over the past year.

April

Beatrice Catlin
Jill Scourfield, CMHT
Laura Newcombe
RTT Watchtower team WGH

May

Bryngolau
Rose Llewellyn, Speech & Language Team

June

Gill Phillips
North Carmarthenshire Memory Clinic
Radiology Department, WGH
Anne Criddle, CPN

July

Lisa Harries, Staff Nurse St Caradog
Ward 7, Withybush General Hospital
Ward 10, Withybush General Hospital

August

AMAU
Informatics Team
Pain Management Clinic and Day Centre Unit
Head and Neck CNS and Administration,
Glangwili General Hospital

September

Janet Webb
Heather James
Michael Evans

October

Sarah Pask
Stuart Davies
Angela Newsome
Priory Medical Day Unit

November

Accident & Emergency Team, Withybush
Alcohol Liaison Team, Carmarthenshire
Laura Lloyd-Davies
Looked After Children's Team
Hotel Services Team

December

Gwenllian Acute (Stroke) Ward, Glangwili
General Hospital
Gail Marks
Olga Lloyd
Chris Richards

January

Glyn Lovatt and Nick Selwood
Memory Assessment Team, South Carmarthen
Paul Walkinshaw
Physiotherapy Assistant Team
Sian Jenkins
Vanessa Morgan

February

Heather Whalley
Laura Hulbert
Katherine Stroud
Sian Harley
Wouter de Kroon
Michelle Dunning
Judith Bowen
Peter Gills

March

Sara Rees
Ruth Ronianski
Caren Thomas
Meleri Jenkins
Dan Jenkins
Claire Davies
Carol Cotterell
Christopher Doran

Supported Training

There are a wide range of education and development opportunities for our staff. Identifying training and development need is part of the appraisal process where managers and staff discuss their performance and agree their development opportunities to enhance their careers. The Learning and Development department co-ordinates all non-medical education and development activity and provides a wide-ranging staff development function to support our service priorities. Internal training and development officers provide a training and specialist advisory service for:

- Induction.
- Mandatory training programmes.
- Clinical Skills and Patient Safety related training programmes.
- Resuscitation and Simulation Programmes.
- Support Worker 'Skills to Care' Programmes.
- Moving and Handling.
- Prevention and management of violence and aggression.
- Leadership Development Programmes.
- Management Development Programmes.
- Professional Development Programmes.
- Coaching and Mentoring.

The medical education department co-ordinates medical education provision including post-graduate and under-graduate medical training in partnership with the Wales Deanery.

Where possible these programmes are delivered to a multi disciplinary audience, and utilise a team based working approach to encompass the human factor elements which assist in improving patient safety and outcomes. We have national award winning programmes, and where appropriate, accreditation is available through our registered centre status for Institute of Leadership and Management (ILM) and Agored Cymru.

The Health Board has long recognised the need for innovative methods of developing a future workforce from the local population and current workforce. One of these methods has been through the development of Health Care Support Workers, and supporting them through University programmes to become Registered Nurses. During 2017-18 the Health Board supported 15 Health Care Support Workers to start their Level 4 Certificate in Health Care by undertaking year 1, and a further 16 to complete their year 2. This was in addition to the 15 Health Care Support Workers that were enrolled on to the Pre-Registration Part-Time Nursing Programme through Swansea University.

The Health Board were delighted to observe the graduation of the first cohort that undertook the Pre-Registration Nursing Degree Programme, whereby 4 students graduated – three of whom gained first class honours and are now employed with us as Registered Nurses.

A Thank You

During the recent adverse cold weather, our Chief Executive Officer, Steve Moore took time to thank our staff who made every effort to attend work to care for our patients, ensuring the services were able to run.

https://www.facebook.com/HywelDdaHealthBoard/videos/1816884661676278/?hc_ref=ARR8a5AGkYqQdR9MbEI6rkgw1NT3ejhCFebB4BetHFhwsNVc52jGrq1D20xyEYXrflo&fref=nf

Staff Working on Special Projects

Wales for Africa

Kachumbala Health Centre 3 Maternity Unit Uganda has opened in November 2017.

Julie Jenkins Head of Midwifery and Women's Health from Hywel Dda University Health Board has been working on a 3 year Maternity project in Uganda with Engineers for Overseas development (EFOD). The scheme involved the design and construction of two labour suites, an eight bedded postnatal ward and offices and stores in an extension to a seven room Health Unit built in 1950, and now serving 55,000 people.

The new maternity unit will provide a significant improvement in maternity care facilities for the women of Kachumbala, Bukedea, Uganda. There are between three and five births a day in just two rooms in a Health Centre built 65 years ago.

Mothers are advised to stay in the centre for at least 24 hours after giving birth, but with only three recovery beds, some were sent home when more than three babies arrive in any given time.



New Maternity facilities opened in November 2017

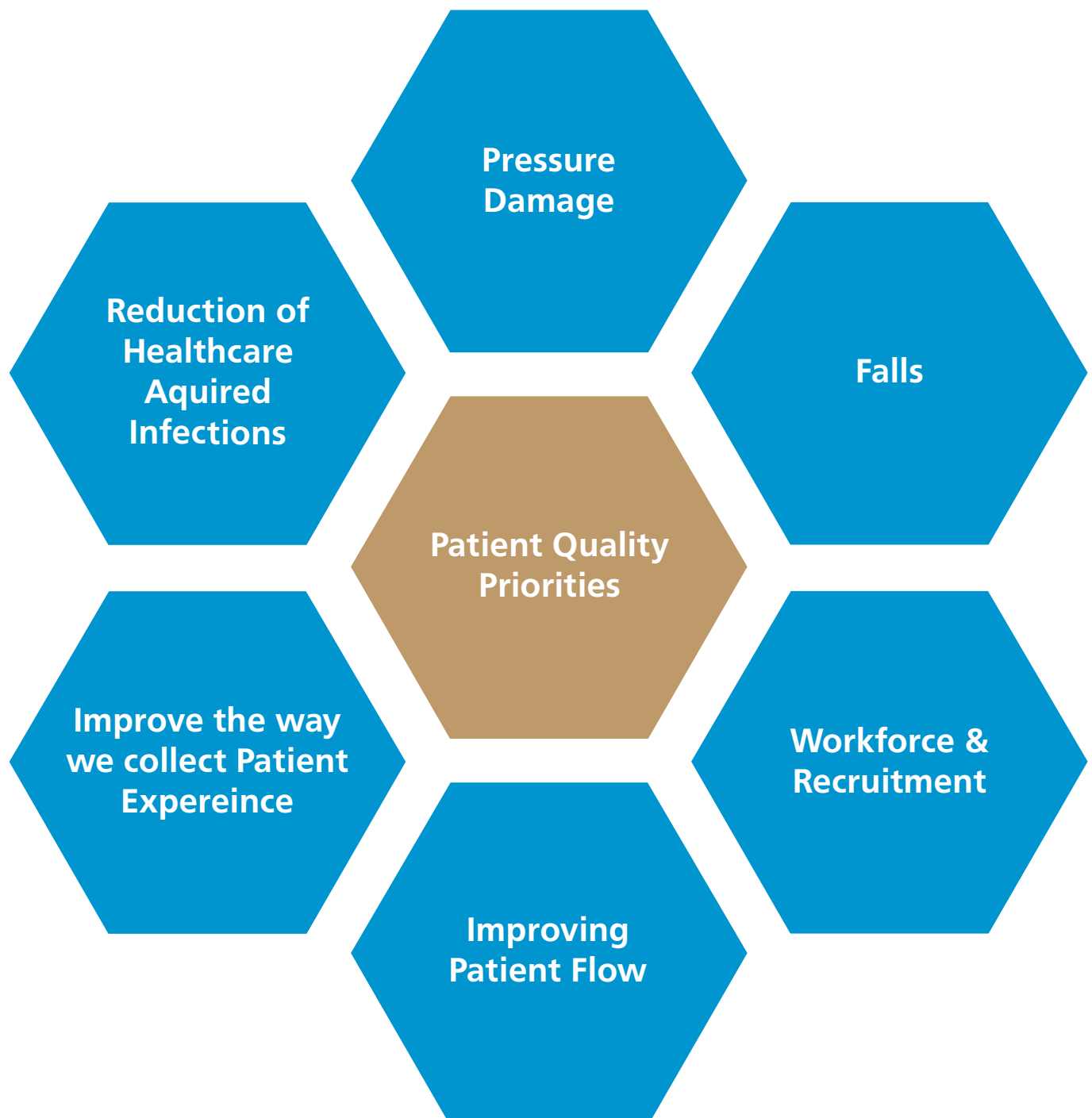
In the longer term this project has the potential to forge links with the Universities/Deanery to provide secondment opportunities for students to support their training and provide exposure to the provision of health care in a developing country.

What We Will Do In 2018/19

Looking Forward

What We Will Do In 2018/19

In 2017/18 there were areas where the Health Board did achieve what we had set out to do. Although there were some improvements which had been demonstrated. A number of the priorities will remain the same this year, with quality improvement plans in place, which will be closely monitored through the Health Board's Quality and Safety Committee. In 2018/19 we will continue to concentrate on the following priorities.





Links To Other Documents

Health and Care Standards

All CHC reports can be found on the CHC website:

<http://www.wales.nhs.uk/sitesplus/904/home>

All WAO reports can be found on the WAO website: **<http://www.audit.wales/publications>**

All HIW reports can be found on the HIW website: **<http://hiw.org.uk>**

More detail on our waiting times and other performance will be available in our annual report, which is published on our website: **<http://www.hywelddahb.wales.nhs.uk>**

Acknowledgements

We would like to thank and acknowledge the many staff, partners and external agencies who were involved in the production of this report.

Feedback from public reader panels, via our Siarad Iechyd/Talking Health membership scheme, gave us an excellent guide to ensure we kept this document as informative and understandable as possible.

We would also like to thank our designer at Caerodor Design for working with us along the way, supporting us with tight deadlines.

Finally we would like to thank every member of staff who has contributed to this report. We know it is not easy to find the time to dedicate to these type of projects, particularly for colleagues working on the frontline, so we are incredibly grateful for their efforts. We are thankful too for the time given by our Independent Members and to the Quality and Safety Committee for their endorsement of this piece of work.

We hope you have found this an interesting read.

AQS Editorial Team

If you or someone you know would like this document translated into another language or more accessible format, please get in touch with us. Equally we would be happy to hear any feedback from you.

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