

# Hywel Dda University Health Board

# Annual Quality Statement

## 2018 / 19

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Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

# Contents

Foreword	3
Our Health Board	5
Who We Are	6
Looking Back On 2018/19	9
Staying Healthy	11
Safe Care	16
Effective Care	21
Dignified Care	27
Timely Care	31
Individual Care	35
Staff and Resources	41
What We Will Do In 2019/20	49
Engagement and Feedback	51
Acknowledgements	52



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Calon  
Iechyd Lleol  
The Heart of  
Local Health



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# Foreword

**Welcome to our Annual Quality Statement for 2018/2019. We are pleased to be able to share with you the work undertaken over the year to improve the quality of our services and to meet the needs of our patients across Carmarthenshire, Ceredigion, Pembrokeshire and borders.**

This has been an exciting year and we have been privileged to work with our staff, local populations and interested organisations to design the way our patients will receive health care and support in the future. This has been one of the largest local NHS consultations in the UK and will result in a challenging 20 year journey. We very much want you to be part of this journey and continue to help us grow and improve our services, provide safe and effective care, and better preventative and community based services. More details can be found here:

**[www.hywelddahb.wales.nhs.uk/healthiermidandwestwales](http://www.hywelddahb.wales.nhs.uk/healthiermidandwestwales)** (A Healthier Mid and West Wales Strategy) and ways in which you can get involved are also included at the end of this document.

During the past year we have begun to better understand the health needs of our local population, the challenges we face and the reasons why we need to change. Our new Framework for Health & Wellbeing: Our future generations living well document puts 'living well' at the heart of what we do – good health and well-being is also about having a good start in life, good education, safe housing and employment. We know that we are living longer, but not always in good health, so we need to make changes, providing the healthcare services we need, to make for a healthier and joyful future for us all.

Last year we shared with you the work we have been doing to co-design the future of our mental health services with our service users, staff and local organisations, where people are supported to recover from mental health difficulties, and live full and meaningful lives through services that inspire hope, confidence and understanding. We will share with you below the achievements to date of this work and further information may also be accessed here:

**<http://www.wales.nhs.uk/sitesplus/862/page/92265>**

There have been many new services introduced throughout the year, such as the Tenby Walk-In scheme and the Front of House Project at Prince Philip Hospital, which are described below and are good examples of what can be achieved by working together to look at different ways of providing our care.

We are very proud to have achieved so much this year, but we must also acknowledge the challenges we have faced, particularly in relation to staffing levels and recruitment; sometimes there have been occasions when the services we have provided have not been of the standard we would aspire to achieve.

At the same time we know that there have been some significant operational challenges with some of the services which the Health Board contracts from Independent Providers. A number of Domiciliary Care Agencies have left the market which can mean that sourcing sustainable and appropriate Home Care packages for eligible individuals in some parts of our geography is an increasing challenge.

Similarly the continued pressure experienced by the Primary Care workforce has meant that there have been a number of contractual changes. The Health Board has managed 5 General Medical Practices over this period, for a total of approximately 32,000 patients, and continues to work with professionals, patients and public to explore and implement different ways of working in order to secure a more sustainable approach in line with the national Primary Care model for Wales. We are pleased to report the return to Independent Contractor status for one of the 5 Managed Practices in March of this year as a result.

The winter period is without doubt one of the most challenging periods for the NHS. During the year, we have worked very closely with the Wales Ambulance Services Trust, primary care teams (such as GPs and pharmacies); local authorities, agencies that provide care, and transport providers to reduce avoidable demands on the services. This is to ensure everything runs as smoothly as possible to ensure everyone can access the right services when they need them. We have been asking our patients and our communities to 'choose well' and access the right services for their needs. We have worked with pharmacies to develop 'walk in centres' to deal with the most common ailments, to ensure flu vaccinations are received, and to promote the things we can all do to try to remain well during winter, including ensuring friends, family and neighbours are well looked after.

We want to acknowledge and say thank you to our dedicated staff and volunteers who have shown great commitment and gone above and beyond to rise to these challenges and continue to deliver compassionate and patient centred care.

Thank you for taking the time to read this report, we hope it helps to explain a little more about what we do and plan to do in the future. Please get in touch if you have any ideas to share with us or want to become more closely involved in our work. If you would prefer to read a printed version in either Welsh, English or other language, or if you would prefer to receive the document in other accessible formats, please contact us on **01267 239554** or Email:

**communications.hdd@wales.nhs.uk**



**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**

# Our Health Board

**Providing excellent quality, safe and effective services is extremely important to us** and this year we launched our Quality Improvement Framework which introduces improvement activities to give staff the knowledge, skills and confidence to recognise when improvements are required and to make the necessary change. Within the framework we have identified 5 quality improvement goals.

- ✓ No avoidable deaths.
- ✓ Protect patients from avoidable harm.
- ✓ Reduce duplication and eliminate waste.
- ✓ Reduce unwarranted variation and increase reliability.
- ✓ Focus on what matters to patients, service users, their families and carers, and our staff.

The information provided in this document will demonstrate how we are achieving these goals or where we still have some work to do to make things better.

# Who We Are

# 384,000

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

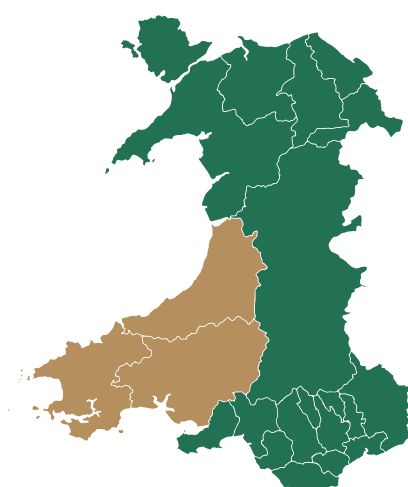
# 1 — 4



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

# 25%

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



# 3,142



**3,142** babies are born in our area every year.

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

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

# 11,180

We employ **11,180** staff.



We have **four** main hospitals:

**Bronglais** in Aberystwyth;  
**Glangwili** in Carmarthen;  
**Prince Philip** in Llanelli;  
**Withybush** in Haverfordwest.



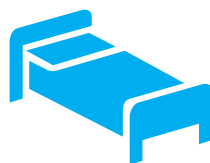
We have **seven** community hospitals:

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



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

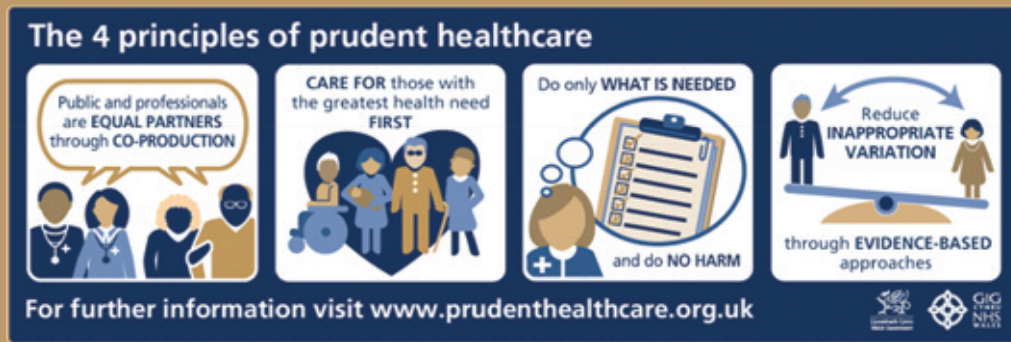
We have:

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

Specialised services support people with a range of rare and complex conditions. They are not available in every local hospital because they have to be delivered by specialist teams of doctors, nurses and other health professionals who have the necessary skills and experience. Unlike most healthcare, which is planned and arranged locally, specialised services are planned nationally by 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 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










# Looking Back On 2018/19

Despite the challenges that we have faced this year, we have achieved many exciting developments that demonstrate our commitment to putting the patient at the centre of all that we do – this means that we will focus on the needs of the person using our services, rather than the needs of the services themselves and we will take account of individual needs and health choices. The information we wish to share with you has been presented according to our health and care standard priorities. These standards support us and the wider NHS by setting out expectations for services and organisations in providing effective, timely and quality services.

## We Said, We Did

In our statement last year we identified **a number of important improvement projects for 2018/19**. Our progress is shared below:

We Said	We Did	Target Status
<b>We would reduce the number of avoidable in-patient falls</b>	A number of improvements have been made including: closer supervision of patients at risk of falls in ward areas; the introduction of patient alarms; staff workshops continue to be held to review incidents of falls and learn from what has gone wrong; and the introduction of a new patient information leaflet and posters identifying the learning. The outcome of this work is that there has been a reduction in the number of falls on our wards by 5%; however there is still further work to do and this area will remain a priority for us.	
<b>We would ensure patients encounter minimal delays as they move through the different stages of care</b>	A new process has been introduced, ensuring each patient staying on a hospital ward is reviewed before mid-day each day by a senior clinician; a clinical team will review patients who have been staying in hospital for 7 days or more; each patient will know what their expected discharge date will be and what will need to be in place to allow this to happen. 33% of patients to be discharged will go home before mid-day. Daily rounds identify and reduce any unnecessary delays to improve the patient experience and reduces the clinical risks associated with a prolonged hospital stay.	

We Said	We Did	Target Status
<b>We would develop the culture of 'Home First'</b>	<p>We know it is best for people's health and well-being to be treated away from hospital, ideally in their own home, when medically safe to do so. The 'Home First' principle encourages people to find the best way to support their healthcare needs and help them to be as independent as possible by providing support:</p> <ul style="list-style-type: none"> <li>• So they don't need to go to hospital.</li> <li>• To those who attend A&amp;E to be discharged with support at home if necessary.</li> <li>• To people who have been admitted to leave hospital earlier (if they are well enough to do so and the support and care they need can be carried out at home).</li> </ul>	
<b>We would improve the way we collect patient experience</b>	<p>We are collecting the views of patients, service users, families and carers on their experiences of using our services. The Patient Advice and Liaison Service (PALS) team regularly visit our wards and clinic areas to engage with people using our services. We are ensuring all staff have access to the patient feedback we collect as care is happening so that it can be acted on and shared with the wider team. We are introducing a new digital (electronic) system that will allow all staff to capture patient experience feedback, both positive and negative and escalate the feedback where necessary.</p>	
<b>We would reduce the amount of avoidable pressure damage experienced by patients in our care</b>	<p>It is our intention to have no incidents of avoidable pressure damage. All such incidents are reviewed to make sure we understand why the pressure damage developed and what we can do to prevent similar incidents happening again. This information forms part of teaching sessions for our staff and helps staff to identify early signs of pressure damage. New air mattresses for patients at risk of developing pressure damage have been purchased. The number of incidents has increased slightly from 133 in 17-18 to 133 in 18/19. This will remain a priority area for the coming year.</p>	

# Staying Healthy

## Supporting people to manage their own health and well being

**We want to make sure that: you know how to look after your own health and wellbeing; that you live a long and active life; that children have a healthy start in life and that you get the information you need, when you need it and in the way you want it.**

As stated in our Health and Wellbeing Framework for the Hywel Dda region, 'health is one of the top things people say matter to their wellbeing'. Our services have a very important part to play when we are ill and in need of treatment and care, but this may have as little as 10% influence on our overall health so we have to work together to look at the wider aspects of health if we are to see improvements.

We place people and communities at the heart of what we do, and we commit to work closely with our population and other services to create the most positive impact that our health services can make on the health and wellbeing of our local people. Our attention also has to focus on the wellbeing of our future generations. With this in mind, we are committed to delivering the following goals and outcomes:

- Starting and Developing well – 'Every child will have the best start in life through to working age, supporting positive behaviours, and outcomes across the life-course'.
- Living and Working Well – 'Every adult will live and work in resilient communities that empower personal collective responsibility for health and well-being'.
- Growing older well – 'Every older person will be supported to sustain health and wellbeing across older age, living as well and independently as possible with supportive social networks'.

We are pleased to share with you some of the work we have been doing to help us achieve these goals:

### Healthy Child Wales Programme (HCWP)

The Healthy Child Wales Programme is for families with children aged 0-7, and it sets out what services every child can expect to receive from health boards for screening, immunisation and supported child development. All babies should receive a visit from the Health Visitor between 10 and 14 days old, this has been achieved in 92% of cases and is an area for improvement for the forthcoming year.

### Llanelli's Wellness and Life Science Village

The Llanelli Wellness and Life Science Village aims to deliver health, wellbeing and economic benefits to the people of Llanelli and the region through the regeneration of development land in south Llanelli. The project proposes to deliver a range of new facilities comprising:

- Wellness Hub – a new sports, and wellbeing centre designed to facilitate rehabilitation.
- Community Health Hub – for business start-up and clinical research and product development, health service delivery, education and training.
- Assisted Living – including a nursing home and extra care housing.
- Wellness hotel and housing.

The planning for health services within the Village meets our priorities as set out in our Transforming Clinical Services Strategy and the Transforming Mental Health Strategy.

Our Public Health Team provided a Health Impact Assessment (HIA) for the Wellness Village which has helped develop the programme at the new facility. The team engaged with the community and other organisations to ensure that everyone's voice was genuinely heard.



## Smoking Cessation

Within our Health Board area, 19 % of adults smoke. We now have 47 community pharmacies providing smoking cessation services and we are pleased to say that we have helped 1019 people to stop smoking between April 2018 and Sept 2018 and we are seeing a reduction in the number of people who smoke.

## Foodwise Programme

An adult 8 week Weight Management Service is helping people to manage their weight and gain improvements in their overall health. The service is provided by a compassionate, caring team including dietitians and clinical psychologists. Addressing the underlying reasons behind weight gain, eating and lifestyle behaviours, people are being supported to make lasting changes. We are delighted to have helped almost 1,400 people in the last year, with 76% achieving weight loss and seeing improvements in their existing medical conditions, requiring less medication and hospital appointments.

This is some of the feedback received:

**"My diabetes doctor has told me that my fatty liver has returned to normal and they have cut my medication dose by a third; they are very pleased with my weight loss"**

**"I dropped two sizes in trousers as my waist is smaller and my blood sugar levels have never been so good...diabetes nurse took some of my medications off and reduced the others"**

## Diabetes Prevention

Programmes in North Ceredigion and North Pembrokeshire are being provided to patients at risk of developing Type 2 diabetes. This involves providing information on the condition and being supported with lifestyle changes, such as diet and exercise, so that early action taken will prevent development of the disease. In Ceredigion, Aberystwyth University is helping to evaluate the project. The success of this project has led to the programme being developed for the rest of Wales.



Vaccinating our staff is very important to protecting patients, **5537 flu vaccines** were administered to staff this season, more than ever before. Withybush Hospital Preoperative Assessment Clinic (PAC) Team were recently awarded Team of the Month for increasing the uptake of flu vaccinations by providing the vaccine at same time as assessment clinic appointments. A flu vaccination social media message for Hywel Dda Staff was provided to encourage uptake [https://www.youtube.com/watch?v=\\_1er7yCq5as](https://www.youtube.com/watch?v=_1er7yCq5as)

In the community, our flu vaccine uptake among patients over 65 this season was 63%, with 38% of patients aged 6 months-64 years in an 'at risk' group receiving a flu vaccine. This has been year

1 of the 'Superprotectors' campaign, promoting the message that vaccinating children is important to protect them and older vulnerable adults in the house too. Forty-five percent of 2-3 year olds in our Health Board area received a flu vaccine this year, and over 70% of school aged children in eligible year groups have been vaccinated. There remain many challenges as the numbers of older and at risk people in the population rises.

## Antibiotic (Antimicrobial) Resistance

A new community based project, working with the Bevan Commission, has been developed to tackle antibiotic resistance (The Bevan Commission is a group of international experts providing advice to the Minister for Health and Social Services on best healthcare practices from around the world). We know that resistance can develop when antibiotics are prescribed too often or for illnesses which do not require them. Much of our prescribing is carried out by our general practitioners (GPs), so the project focuses on education sessions and discussions with prescribers out in our community to ensure patients are receiving the right antibiotics and only when needed. So far GPs who have been involved have welcomed this, and sessions have been shown to increase appropriateness of prescribing. The project is one of a number of pieces of work going on in Hywel Dda, including changes to prescribing guidelines and feedback to prescribers on microbiology results, aimed at ensuring we tackle antimicrobial resistance head on.



## Bowel Screening Update

Bowel screening uptake across Hywel Dda is at 56.5%, compared to a Wales average of 55.7%. Men and women aged 60-74 receive a test kit and invited to take part every two years. A project has been introduced to increase the response rate for bowel screening in North Pembrokeshire, where uptake is 56.3%. Work is undertaken with people who do not respond to the screening to look at reasons for this and make sure there is opportunity for them to explore any concerns they have about screening.

## Healthy Lifestyle Advisors

Two Healthy Lifestyle Advisors were appointed to work within South Pembrokeshire to support patients to make changes to their lifestyle that will improve their health. Working within the community, local businesses and schools, the service has received positive feedback. Part of the role of the advisor is to signpost patients to other support organisations. One of the major benefits of the scheme is the increased uptake of screening services through the advice and support provided.



## Social Prescribing

Social prescribing supports patients with their non-medical issues and help them to access appropriate support within the local community, for example around volunteering opportunities, gaining employment, benefits advice, housing support, debt management, parenting skills and increasing physical activity. Two social prescribers in the Tywi/Taf locality work across the 8 GP practices and with the Community Resource Team. Referrals were received for 225 patients during the first 6 months, 100% of patients surveyed rated the quality of service as excellent and helped them deal with their non medical problems more effectively.

## Stress Control Course

The Stress Control course is a self-management course to help patients manage the symptoms of stress using a number of different techniques. During the course, a pharmacist provides advice on the safe use and risks of related medications, and patients have the opportunity to discuss different drug treatment options available. Approximately 6 courses are run each year and we were pleased to see 20-30 participants attend each course.



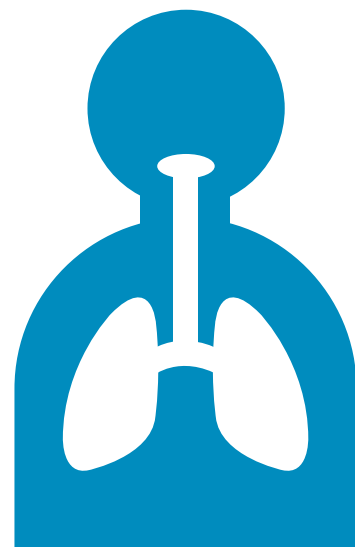
## Sexual Health Home Testing Pilot Service

We have launched a new trial sexual health home testing service, the test is for sexually transmitted diseases such as chlamydia and gonorrhoea. The kits are for home use which are then posted (freepost) to the laboratory. One thousand kits are available and when all of these have been allocated the service will then be evaluated to ensure that it is the right thing for Wales. You can find out more information here: [www.friskywales.org](http://www.friskywales.org)

As of early April 386 kits had been issued, 325 to young people between 16 and 34 years old. The service will be evaluated later this year, with plans to roll it out to other parts of Wales.

## Education Programme for Patients (EPP)

A 9 week self-management course is provided by the Medicines Management Team for patients with chronic obstructive pulmonary disease (COPD). The course focuses on how patients can self-manage their symptoms. The course is attended by 10-15 participants, with around 3 courses being delivered per year in various locations across the Health Board area. We are developing similar courses on the management of reflux/dyspepsia and on managing medication.





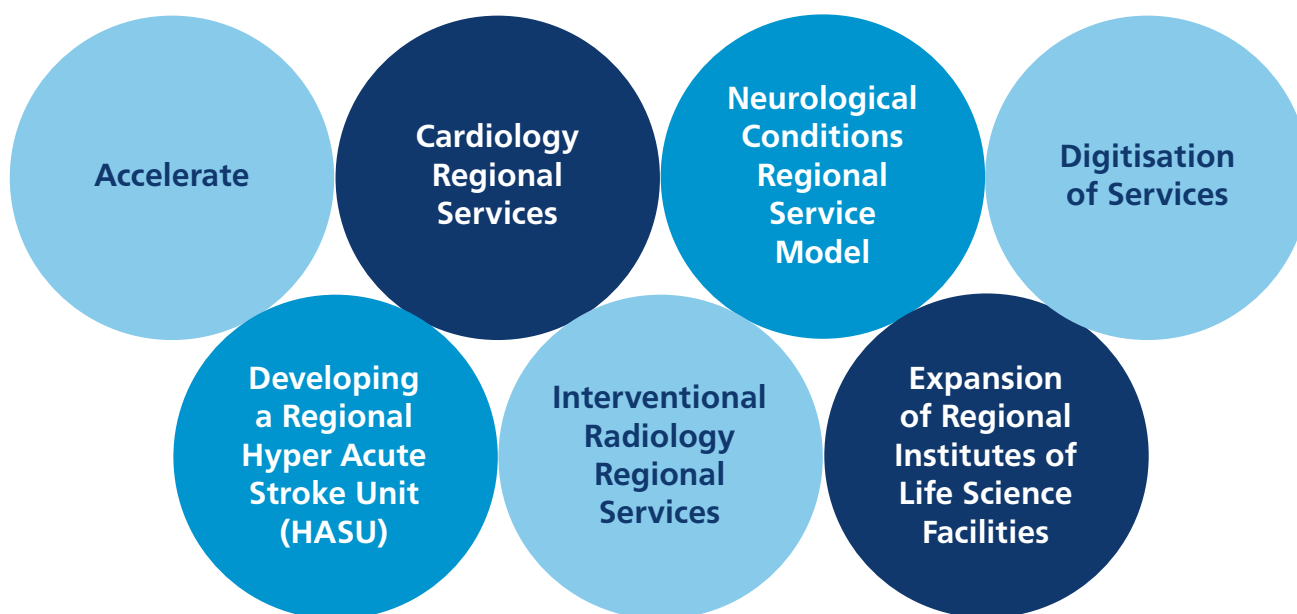
## A Regional Collaboration for Health (ARCH)

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

In 2018, the ARCH Delivery and Leadership Group reviewed the current progress against the original ARCH Portfolio Development Plan.

In November 2018, ARCH published a 'Regional Working and Collaboration Report' which outlined the progress of individual projects and the successes delivered to date. This document can be viewed under 'Useful Links' at: **[www.arch.wales](http://www.arch.wales)**

During 2018/19 the focus for the ARCH Portfolio has been on the projects below:



@archprogwales



@ARCHProg

[www.arch.wales](http://www.arch.wales)



# Safe Care

## Protecting people from harm and supporting people to protect themselves from harm

**We want to make sure that: you are supported to protect your health and your family's health; that you are kept safe and protected from harm through the right care and support; and you get good, safe care from all health services.**

Examples of the work we have undertaken to ensure that we are providing safe services:

### Sepsis

Evidence suggests that compliance with the Sepsis 6 bundle (a bundle refers to an agreed set of interventions that when used together significantly improves patient outcomes within 1 hour) ensures that people are safe from harm through high quality care, treatment and support. This promotes recognition and management of sepsis throughout a patient's hospital stay. An educational programme is provided to all clinical staff, which includes the use of patient stories and regular team meetings to identify themes. The results are positive, from March 2018 to February 2019 – there has been an improvement from 72% to 93% in all ward areas and from 93 to 94% in admissions units, work is continuing to address any areas for improvement.

### Reduction in Healthcare Associated Infections

Every hospital acquired infection is estimated to increase the patient's length of stay by, on average, 11 days, as well as causing further suffering for the patient. We are working across the Health Board to prevent and reduce the number of infections related to healthcare.

***Clostridium Difficile Infection*** (CDI), is caused by *Clostridium difficile* bacteria in the bowel multiplying and causing diarrhoea. The development of CDI is usually related to the use of antibiotics. We are working with doctors and pharmacists in hospital and the community to make sure that all antibiotics are prescribed correctly and the risk of developing CDI is reduced by 6% in 2018/19 compared with 2017/18.

***Escherichia coli*** Blood Stream Infection also known as *E. Coli*, BSI is caused by bacteria that are frequently found in the bowel of humans migrating into the blood stream. *E. coli* BSI can often be linked to people who have frequent urine infections. The Infection Prevention Team provide education in hospitals, community services and GP practices to ensure that only true urine infections are treated with antibiotics and to encourage people to drink more fluids especially if they have symptoms of urine infection. Better hydration and better management of urine infections has reduced the number of *E. coli* BSI in the Health Board by 22% in 2018/19 compared with 2017/18.

***Staphylococcus aureus*** Blood Stream Infection also known as *S. aureus* BSI. *S. aureus* is a common bacteria carried on the skin that causes problems when it gets in to the blood stream. We are working across hospital sites to ensure that lines and catheters are cared for correctly so they are not a source of infection. In the community we are working with District Nurses to ensure that the care of leg ulcers is done in the best environment for the patient.

### Asceptic Non Touch Technique (ANTT)

Asceptic Non Touch Technique (ANTT) is the terminology used to describe a process that prevents the contamination of wounds or introducing infection in to the body during a procedure. ANTT is being introduced across the Health Board and is a way for us to be reassured that wound care and

procedures are completed to a certain standard. When all staff are trained in ANTT it will reduce the risk of infections associated with wounds and all procedures.

## Infection Prevention and Oral Care

The risk of pneumonia (an infection in the lung) increases in older people with poor mouth care and build-up of dental plaque (a film that builds up on your teeth). Pneumonia is one of the leading causes of infection in care homes. We have been working with our colleagues providing teaching to dental nurses, infection prevention link nurses and delivered a presentation to a Care Home Conference focusing on good oral health.

## Acute kidney Injury (AKI)

Acute kidney Injury (AKI) is an abrupt reduction in kidney function which can be very harmful if not recognised and managed effectively. To improve the recognition and management of patients in Withybush, we have provided training to staff and introduced new care bundles to be inserted into the patients notes to improve the treatment of patients. The outcome will be evaluated and discussed with the clinical teams across the Health Board.

## Hospital Acquired Thrombosis

Many of these cases are avoidable if the correct processes are followed. Learning is being shared with all clinical staff across the Health Board, to ensure that the risk assessment process is being completed correctly. One of our priorities for next year is to see a reduction in the number of hospital acquired thrombosis cases.



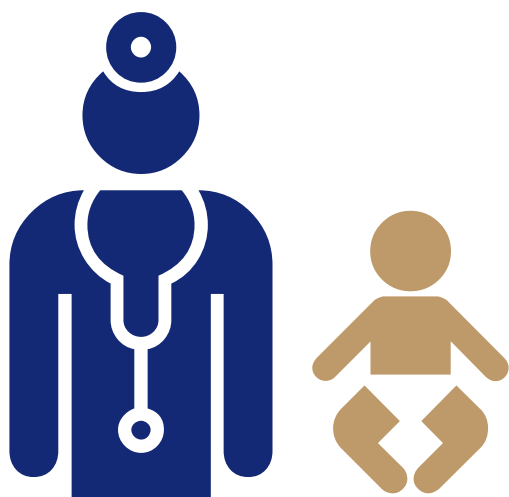
## Endoscopy Accreditation

All endoscopy units within the Health Board have been awarded accreditation from the Joint Advisory Group for high quality gastrointestinal endoscopy services. This accreditation provides reassurance to patients that the units are working to the highest standards.

## Safe Management of Medications

All incidents relating to medication are reviewed by our Medicine Event Review Group and improvements are made where any lessons learned are identified. The all Wales e-learning package for medication administration, recording and storage is promoted to all relevant staff and training packages are being developed for medical teams to address any prescribing errors. There is also an improved monitoring arrangement for the daily checking of controlled drugs in all ward areas.

## Surgical Site Surveillance for Caesarean Section Procedures



Since January 2006, all health bodies in Wales have been required to undertake reviews of surgical site infections following caesarean section procedures. This ensures that any infections following surgery are reviewed and discussed with surgical, midwifery and infection control teams and where necessary changes in practice are made.

The rate of infections has decreased since the start of the surveillance in 2007, with a reduction of 83%. This represents an estimated 379 mothers who have been saved from an infection during this period. This improvement has been achieved by introducing new practices and cleaning techniques.

## Management of Stroke

We are pleased to have been consistently rated as one of the top performing health boards for stroke management. Information from December 2018 shows:

We are the highest performing health board in Wales for the:

- Percentage of patients admitted to an Acute Stroke Unit within 4 hours.
- Percentage of patients having a CT scan within 1 hour of arrival at hospital.

We are the second highest of health boards in Wales for the:

- Percentage of patients seen by a Stroke Consultant within 24 hours of admission.
- Percentage of patients receiving treatment to reduce clotting in the blood) within 45 minutes of arrival at hospital.

Over the last year, 100% of eligible patients presenting at Glangwili, Withybush and Prince Phillip Hospitals with stroke and who were eligible for thrombolysis (clot reducing treatment) received this.

In Bronglais Hospital 95.5% of eligible patients received this treatment, which has increased to 100% over recent months.

## Partnership with the Lucy Faithfull Foundation



We are delighted to be working with the Lucy Faithfull Foundation to raise awareness among our staff about Child Sexual Abuse and Exploitation.

A multi-agency partnership was launched in November 2018 aimed at preventing and reducing harm from substance misuse among children and young people in Ceredigion. The work of the partnership builds upon the School Beat Cymru

programme. It includes promoting awareness of existing harm reduction and prevention within schools, colleges and clubs, developing guidance for staff to respond to substance misuse incidents, and sharing the most recent information on existing and emerging trends and dangers.

## Outreach Nurse for the Elderly Project in South Pembrokeshire

Outreach Nurse for the Elderly Project in South Pembrokeshire is a project addressing health checks and flu vaccinations for those most at risk in care homes and the community. The project seeks to identify those patients in care homes and the community at the greatest risk of inappropriate or avoidable admission to hospital. In the future we would like to see all elderly patients receive a health check who have not received a check in the previous 12 months, as they may have undiagnosed needs that need to be addressed.

## Never Events

We want to learn from any mistakes that are made and although we would like to have no mistakes, there are times when things do not go as well as we would like. These types of incidents are reported as serious incidents to Welsh Government. Over the past year, two such events were reported, one incident related to the standard of surgery and another the safe administration of medication. We have worked with the services to ensure that lessons have been learned and provided evidence of the actions taken to prevent a similar incident occurring again.

**All serious incidents** are investigated fully and we work closely with families to keep them involved in our investigations. This year a total of 166 investigations were reported and we have worked hard to ensure that the quality of investigations and the timeliness of these investigations are good, this has been recognised by our Welsh Government colleagues. However, we do recognise that we need to continue to improve on this and investigating incidents in a timely way and to a high standard will continue to be a priority for us next year.

## Sharing Learning

We have shared improvements made to the Serious Incident Process via a poster presentation at the National Patient Safety Conference held in the Royal College of Physicians in London. At this conference we also presented a poster which showed how we are using different ways to share learning, this was given first prize by the conference organisers.

## Health Inspectorate Wales

Health Inspectorate Wales conducted 8 visits or inspections across our Health Board in 2018/2019 at:

- 2 Mental Health Services.
- 1 Acute Hospital.
- 1 Acute Hospital follow up inspection.
- 1 Community Hospital.
- 1 Patient Discharge from Hospital to General Practice: Thematic Report 2017-2018 (published August 2018).
- 2 GP Practices managed by the Health Board.

Inspections highlight good practice and any areas for improvement. Where improvement is required, improvement plans are completed by us, and our Executive Team Performance Review monitors progress with the required actions on a quarterly basis. 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 a statutory and independent voice in health services provided throughout Wales. The CHC undertook 7 visits during 2018/19. Where required, improvement plans have been developed and the Health Board is currently working towards completing its implementation. CHC reports can be located here:

<http://www.wales.nhs.uk/sitesplus/904/page/46270>

## Public Services Ombudsman for Wales (PSOW)

During the year the Ombudsman issued a public interest report relating to the care and treatment provided to a mother and her late son, during her pregnancy and labour. The Health Board took immediate actions to address the recommendations made in the report.

The Ombudsman also issued a public interest report in relation to delays in care and treatment involving Cardiff and Vale University Health Board and Hywel Dda University Health Board. The recommendations in relation to our services were to ensure that all patients referred for a service outside of its area, received a point of contact to discuss any concerns about delays in receiving treatment and appropriate action taken.

## HM Coroner

The HM Coroner issued a prevention of future deaths report following an inquest into the death of a patient following a domestic fall. It was found that a referral to the acute diatetic service was not responded to in a timely manner and that there was a training requirement in relation to the diagnostic process to assess a patient's nutritional need.

## Safeguarding

The Health Board has participated in multi-agency reviews during 2018/19. Child Practice Reviews (CPR) and Adult Practice Reviews (APR) are commissioned under the Social Services and Wellbeing (Wales) Act 2014. These are formal multi-agency reviews which are the foundation for producing organisational learning, improving the quality of work with children, young people, their families and adults and strengthening the abilities of services to keep people safe.

Learning from these reviews has highlighted that practitioners need to ensure their record keeping meets the required standards. Record keeping practice is subject to audit to ensure that standards are maintained.

An area of good practice is the Midwifery Information Sharing Pathway. It is intended to assist in the transfer of safeguarding information following the antenatal initial assessment from Midwife to Health Visitor and GP and vice versa. In adhering to this procedure, staff will become increasingly effective in the lawful, secure sharing of information, for the benefit of vulnerable babies who may be in need of protection, during the ante and post-natal period.

A Domestic Homicide Review is commissioned under the Domestic Violence, Crimes and Victims Act 2004. This is also a multi-agency process to identify where lessons can be learned to improve outcomes for a person who has died as a result of violence, abuse or neglect by a person they are related to or been in an intimate personal relationship, or a member of the same household.

These reports generally produce recommendations for agencies to improve working together to share information which could help to protect people who may be at risk. The themes for the Health Board include the need to improve practitioner's awareness that domestic abuse affects older people. We have commissioned training from the Safeguarding and Access to Justice Lead at the Older Person's Commissioner's Office to help raise awareness of our staff and have publicised the Information and Guidance for Older People and Domestic Abuse. We are also rolling new training called Ask and Act to promote awareness of violence against women, domestic abuse and sexual violence, which means staff will have the knowledge and skills to identify when people have potentially been affected by domestic abuse and improve the response by working in partnership with others.



# Effective Care

**Providing the right care and support for people, as locally as possible and empowering each person to contribute to their own care**

**We want to make sure that you get: the right care and support, as close to where you live as possible; the right care and support to look after your own health and wellbeing; and you receive care and support to stay healthy, that is based on good research.**

## Development of Hip Fracture Pathway

Following review of the management of hip fractures across the Health Board, there were unnecessary differences in practice for the management of these. A new pathway for hip fractures is being trialled so that the same practice is applied for any patient admitted to hospital with a hip fracture. This work will be expanded if the trial is successful, to capture as many orthopaedic patients as possible ensuring the same standards apply for the period after surgery.

Withybush Hospital has developed a Hip Fracture pain protocol. Following surgery to repair hip fractures, patients will receive safe, effective pain medication with minimal side effects which will also help to reduce the time they need to spend in hospital. An evaluation of this work is currently being undertaken.

## Medicines Management Support

**The South Carmarthenshire Rapid Access Multidisciplinary Service (SCRAMS)** in Prince Philip Hospital with new investment is now providing a clinic 5 mornings a week. The pharmacist working within the team completes a full medication review during the clinic, stopping any medicines which could be potentially causing harm, are no longer required or increase the risk of falls. Between September 2018 and April 2019, 266 patients were seen, with 293 medicines stopped and all patients GP records updated the same day.

**Minor Injury Unit at Prince Philip Hospital** has a pharmacist that is reviewing patients admitted with a fall or an injury sustained from a fall. The pharmacist can identify any problems the patient is experiencing with their medicines and identify any side-effects or adverse drug events caused by medicines. Between September and November 2018, 53 patients were reviewed with appropriate referrals being made to the Carmarthenshire Rapid Access services, Transfer of Care and Liaison Services, and other specialist clinics and services.

**Within Rheumatology** an advanced pharmacist will be joining the team to provide medicines management clinics to give medical advice to patients on certain medications and undertake reviews to ensure safe management.

**Community Pharmacy Palliative Care Medication Service** support community health staff in accessing palliative care medication. Community pharmacies (3 in each county) participate in this service. Since the service was introduced in April 2017, there has been increased access to the specified medication enabling patients that require specific medication in urgent situations to receive this without delay.

**North Pembrokeshire Cluster Pharmacists** continue to support GP practices across North Pembrokeshire in a wide range of services, including Anti-Coagulant clinics (for patients who require medications to reduce blood clots), dressing prescription reviews, support with prescribing for continence and stoma patients and provision of flu clinics.

Following a successful trial using an alternative healthcare professional to work with a GP practice to undertake an Acute Home Visiting Service, the service will recruit a nurse or paramedic into an advanced practitioner role to support this. The service will operate 3 days a week across the 9 GP practices in North Pembrokeshire. This means that patients will be able to receive more care and treatment in their own home.

**South Pembrokeshire GP Cluster** – occupational therapists are supporting individuals living with a chronic long-term condition to help plan for an expected change at some time in the future. Patients are receiving timely 'one stop assessments' and with signposting, receiving early intervention allowing self-management; referrals for ongoing rehabilitation with the community team where appropriate. Between April 2018 to March 2019, 544 occupational therapy assessments have been undertaken, with 1070 occupational therapy follow ups generated from these assessments. Eight hospital admissions have been prevented.

For patients who have been admitted to hospital, increasingly, it is becoming evident that they are able to return to their homes earlier, as a result of occupational therapy services working within the GP practice.

**Vocational clinics** are provided by the occupational therapists, supported by Swansea University, to support people with musculoskeletal (muscular or bone) problems or mental health problems to stay in or return to work earlier by providing individual occupational advice. We will soon introduce an automatic referral process for an occupational therapy assessment for patients with musculoskeletal or mental health issues in employment.

A pharmacist has been working with the cluster for 2 years and 4 out of 5 practices now employ a pharmacist as part of their clinical team. A musculoskeletal physiotherapist will soon be employed to work alongside the GP as a first point contact for patients with musculoskeletal problems. The benefit to patients of receiving physiotherapy soon after attending their GP with a problem will be significant and will enable them to self-manage their condition. The physiotherapy input into the education and training for the clinical teams will also be invaluable. This work will have a positive impact on the number of referrals required to hospital orthopaedic teams, reducing the need for unnecessary investigations.

## Patient Knows Best

The Health Board is currently participating in a project with the Patient Knows Best system which improves patient access to their on line (electronic) information and records, and provides access to advice and communication with health care staff. The first service to trial this is the Respiratory Service, within the following 4 patient groups:

- **Interstitial Lung Disease (ILD)**

For patients with a diagnosis of pulmonary fibrosis, the service will allow the clinical nurse specialists to communicate with patients in a secure way, improving the access to advice and support.

- **Smoking Cessation**

Patients who are referred to the service from Rapid access lung/lung cancer clinics in Glangwili General Hospital and Prince Phillip Hospital are supported by the Smoking Cessation Practitioner who has access to use their records and can provide educational materials.





- **Rare Lung Disease**

The system will connect multiple users in the management of their health and will be linked to the charity WORLD (Wales Orphan and Rare Lung Disease), which supports people with rare lung disease and promotes the understanding and awareness of rare lung disease.

- **Pulmonary Nodule** (small masses of tissue in the lung)

When patients have received scans, they will be able to access their results without any delay, without the need to attend appointments and this will allow the patient to work with the team to monitor and manage the condition.

This exciting trial project will be evaluated and if successful will be considered for other services, improving patient access to information and support without the need to travel to appointments.

## Pacesetter Programme

The Pacesetter Programme involves a team of GPs working alongside community services, pharmacists, voluntary organisations, social care agencies and others, often on the same site to populations of 10,000 or more. There are currently a number of programmes in place and we see this as one of the ways in which all health and care agencies will work together in future to ensure better access and preventative care in the community:

- Asthma management and diagnosis/Lifestyle Pods – collaboration between Meddygfa Taf and Coach and Horses Surgery to develop services.
- Physiotherapy Services – to recruit a physiotherapist to be utilised across Furnace House, Morfa Lane and Meddygfa Tywi; and another physiotherapist to work as part of Meddygfa Sarn, Coalbrook and Tumble and Cross Hands surgeries.

## Autumn Arrival for Maternity Multi-million Scheme



Following the Welsh Government announcement of £25.2 million investment for the second phase of improvements to Glangwili Hospital's obstetric and neonatal facilities, work began in October 2018.

The plans will provide a modern environment for the delivery of obstetric and neonatal services at Glangwili, and address the urgent areas of concern

highlighted in the Royal Colleges' report into the maternity, neonatal and paediatric services provided by the Health Board. The Cabinet Secretary for Health and Social Services, Vaughan Gethin, announced the funding during a visit to Glangwili's obstetric and neonatal facilities in April. The development will significantly improve the patient experience and accommodation for families.

## **Improvement in the Quality of Care and Treatment Plans within Mental Health Services**

A new process has been designed by the Mental Health Team with the invaluable support of service users, to review the quality of care and treatment plans. Staff feel very positively about the process as it provides immediate feedback and learning and identifies any training needs.

### **Breaking the Cycle**

Breaking the Cycle has been embraced by staff in Withybush General Hospital. It is a project which finds new way of working to improve the effectiveness of services and experiences for our patients. Fifteen individual improvement projects were implemented from September 2018 on a number of wards / departments across Withybush and South Pembrokeshire hospitals. Positive changes identified include the opening of a surgical assessment unit, faster blood testing and improved review arrangements on ward areas.

### **Holistic Needs Assessment (HNA) Clinics in Urology**

Holistic Needs Assessment (HNA) Clinics in Urology will assess the needs of newly diagnosed patients to offer appropriate support and advice on services and support. A Macmillan Urology Support Worker will act as the single point of access, provide telephone and face to face advice, provide information, and monitor all aspects of care co-ordination to improve the patient journey and experience.

### **Pain Study Day**

Over 60 health workers attended a study day to raise awareness about the current management and support for acute and chronic pain sufferers. Further days are planned across the Health Board area.

### **Joint Working in Ceredigion**

All agencies involved in health and social care work closely to ensure patients and clients are able to access the most appropriate help they need at the right time and place, without unnecessary admissions to hospital.

Porth Gofal is one aspect of this work which provides a single point of access to receive, track and distribute referrals across health and social care. Weekly discharge planning meetings occur with staff from the hospital, community nursing and social services which ensures a safe transfer for the patient making sure all services are in place as needed.

The continued use of integrated (health and social care) beds provides a safe environment for patients who need a slightly longer assessment and rehabilitation period. On a larger scale of joint working, which includes the ambulance staff, police, mental health, community health teams, physiotherapy, occupational therapies, hospital nursing and medical staff, the team comes together to review cases for them to put in place appropriate support to prevent unnecessary hospital admissions and prevent falls at home.

### **Aberaeron Health and Wellbeing Centre**

The residents of Aberaeron and surrounding district are looking forward to seeing the opening of their new Health and Wellbeing Centre in August 2019.

## Cylch Caron

Cylch Caron is an exciting partnership project being developed in Tregaron between the Health Board, Ceredigion County Council, Mid-Wales Housing and the Welsh Government. The scheme will consist of a GP surgery, community pharmacy, outpatient clinics and community nursing and social care facilities, as well as extra care flats and integrated health and social care units.

## Cardigan Integrated Resource Centre



Cardigan Integrated Resource Centre is part of the £50million Bath House development scheme in Cardigan. The aim of the project is to improve access to rural services to achieve and sustain the greatest degree of independence for people living in and around Cardigan by providing services which are flexible and responsive to the individual's needs.

The purpose-built facility will provide patients and clients with easy access to modern services, offering a one stop approach. The centre will incorporate a full range of community and social care services together with voluntary services. Staff being located on one site will provide the opportunity to share knowledge resulting in improved standards of care for

patients, clients and carers. By enhancing working conditions it is expected to assist in the recruitment and retention of staff. The completion is planned for December 2019.

## North Ceredigion Community Mental Health Team

Lower levels of admission into hospital are being seen following the introduction of a daily meeting of staff from the Community Mental Health Team and the Crisis Resolution Home Team to review patients and allocate the most appropriate team to support the needs of the patient.

The team has started a project with Coleg Ceredigion staff and students to tackle the stigma of mental health in young people. Weekly meetings with Aberystwyth University are held and the direct referral pathway for students has helped many who are in need of support and access to the service.

Waiting room facilities at Gorwelion have been transformed into a large café style waiting area with tables, chairs and sofas. This is having a positive impact on patient experience, and better engagement among staff and service users.

## Lindsay Leg Club

Lindsay Leg Club is a Ceredigion community based treatment, health promotion, education and ongoing care service for people of all age groups who are experiencing leg-related problems. The Leg Club staff work in a unique partnership with their members and the local community in a social and friendly setting that promotes understanding, support and informed choice. This is a drop-in service where a cup of tea or coffee and a chat is available while awaiting treatment.

The types of problems that can be treated range from skin tears on the legs, leg ulcers to difficulties in walking. For many people who suffer with leg conditions their main problems are associated with pain, infection, wound leakage, immobility, loneliness and isolation. By accessing the club, support, help and companionship can be found.

## Changes in the Care Approach for Patient Falls in Ceredigion

It is estimated that 1 in every 15 people in Ceredigion are at risk of falling each year. Falls in older adults can have a significant impact on the health and life expectancy of a person but are, in many cases, preventable. Staff working together across health (including hospital, primary and community care), leisure, social care, housing and voluntary services are trying to reduce the number of falls by supporting people with prevention techniques to reduce their risk of falls. Research support is provided by Aberystwyth University.

Case studies:

- Early intervention to maintain independence – fear from falling whilst getting in and out of the bath resulted in the installation of a hand rail which the patient found very useful and provided assurance. Risk assessment around the house resulted in the increased awareness of hazards which were rectified.
- Response to a presenting condition – a patient was referred to the Safe and Steady Clinic and from assessing the patient, a vitamin deficiency was diagnosed and corrected. Following a course of movement rehabilitation, the patient's balance and way of walking had improved so much, the fear of falling had decreased, which allowed the patient to walk to town and spend time in the garden.



The service now has 5 Postural Stability Falls Instructors running programmes across the county.

## The Digital Plan

The Digital Plan will see all nursing records across all areas of practice becoming digital (electronic). This will provide one standard set of national assessments and documents to support the provision of safe and effective care.

## Mortality Reviews

Learning from any deaths in our care help us to improve the quality of care we provide to our patients, and where we need to do more to improve. We have been reviewing this process and ensuring that any deaths are reviewed within 28 days. There has been a significant improvement with 89% of cases being reviewed within this time frame, and lessons learned being shared across the Health Board.



# Dignified Care

**Ensuring people are treated with dignity and respect and they treat others the same**

**We want you to: get good quality care from all health services; to ensure you are listened to and always treated with kindness, dignity and respect in all health care services.**



Hospitals are an unfamiliar place to most patients who are admitted, but for patients with dementia this unfamiliarity can be even more distressing. We are providing a 'dementia friendly' environment for patients in our day surgery units. This includes dementia friendly coloured flooring, notices in toilets

to minimise the risk of disorientation, and the engagement of all staff. A dementia nurse will provide support to patients who are admitted for surgical procedures, who also have dementia, can be cared for in an environment that minimises the potential for increased confusion and anxiety. This is also reassuring to carers and relatives.

We have introduced Digital Reminiscence Therapy in two elderly care areas, which helps patients with dementia and elderly inpatients to have a more comfortable stay by providing access to archives of historic photos, music, games and by allowing patients to take their own photos. There are a number of benefits of this therapy including reducing social isolation, offering an enjoyable and stimulating activity, promoting self-worth, and providing a way to sustain relationships with loved ones. We have also seen staff benefits as this initiative provides an opportunity for our staff to better understand the patient's history, behaviours, personality, likes and dislikes.

We have seen a reduction in the number of incidents involving inappropriate patient behaviour, including episodes of aggression to both staff and other patients since the introduction of the system. There has also been a reduction in the number of inpatient falls by 87.5% in these areas, supported by the introduction of a range of preventions such as patient alarms, low level beds and training. We believe this system has significantly contributed to this overall improvement by giving patients additional opportunities for social interaction, stimulation, music therapy and other reminiscence activities. It is the intention to expand this initiative across a number of medical wards within our hospitals. This project was successful in being shortlisted as a finalist in the 2019 Patient Experience Network Awards.

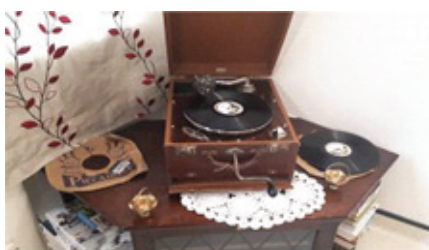
The following patient story highlights the value of this project. Mrs James Story:

**<http://www.wales.nhs.uk/sitesplus/documents/862/AQS%20Patient%20Story.mp3>**



## Cadog Ward steps Back in Time

The medical frailty ward at Glangwili, has been transformed in to a Welsh parlour, recreating a homely environment for frailty and dementia patients. The ward staff understand that being in hospital can be stressful therefore they wanted to create an area whereby patients can relax, socialise during the day and participate in activities. Having recreated the day room, patients are keen to spend time in there, especially at meal times, which has improved the nutrition and hydration. They are supported by our frailty support workers and ward staff to get up, get dressed and leave the bedside areas and participate in social activities and an exercise class conducted by the ward physiotherapy technician.



## Multi Agency Care Assessment Meeting (MACAM) Project – Supporting Patients with a Learning Disability in Hospital Environments



### The Ward Environment

We are pleased to share with you the work we have been doing to support our patients with a learning disability that have to be admitted to hospital. We are delighted that this work has also been recognised nationally and was a finalist at the Patient Experience Network Awards.

The following patient experience occurred within one of our wards at Witherby Hospital, which prompted changes in practice:

Patient A was admitted with a medical condition due to self-neglect and mis-management of daily medications. Patient A had no verbal communication skills and staff had to observe for non-verbal communication signs. Patient A lived alone and no history was available on admission from community teams or knowledge of next of kin. No learning disability passport was available, it was not clear who the key worker was to discuss the care package and there were problems on the ward which led to a patient safety incident being reported and staff feeling that they were failing the patient by not providing a good patient experience. The main cause related to a breakdown in communication. The end result was a poor outcome for the patient who stayed for 5 months in hospital until a care plan could be safely agreed.

Following this case, a full review was undertaken as staff morale was very low, and the team introduced a system which actively involved people with a learning disability and their carers in the learning process. Following this work, which was greatly valued and appreciated by all involved, the following case study shows how the process has changed and has led to better outcomes and experiences for patients and our staff:

Patient B was admitted onto the ward with numerous medical conditions in addition to learning disabilities. Prior to admission, Patient B had lived with family until diagnosed with dementia and was subsequently transferred into a specialist home. Patient B was described as liking to joke and laugh, and had been sociable up until 6 months prior. On admission staff immediately instigated the Multi Agency Care Assessment Meeting (MACAM) process upon admission as follows:

- The Discharge Liaison Nurse (DLN) set up twice weekly meetings on the ward within 24 hours of admission, this meeting included all relevant staff involved with the patient, including social worker and manager of the care home.
- Discharge Liaison Nurse was the key worker who was involved on a daily basis with the Ward Sister and kept communication open between all.
- An Advocate was nominated and invited to each meeting.
- There was a twice weekly review of progress and treatment plan, with full family involvement ensuring the team were aware of the patient's personal care needs which would enhance Patient B's stay on the ward, for example the ward attempted to mimic the previous sleeping pattern from home and the patient's favourite music was played regularly.
- Sadly Patient B deteriorated in terms of his physical health whilst on the ward and the decision was made through the Multi Agency Care Assessment Meeting (MACAM) to provide palliative 'end of life' support in his care home. His family were supported through this difficult and emotional process to understand and agree with this approach, they were active participants in the planning of his discharge back home to die in familiar surroundings.
- The excellent communication in this case led to seamless discharge planning and Patient B died where he would have wanted to be, surrounded by his friends and loved ones.

**Consultant said:**

**" the patient was centre of all care, open discussions were available at each meeting allowing all personnel to input on best outcome, an excellent example of MDT working "**

**Family said:**

**"fantastic communication throughout I felt reassured that my relative was getting the best management "**

## **Ty Bryngwyn Hospice Refurbishment**

A £683,000 refurbishment project for Ty Bryngwyn Hospice in Llanelli has commenced. The first phase of the project will be funded by Hywel Dda Health Charities and will see major improvements to the main entrance, reception and day services area, along with the addition of a designated group/therapy room and clinics. Phase 2 is funded by the Ty Bryngwyn Hospice Committee and will include improvements to the six bedded





inpatient unit along with the development of a new seventh bedroom with en-suite facilities and the ability to support families during the stay.

## **Working Together to Improve Long-term Care**

The Long-Term Care Service has been working with staff, patients and relatives to transform the way long-term care is delivered. Identification of patients that need long-term care is done at the earliest stage following admission so that this can be planned appropriately and there is ongoing communication. Support and advice is given about the process of supporting patients back to their own home or into their chosen nursing home, with information about the package of care or care home chosen and what to expect when they are discharged from hospital.

## **Dignified Care for Transgender Patients**

We have accepted that within the Day Surgery Unit there is less than appropriate provision of dignified care for Transgender patients listed for planned surgical procedures. With advice from the Equality and Diversity Team further training is being provided to ensure we enhance the care provision for our transgender patients and provide a higher standard of nursing care, through a better understanding of the individual needs of patients who identify as Trans met/Trans women/non-binary.

## **Bladder and Bowel Continence**

The Continence Service has identified long delays for patients who require routine referrals to be seen by a Specialist Continence Advisor. A self-management programme is being developed, which will involve an education session for the patient, in partnership with the Expert Patient Programme and Continence Clinical Nurse Specialist (CNS) with support from the specialist nurse on completion of the programme. We are delighted to say that this programme has been awarded the Bevan Commission Exemplar status.

## **A New Prescription Service**

A new prescription service was introduced in Ceredigion, by the Clinical Nurse Specialist for both bladder and bowel care. This service allows the patients who need the specialised products for their health and wellbeing to access the products and also receive the specialised review by the Nurse Practitioner. At this time the nurse would be able to advise and help resolve any issues the patient may be having and consider the use of any new products to meet their needs. Access to this service is by a Freephone number. Early feedback from patients indicates that they find this new service to be positive but a full evaluation will be undertaken.

## **North Ceredigion Advanced Nurse Practitioner**

North Ceredigion Advanced Nurse Practitioner will ensure all frail individuals have specialist assessments to maximise their independence. We are looking at developing a Frailty Service across the Health Board which provides support to district nursing, specialist nurses, GPs, palliative care and mental health teams. They will also be working with voluntary agencies such as Care and Repair and social care agencies.

# Timely Care

**Giving people timely access to services, based on clinical need and ensuring they are actively involved in decisions about their care**

**We want to ensure: you can get to see a doctor when you need to; your health needs are understood and treated as soon as possible.**

To achieve this, the following is some of the new development we have undertaken this year:

## 111 Service

From 31st October 2018 patients living across our region will be able to dial 111 to access their GP Out of Hours service and NHS Direct Wales – making it easy to get the advice, support or treatment that is right for them all in one place.

The free-to-call phone number will make it easy for patients to get urgent healthcare support if they are feeling unwell or if their own surgery is closed. The scheme is a partnership between the Health Board, Welsh Ambulance Service Trust and Welsh Government.



## Pharmacy 'Walk In'



A number of community pharmacies across Carmarthenshire, Ceredigion and Pembrokeshire are Pharmacy Walk-in Centres. The pharmacist will provide treatments to patients for a range of conditions from hay fever to head lice and eye infections to back pain. This service is provided by **93** community pharmacies in our area. Centres will also offer emergency hormonal contraception, emergency supply of medication, smoking cessation services, sharps return service, flu vaccinations and medicine reviews.

To see where your nearest Pharmacy Walk-in Centre is and to find out more about the services your local pharmacy offers, please visit: [www.hywelddahb.wales.nhs.uk/communitypharmacy](http://www.hywelddahb.wales.nhs.uk/communitypharmacy)

## New Ambulatory (Walk-In) Emergency Care Units

We are developing new ambulatory (walk-in) emergency care units at Bronglais, Glangwili and Worthybush hospitals. This is a service that provides same day emergency care to patients in hospital. Patients are assessed, diagnosed, treated and are able to go home the same day, without being admitted overnight. We treat many common conditions including headaches, deep vein thrombosis and diabetes.

## Improvement in Waiting Times

Improvement in the waiting times from referral to treatment has occurred in all of our services during the year, as at end of March 2019, there were no patients waiting longer than 36 weeks from the time of their referral to treatment within our hospitals, which is a significant improvement in service quality and patient experience.

## **‘Home First’**

We know that it is best for a patient’s health and well-being to be treated away from hospital, ideally in their own home, when it is medically safe to do so. The ‘Home First’ process encourages people to find the best way to support their healthcare needs and help them to be as independent as possible. There are a number of new developments that we have introduced to help us achieve this, Joan’s story is an example:

Joan fell at home and was taken to A&E at Withybush, she was assessed by the Multi Agency Support Team (MAST team) that consists of physiotherapy, occupational therapy and district nursing, along with a dedicated Social Worker part of the discharge team. The support provided enables people that do not need to be admitted to hospital to return home, with appropriate equipment and relevant support.

Joan advises that she received a good service from the hospital and the “staff were cheerful and nice to talk to”. She feels that this helped her in regaining confidence in putting weight on her leg. She spent one night in A&E and was pleased to be able to go home as she felt “confident in standing as the staff were kind and helpful”.

Joan was discharged with a toilet frame which helped her be independent. She was delighted with the equipment and “didn’t know you could have all these things, its wonderful”.

## **Ambulance Response Times**

We know that achieving the 8 minute Welsh Government target response time for ambulances is a challenge within the area, the demand on emergency care and ambulance services is ever increasing. Advanced practitioner roles in out of hours care were introduced during the year. Lifting aids will be placed in care homes along with re-training of the ‘IStumble’ programme, which is an NHS falls risk process, which assists staff in nursing and residential homes to properly assess patients to determine whether an emergency ambulance needs to be called.

When A&E departments are busy, and all of the assessment areas are full, this can cause delays in ambulance staff being able to transfer patients from the ambulance into the hospital. We are taking action to ensure that patients are not delayed in the ambulance and crews are released quickly to attend the next call. This work includes the recruitment of physicians at Bronglais and Glangwili hospitals and nurse led services being developed at the minor injury unit at Bronglais.

## **Treat and Repatriation Project – Cardiac Care**

We are extremely pleased with the results of the work we have undertaken with our colleagues in Morriston Hospital, Swansea to provide more timely care for our patients requiring cardiac assessments and treatment. The improvements both in relation to the timeliness of assessment and treatment and clinical outcomes have been significant. For example, the average waiting time for our patients who require an angiography procedure at Swansea has reduced from 10 to 4 days.

## **Day Surgery Improvements**

A new pathway for trauma patients has been introduced, working closely with the pre-assessment clinics, the screening process identifies trauma patients who would be suitable to receive day surgery rather than an inpatient hospital stay. Patients are given a date for surgery before leaving clinic. They are also provided with patient information to prepare them for their visit to the surgical unit and given ‘do’s and don’t’s’ prior to receiving physiotherapy following their procedure.

## Same Day Surgery Admissions for Warfarin Patients

Patients who are required to take Warfarin (medication to thin their blood) are now admitted to hospital on the day of surgery, rather than to a ward the day before, due to the need for tests to be undertaken before surgery. Tests are now available within 30 minutes and patients are given priority on the operating list, reducing their risk from harm.

## Ophthalmology Care

During the year, you have told us of your concerns about access to timely ophthalmology treatment and appointments. We have introduced a number of new services to improve access to treatments and release the consultant ophthalmologists to provide specialist eye care to reduce the waiting times in this area. The following are some examples of the work we have been doing to make improvements:

- **Introducing Intra vitreal nurse injectors** into the retinal care of ophthalmology has reduced delays in patients receiving treatment for Wet Age-related Macular Degeneration. All intra vitreal injections are administered by a nurse injector also creating continuity of care to patients. In future, we plan for the nurses to review ophthalmic test results and prescribe treatments.
- **Glaucoma nurse specialists** work closely with the ophthalmologist to provide treatment for patients. These new posts have reduced the waiting times for consultation.

## Chronic Pulmonary Disease

Patients with chronic respiratory disease are experiencing long waiting times in receiving rehabilitation, care and advice in order to live their lives as fully as possible. The Pulmonary Rehabilitation Service now has a central referral service, with different routes for the patient to receive the most appropriate care and treatment to meet their individual needs. We plan to expand and improve on this service across the area. The patients will benefit by being discharged home earlier and reduce the need to be admitted to hospital.

## The Pulmonary Rehabilitation Programme



The North Ceredigion locality has been working with the Pulmonary Rehabilitation team to deliver pulmonary rehabilitation sessions via video-conferencing in community settings. The rehabilitation programme will be delivered with a class of 10 patients and transmitted in real time via video-conference to another site more local to patients' homes, to a class of 8 patients.



The feedback suggests that using video-conferencing to deliver this service is an effective alternative to the face-to-face programme. In a patient focus group they described how the programme had transformed their lives, by building their confidence and meeting new friends. This will allow patients living in rural areas to access the rehabilitation closer to where they live. This project is recognised by the Bevan Health Technology Exemplar and has won 2 national awards during 2018. Future plans are to expand this service across our area and potentially all of Wales (through the Bevan Commission).

## Dental Services



The assessment service for minor oral surgery and adult oral surgery (general anaesthetic) is in place to ensure patients are seen by the service appropriate for their needs and identifies any immediate queries about the general dental practice referral, subsequently reducing unnecessary delays and waiting times for patients.

The Routine Access Service supports those patients who require dental treatment prior to commencing hospital care treatment such as chemotherapy and cardiology in a timely way.

Access to General Dental Services remains challenging and will be one of our priorities for improvement in the coming year. Patients can access dental treatment whilst waiting for access to long-term dental care. We will be reviewing all of the services, including the routine access service, and the urgent access service to ensure these are effective.

We know that waiting times for orthodontic assessment and treatment is a concern and we are looking at ways that we can improve this for our patients. The Orthodontic assessment contract ended on the 31st March 2018 and the funding from this contract was invested in providing additional orthodontic treatment to reduce the waiting time, but we recognise that there is still a lot of work to do to improve this position.

## Community Dental Services

Community Dental Services are working closely with Powys Teaching Health Board to provide a wider range of community dental services across Mid Wales, in particular North Ceredigion and North Powys.

Patients in this area are seeing a reduction in travel time and waiting times. A further development will see the expansion of the Newtown service to accept referrals for the specialty of Oral and Maxillofacial surgery. Eventually we hope to see a community led sedation/general anaesthetic service based at Bronglais Hospital.

# Individual Care

**Treating everyone as an individual, ensuring their care meets their own needs and responsibilities**

**We want you to be treated fairly to make sure that you have a healthy life; that you are treated as a person with your own needs; and that you get care and support in Welsh if you need to.**

Your views are very important to us, we are listening to you and your feedback about your experiences of care.

## Putting Things Right

We received 381 formal complaints between 1st April and 31st December 2018. In addition, 917 cases were received and managed by the Patient Advice and Liaison Service and a further 1155 queries and 'on the spot' cases were addressed by the Patient Support Contact Centre.

Access to General Practice and Ophthalmology services were the issues of most concern to you, as well as waiting times for appointments and cancellations of appointments.

## Improving Communication – Text Messaging

We appreciate that one of the biggest areas of concern is around the outpatient appointment process. We have introduced a new text messaging service and an appointment reminder service to improve patient experiences in this area and to cut down on the number of missed appointments, which cost us around £4 million a year.

## Cancellations of Appointments

One patient told us "I am suffering from anxiety and stress as a result of you sending me a letter cancelling my surgery at short notice." A recording of the patient's call was played to members of the Health Board to emphasise the impact of short notice cancellations. The Board is now reviewing the process of notifying patients of surgery cancellations, so that the patient receives a call rather than letter, so that any concerns or questions can be addressed during the conversation.





Some of the other concerns you fed back to us were:

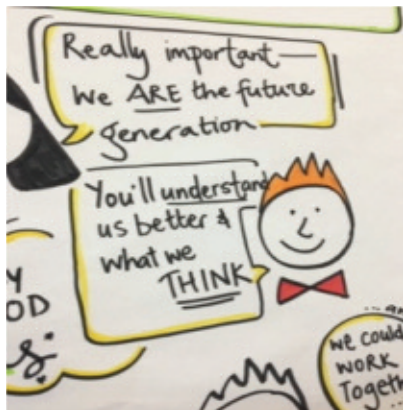
You Said	We Did
<b>Phlebotomy service waiting times were unacceptable</b>  <b>"I was told I would not be able to have my blood test, despite having waited for almost an hour"</b>	<p>The PALS team conducted patient feedback surveys with people attending the Prince Philip phlebotomy service. This feedback allowed us to make a number of changes to the service including improving the information displayed in the area and by providing additional staff at the busiest times.</p>
<b>Nutrition and Hydration needed improvement, particularly the availability of toast provision and beverages</b>	<p>We have developed a pictorial beverage menu for each patient's locker allowing for an extended choice of beverages. Toast preparation has been reviewed and it is now freshly prepared at ward level.</p> <p>Good hydration reduces confusion, dizziness, constipation and risk of urine infections. As part of our infection control work plan, we have introduced a hydration campaign to improve knowledge of hydration, foods used to hydrate and quantity of fluid required for daily health.</p>
<b>"It is difficult to know who does what with all the different colours that staff wear"</b>	<p>The PALS team has visited all wards and clinic areas and displayed posters explaining the different colour uniforms that are in use across NHS Wales.</p>
<b>'Communication needs to be improved and often staff do not introduce themselves or say hello, which does not put me at ease'</b>	<p>Our outpatients departments raised awareness for the #hellomynameis campaign. Reminding staff to introduce themselves and promote compassionate care. This will be promoted across all areas in the health board.</p>
<b>"You are displaying a number of notices that all refer to consultants in the masculine, I am offended as I feel this is misogynistic"</b>	<p>The PALS team removed the notices in the outpatient areas and these will be replaced with gender neutral versions.</p>

## Veterans

The Health Board is a partner in the armed forces forum / regional covenant group. Our priority is to implement the priority treatment policy for veterans to ensure that, if a health need identified is attributable to their former military service, that the NHS referral is prioritised. Work is on-going with Welsh Government to develop posters that would encourage veterans to identify themselves with their GP surgery.







## The Right Way – A Children’s Rights Approach

A successful conference was held in November to focus on the rights of the child and the child’s voice within our Health Board. We were pleased that our colleagues in Abertawe Bro Morgannwg University Health Board spent time with us to share the excellent work they have undertaken with children and young people in their area, to develop a children’s rights charter and children and young people’s partnership board. We were also pleased to welcome colleagues from PLANED, University of Wales, Trinity (St Davids) to hear the excellent work that is ongoing to promote the voice of children and young people. Next year we will be developing our

own children’s rights charter and developing ways to improve our meaningful engagement with children and young people. Work undertaken by the children and young people of Hook CP School as part of PLANED’s work on meaningful engagement with children and young people.



## Take a Bow, King Hywel

Have you met the latest member of our team? We were pleased to launch our brand new mascot, King Hywel, in December at a special event in Wyllybush Hospital with children from Wolfscastle School and S4C’s Heno. King Hywel has been joining us at fundraising events and presentations across Carmarthenshire, Ceredigion and Pembrokeshire over the last few months.



## Celebrating the Welsh Language at Ammanford

A great day of filming was had with the Coleg Cymraeg Cenedlaethol at Amman Valley Hospital, speaking to staff and patients about the importance of using the Welsh language in delivering care to patients. Great to see that a fantastic 82% of staff are Welsh speaking at Amman Valley Hospital!

## A Birth Choices Clinic

A Birth Choices Clinic has been established to provide women access to a service that discusses their choices for where and how they wish to give birth. This service specifically supports women who have had a caesarean section in the past, are requesting a caesarean section or planning a birth at home or in a midwife led unit where there are factors that may make birth complicated. We now run 13 clinics per month (increased from 4 clinics) and we are pleased that over 300 women have attended a clinic over an 11 month period. We have seen a decrease in the number of women having a caesarean section by almost 10%.

## Critical Care Patient Support Group

We have introduced a Critical Care Patient Support Group, which is open to ex-patients, relatives and NHS colleagues to provide an opportunity to have open discussions about experiences in the critical care units, and following their discharge. This is also supported by the Patient Advice and Liaison Service (PALS) team, to give patients/relatives the opportunity to discuss any issues (positive or negative) they want addressed inside ITU and on ward areas. Volunteer roles will also support patients and families in the critical care units and patient diaries will also be introduced.

## Head and Neck Cancer Support Group

We have introduced a Head and Neck cancer support group for patients who have been diagnosed with head and neck cancer. For the patients, this means the ability to communicate and support fellow patients who have suffered with head and neck cancer.

## Sensory Loss

Our sensory loss awareness month in November 2018 was very successful, working closely with Wales Council for Blind and Wales Council for D/Deaf people, activities were delivered at all of our hospitals. We are also delighted that the Macular Society are working with us and attending eye clinics on a regular basis to offer assistance to patients.

We have worked with the D/deaf community seeking their involvement in public engagement and consultation activities, and maintaining regular communication to address any issues raised. Within Carmarthenshire work has been on-going within GP services to improve accessibility of services.

The Senior Sister at Outpatients, Glangwili Hospital has been raising awareness of sensory loss with staff members and the public to support Sensory Loss Awareness Month which included the display of a poster highlighting BSL greetings. This means that staff are supported to communicate effectively with patients who are deaf. This will be promoted across all areas.



## Understanding Visual Impairment

Patients attending the Day Surgery Unit at Amman Valley Hospital as a result of visual impairments, learn to understand their condition more, what support is available to them and important information about health promotion, such as nutritional requirements, safety and securing advice using special software and an educational TV.

## Homelessness

We continue to work with our local authorities and housing providers, contribute to the work of the Regional Commissioning Collaborative for Supporting People and have supported the development of a regional homelessness strategy. Our priority will now be the development of a homeless discharge protocol to ensure patients discharged from our care have appropriate accommodation.

## Syrian Vulnerable Persons Resettlement Project

Over the last 3 years, we have received about 150 patients into our area in partnership with local authorities and third sector groups. As a priority we are ensuring there is access to services, including mental health services and interpretation services, to ensure everyone can access our services equally.

## Equality and Diversity

During our future of health services consultations on our strategy 'A Healthier Mid and West Wales', we specifically conducted meetings with individuals from protected characteristic groups so that we could learn more and use their input to inform our decision making.



**Rhwydwaith LGBTQ+ Hywel Dda**  
**Hywel Dda LGBTQ+ Network**

We have taken on board feedback from the Equality and Human Rights Commission on initiatives we can adopt to create, support, and maintain a more diverse and inclusive working environment. One example is the re-launch of ENFYS our LGBTQ+ staff network which supports Lesbian, Gay, Bisexual and Transgender staff. The network aims to create a culture of understanding and collaboration to support both the wellbeing of our LGBTQ+ staff and the Health Board's equality and diversity objectives to enhance

the lives of both LGBTQ+ staff and patients. We are actively seeking new members, and meetings have been made more accessible across Health Board sites through offering video conferencing facilities.

We have continued to refresh our equality and diversity training provided to staff to ensure that it is up to date and relevant and reinforces the values of the Health Board. In addition, we have provided diversity and inclusion training on the Destination NHS programme – an exciting programme that we have developed in partnership with Pembrokeshire College which enables students studying a health related qualification to gain experience of working within a health care setting in addition to academic study. For the coming year, we have stated our intention to continuously engage to personalise and tailor our health and care services to the needs and preferences of both individuals and localities, with a focus on supporting people to manage their own care and outcomes. Alongside this, we also seek to offer all staff opportunities to flourish within the Health Board environment.

For more details on progress towards the Health Board's equality objectives, please see our Strategic Equality Plan Annual Reports: <http://www.wales.nhs.uk/sitesplus/862/page/61233>

## Investors in Carers (IiC)

The PALS team is able to identify and support families and friends who have become unpaid carers. The PALS team has attended Carer Conferences across the Health Board area and Cardiff. The unpaid carer of the patient will receive information and contact details to seek advice and support which will help them better cope with being a carer. One relative who lives abroad was able to gain support for her parents by contacting the service.

A questionnaire was devised to ensure that carers are also looked after whilst adjusting to coming to terms with what it means when a relative is suffering from illness requiring help and support from the Crisis Resolution Team. On completion of the assessment which covers the carer's physical and psychological needs and ensures they have been given adequate information and learning regarding their relative's condition and treatment plan. The assessment for the carer covers:

- Their caring role and how it affects their life and wellbeing.
- Their health – physical, mental and emotional issues.
- Their feelings and choices about caring.
- Work, study, training, leisure.
- Relationships, social activities and your goals.
- Housing.
- Planning for emergencies.

The assessment concludes with a section on consent and confidentiality of the information the Health Board holds. Staff will be extending the assessment across the service in the coming year.

## **Care to Share Sessions**

Care to Share sessions have been running in Prince Phillip Hospital, and involve organised attendance sessions to wards in the morning or afternoons providing an opportunity for the patient and/or families to provide feedback in a confidential environment at a time to suit them. Care to Share sessions will continue at Prince Phillip and across all hospital and community sites in the future.

## **NEW Way of Recording Patient Experience Feedback**

A new way of recording patient experience feedback is being introduced from January 2019. This will be accessible by wards and departments which will be able to record their own compliments and patient feedback. Following a trial in some ward areas in Prince Philip Hospital and Glangwili Hospital, this will be provided in all areas of the Health Board during 2019-2020.

## **NEW Putting Things Right Leaflets and Posters**

NEW Putting Things Right Leaflets & Posters have been distributed to all wards, receptions and public areas in Primary Care. The replenishment of leaflets and posters is ongoing. Patients can easily access written information regarding the Putting Things Right process with the relevant contact information for our Health Board. The information is available in a wide range of alternative formats such as easy read, audit and large print and in a wide number of different languages or on request to the patient support team (details at end of document).

**<http://www.wales.nhs.uk/sites3/page.cfm?orgid=932&pid=50738>**

## **Welsh Community Care Information System**

Welsh Community Care Information System gives community nurses, mental health teams, social workers and therapists the digital tools they need to work better together. Individual care is supported because it will be used by community health, mental health and social services, social workers and therapists to record the care they provide. Cases can be shared or transferred across regional and organisational boundaries if a patient is referred to new services or moved home.



# Staff and Resources

## Providing information about how we manage our resources and make careful use of them

**We make sure that: we use NHS Wales' money in the best ways for people and to help them stay healthy; you can work with health services to help them use resources, like buildings and staff in a better way; and health care staff have good training and know how to care for you.**

Our staff are the Health Board's most valuable resource and our priority is to ensure that the service has the right staff in the right place with the right skills. 2018 has presented real challenges in recruiting sufficient numbers of doctors, nurses and therapy staff due to national shortages across not just Wales but the UK. The recruitment teams use many ways to improve recruitment, such as advertising nationally and internationally, use of social media and London Transport advertising as well as recruitment events. Recruitment information has been produced including videos which can be found on the NHS Jobs website: <http://www.wales.nhs.uk/sitesplus/862/page/75205>

In 2018, 53 Consultants were offered positions within our Health Board (double the number in 2015). Some specific successes include recruiting experienced registered nurses from Australia, London, Birmingham, Cambridge, Scotland and Cardiff. Student Nurses from: Bristol and West Midlands. Medical Staff from Ireland, Cambridge, Egypt and Nigeria, and GPs from Worcester, Buckinghamshire and Telford. Allied health professionals have been attracted from as far afield as New Zealand.

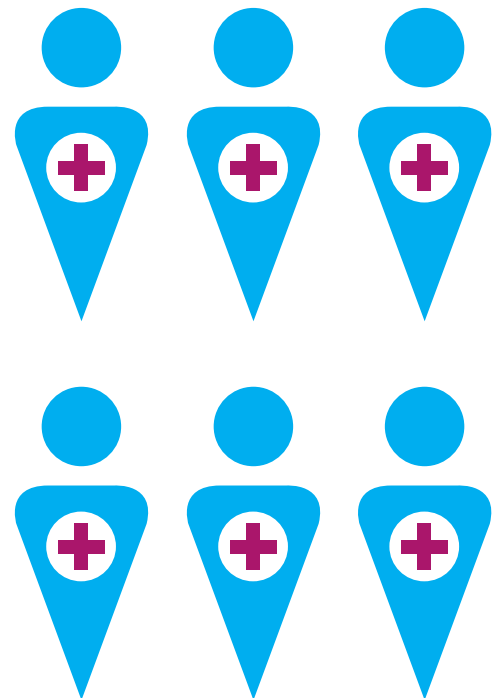
Social media plays an important part in our recruitment attraction strategy and we have an active presence on Twitter @HywelDdaJobs. LinkedIn is also used as well as headhunting. A bilingual recruitment Facebook page will be launched in 2019 to complement Values Based Recruitment.

### **'Grow your Own' – A Workforce Development Strategy for Our Local Population**

During 2018, we have continued to develop and are currently implementing our 'Grow Your Own' programmes. This programme is aimed at increasing the number of our registered nurses by creating opportunities for existing healthcare support workers and provides an attractive and alternative career pathway for our local population.

During 2018/19, we have supported 17 Health Care Support Workers to enrol on undergraduate nursing degree courses. Thirty six staff are participating in development as part of the scheme, 4 are learning with the Open University, and 32 have accessed the part-time programmes for adult mental health and learning disabilities through Swansea University and the University of South Wales.

We have supported 9 Registered Nurses to return to practice during 2018/19, and we are supporting staff who are Internationally Registered Nurses to undertake development to support an application to the Nursing and Midwifery Council register.





## Aspiring Medical Leaders

We ran our first Aspiring Medical Leaders Programme in December with 20 doctors from each hospital site, across different specialities, and several GPs participating. The programme runs for 12 months, with a second programme starting in May.



The Chief Medical Officer for Wales in dialogue with our Medical leaders below:

Professor Michael West from the Kings Fund has hosted workshops with our Board and Senior Managers on Compassionate Leadership and

creating a culture of care. This has been followed by on-going action learning inquiry by groups of our senior leaders.

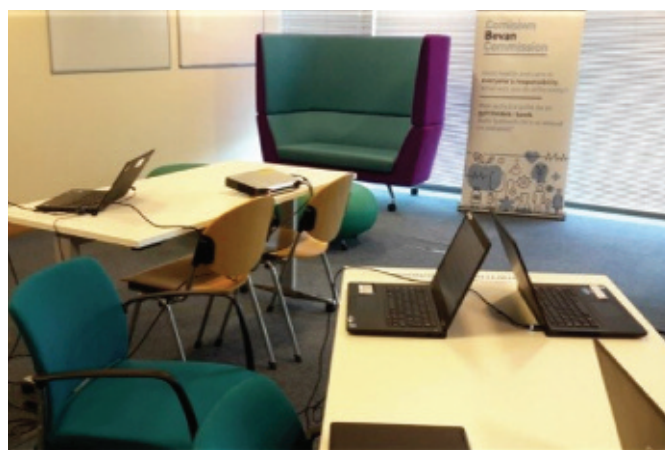


## Hwyl Hub – Our Virtual Space

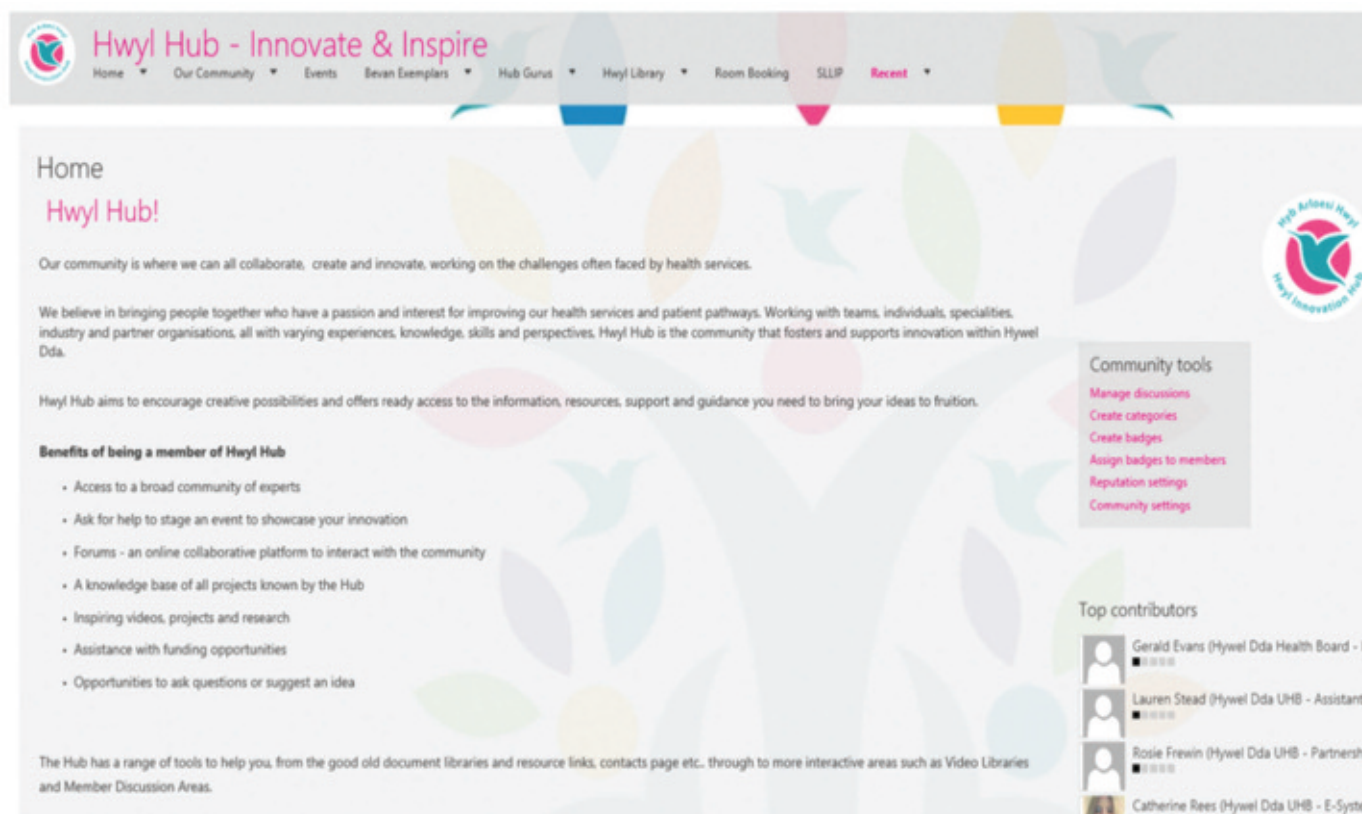
In 2018/19 we have continued to promote a culture of innovation and have had 7 Bevan Exemplar Projects and 3 Bevan Technology bids accepted. We also launched our Hwyl Innovation Hub in July, with a physical space and a virtual space on our intranet to encourage sharing of best practice.



Director General for Health & Social Services, Chief Executive of NHS Wales launching our Hwyl Hub



Part of the Hwyl Hub Physical Space



## A Globally Responsible Wales

We are committed to global health and recognise the value of international health engagement for communities overseas and for our local population and staff. To improve staff engagement with international health partnership initiatives we are developing a framework which will integrate with the All Wales Charter for International Health Partnerships. This will provide clear guidance to demonstrate global citizenship whilst progressing professional development.

## E-learning

Mandatory Training Compliance for our staff had increased by 12% this year.

## Occupational Health Service

We are working nationally to looking at how Occupational Health will develop in the coming years. One of the main developments for the Occupational Health Service in 2019 includes the development of a new health screening programme.



## Improving Quality Together

Improving Quality Together is the quality improvement training programme for NHS staff in Wales to improve the quality of services in NHS organisations across Wales by enabling individuals to improve the way they work to deliver better care for patients and service users. It also helps create a better working environment, making life at work less stressful and more fulfilling. Learners are taught a consistent approach to improve the quality of services which helps improvements take place much more quickly and spread effectively.

IQT is provided at 4 levels: Bronze, Silver, Gold and Board.

The Improvement and Transformation Team and the Quality Improvement Team have delivered IQT Bronze training to 81 staff, and 131 have completed the 2-3 day Silver course with an additional 64 employees completing the first day of the course.



## Work with Disadvantaged Groups

The work undertaken with the Department for Work and Pensions enables applicants claiming Job Seekers' Allowance to access all our work experience information and opportunities. The Health Board continues to work with the 'Engage to Change' programmes in North Ceredigion and Carmarthenshire to offer opportunities for 6 month paid placements to young people aged 16-25 years who have a learning disability or Autistic Spectrum Disorder (ASD). During the past year, we have had 4 placements and based on the experiences to date, we aim to develop this work further in 2019/20.

## Mid Wales Workforce Plan

We are developing a workforce plan for Mid Wales which is within the Health Board's workforce plans and which considers the rurality of Mid Wales. This will support the delivery of a Mid Wales workforce that is sustainable and has the ability to respond to staffing requirements across the area, ensuring Health Board boundaries are not a barrier to services.

## The Nurse Staffing Act

The Nurse Staffing Act became law in March 2016 and requires the Health Board to ensure appropriate levels of nurse staffing are in place and to take action if the staffing levels are not maintained. This required that the Board undertook detailed calculations on a six monthly basis of the required nurse staffing levels of its adult medical and surgical wards. We were also required to take all reasonable steps to ensure that these levels were maintained. In April 2017, the first Section of the Act placed a duty on the Board to ensure it had regard to the importance of providing sufficient nurses to allow (the nurses) time to care for patients sensitively. The final Section of the Act will require that, by May 2021, the Board submits a Nurse Staffing levels report, covering the period 6th April 2019 – 5th April 2021, and outlining the extent to which Nurse Staffing levels have been maintained, any impact on patients of not maintaining these levels and the actions taken if levels have not been maintained. In response to this, we have:

- Appointed a dedicated role to lead the Nurse Staffing programme supported, by a senior nursing post to ensure that sufficient capacity is available to support the clinical teams in meeting their responsibilities.
- Undertaken the statutory 6-monthly review and recalculation of nurse staffing levels in adult medical and surgical wards (i.e. circa 32 wards) in Spring and Autumn 2018 and the Spring 2019 cycle has been started.
- For all adult medical and surgical wards, agreed a 2-3 year phased implementation for financial uplifts to each ward for workforce.



- Ten (of the 32) adult medical and surgical wards were identified as requiring prioritised funding uplifts: Across these wards over 40 additional health care support workers have been appointed together with an additional 9 dedicated rehabilitation and frailty workers.
- Across the 32 wards, an additional 13 Sisters have been appointed to strengthen the leadership at ward level whilst additional monies was made available to ensure that the Senior Sister for each ward had at least part of their working week 'protected' to enable them to fully focus on their leadership role.
- The Board and/or its Quality, Safety and Patient Experience Committee have received seven reports during the year to assure that we are meeting our requirements of the Act.
- We continue to work at an all Wales level through a 'Once for Wales' approach to ensure that systems are in place that allow us to review and record every occasion when the number of nurses deployed varies from the planned roster and the extent to which nurse staffing levels have been maintained.

Further to the significant action that has been undertaken during this year there have been no reportable incidents of patient harm in which nurse staffing levels were considered to be a factor have occurred during 2018/19.

## Staff Awards and Achievements

**We are so proud of our staff being honoured with various awards.**

**We had many successes at the Royal College of Nursing (RCN) Wales Awards.**

### Emma Thomas



Emma Thomas has won the RCM Midwife of the Year Award for Wales.

Nominated by local mum Emma Rees, Emma Thomas has been honoured as Emma's Diary Mums' Midwife of the Year 2019 for the Wales region. The prestigious award is one of the Royal College of Midwives (RCM) Annual Midwifery Awards, recognising the incredible work done by exceptional midwives across the country.

On winning the award Emma Thomas, who works in Amman Valley Hospital adds: "What an absolute honour to have won this award. To say that I'm

touched to have been nominated is an understatement! Hearing the news that I'd won brought me to tears, I was so shocked, it was so unexpected, it was a wonderful surprise. Emma is one special lady, she's been through such a difficult emotional and physical time over the last nine years. Her sheer determination and strength means she is how a proud mum to her beautiful twins.

Director of Nursing, Quality and Patient Experience, Mandy Rayani said "We cannot easily put into words how grateful we are to all our nursing and midwifery staff who continually demonstrate how they go above and beyond the call of duty to care for our patients. Emma has shown all these qualities and more, and is a shining example of our Midwifery team which provides an exceptional service and support to our pregnant mums in our Health Board area."



## **Evie Lightfoot – Winner of RCN Wales Nurse of the Year and Community Nurse of the Year**

Evie Lightfoot, the RCN in Wales Nurse of the Year, is supporting community nursing staff to recognise and respond to the signs of sepsis, helping to save lives and improve outcomes.

Mandy Rayani, Director of Nursing, Quality and Patient Experience said "I am thrilled that Evie has been recognised for her passion and commitment

to improving care for patients living in the community. The process and assessment enabling Evie to be awarded the title of RCN Nurse of the Year in Wales 2018 was gruelling but her genuine desire to make a difference and her ability as a professional nurse leader shone through. As a Health Board we look forward to supporting Evie in her continued development."



## **Claire Hurlin**

Joint Winner of Improving Individual & Population Health Award.



## **Rachel Griffiths**

Winner of Older People's Commissioner for Wales Award.



## **Janet Edmunds**

Runner Up for Safeguarding Award.





## Ginny Chappell

Runner Up for Primary Care Nurse Award.



## Emma Booth

Runner Up for the Mentorship Award.

## Other Awards/Achievements

Teresa Hassell, Community Learning Disability Nurse, won the **USW Nursing and Midwifery Student and Mentor Awards**. She was nominated by Lydia Marsden who said *"Teresa was really supportive and helped me build my confidence by letting me work more independently, and take part in a number of assessments I had not done previously. Teresa also ensured that I was made to feel part of the team and had the opportunity to learn from the multidisciplinary team by going out on a range of visits. Loved this placement and would love to go back"*.



## Assurance Safety and Improvement Team

The Assurance Safety & Improvement Team won the poster presentation at the National Patient Safety Conference for innovative ways to share learning following patient safety incidents.



**Amman Valley Hospital** receiving Bronze Award for Investors in Carers.



### Psychiatric Team of the Year Award

Outstanding commitment to sustainable service development goes to **Transforming Mental Health**.



### Bernardine Rees and Sarah Jennings

Congratulations to our Chair – Bernardine Rees and Sarah Jennings, Director of Strategic Partnerships on recently completing a Welsh course at Trinity Saint David's University.

### Neonatal Outreach Service in NT Awards

Congratulations to our Neonatal Outreach Service and Nursing Lead, Kelly Brown on reaching the finals for the NursingTimes awards 2018 in the Child and Adolescent services category.



### Puffin PACU WGH

Winners of the Early Years category of the Western Telegraph Health and Care Awards 2018.

### Success for Solva Surgery

The Royal College of General Practitioners, at a recent awards ceremony, announced that Solva Surgery was to receive the highly prestigious RCGP Wales Practice Team of the Year Award, 2018. This is the second time that the Surgery has won the award where practices are nominated by patients. This award recognises the positive impact on patients' lives and outstanding level of care delivered by the whole healthcare team working within a practice including the practice nurses, community nurses, administration staff and the wide variety of other attached healthcare professionals.

# What We Will Do In 2019/20

What We'll Do	How We'll Measure it
<b>Staying Healthy</b>	
Flu Vaccination: increase uptake of flu vaccination.	Monitoring update.
To reduce smoking rates in pregnancy.	Monitoring update.
Healty Child Wales Programme: Screening, immunisation and supported child development.	Monitoring visits to mother and babies 10 to 14 days old and vaccination rates.
<b>Safe Care</b>	
Sepsis: early identification and staff education. Expansion of monitoring and escalation processes (NEWS) in community services.	Monitoring of compliance with sepsis 6 bundle. Evaluation of community NEWS.
Hospital Acquired Thrombosis: reduction in number of incidences.	Monitoring of the use of the risk assessment and incidence.
Pressure Damage: reduce the amount of avoidable incidents experienced by patients in our care.	Monitoring of number of incidents.
Improvement in the quality of clinical documentation.	Documentation Audit reports. Review of concerns investigation data.
<b>Effective Care</b>	
Ongoing implementation of hip fracture pathway.	Evaluation of the work underway within the Health Board.
Improvement in the quality of care and treatment plans within Mental Health Services.	Audit of the documentation and review of training.
Ensuring patients receive care in the most appropriate care setting and encounter minimal delays as they move through the different stages of care.	Review of monitoring and audit data. Review of concerns information.
<b>Dignified Care</b>	
Multi Agency Care Assessment Meeting (MACAM) project: continue with project and expand to other hospital areas.	Monitoring of complaints and compliments.
Establish a collaborative project to improve communication with patients, their families and carers.	Monitoring of complaints and incidents. Monitoring of project objectives and agreed actions. Evaluation of the impact. Patient experience feedback.

What We'll Do	How We'll Measure it
<b>Timely Care</b>	
Continue to improve access to Ophthalmology Care.	Monitoring of incidents, complaints and compliments. Monitoring of waiting times for glaucoma consultation.
Improve the waiting times for follow –up outpatient appointments.	Monitoring of waiting times and incident, complaints and compliments.
Reduce the waiting times for patients requiring assessment/treatment in emergency departments.	Monitoring of waiting times and complaints, compliments and incidents.
Improving access to Orthodontic & Dental assessment and treatment.	Monitoring of referral to treatment times.
Improving access to assessment and diagnosis for Autistic Spectrum Disorder/ Attention Deficit Hyperactivity Disorder.	Monitoring of waiting times and incident, complaints and compliments.
<b>Treating People as Individuals</b>	
Implementation of a Patient Experience Charter/ Children's Rights Charter.	Increase in feedback from patients, families and carers received; Improve engagement with children and young people.
Implement the revised Welsh Language Standards.	Compliance against the standard.
<b>Our Staff</b>	
Implementation of the Aspiring Medical Leaders Programme.	Monitor update and evaluation of the programme.
Implementation of the 'Grow your Own Programme'.	Monitor and evaluate the programme.

# Engagement and Feedback

You can join our involvement and engagement scheme – Siarad Iechyd/Talking Health – by:

- visiting: **[www.talkinghealth.wales.nhs.uk](http://www.talkinghealth.wales.nhs.uk)**
- calling: **01554 89905**
- writing to: **FREEPOST Hywel Dda Health Board**

If you would like to read a printed version in either Welsh, English or other language, or if you would prefer to receive the document in large print or alternative accessible formats, please contact us on **01267 239554** or Email: **[communications.hdd@wales.nhs.uk](mailto:communications.hdd@wales.nhs.uk)**

Once again thank you for taking the time to read this. Please let us know if you have any questions or wish to receive more information.



# Acknowledgements

We would like to thank and acknowledge our partners 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 Caerodur Design for working with us. Finally we would like to thank every member of staff who has contributed to this report. We are thankful too for the time given by our Independent Members and to the Quality, Safety and Experience Committee, and Audit, Risk and Assurance Committee for their endorsement.