

Hywel Dda University Health Board

Annual Quality Statement

2019 to 2020

13th May 2020



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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

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Welcome from the Chair and Chief Executive

We are delighted to bring you the 2019 to 2020 Annual Quality Statement for Hywel Dda University Health Board (the Health Board). This provides you with a summary of the work that has been undertaken in the last year and demonstrates our commitment to improve the quality of our services and to meet the needs of our patients across Carmarthenshire, Ceredigion, Pembrokeshire and borders.

The Annual Quality Statement has allowed us to reflect on the commitments made in last year's statement and showcase the work that is underway or planned to meet our priorities. It also gives us the opportunity to highlight the extraordinary achievements of our staff and the awards they have won over the year for their considerable efforts in making improvements and innovations to patient care. The Annual Quality Statement does not cover all the work we have undertaken during 2019 to 2020 but provides examples of what we have done over the past year. To the best of our knowledge the information provided in this Annual Quality Statement provides an accurate and representative picture of the quality of services we provide and the improvements we are advancing for the people of Carmarthenshire, Ceredigion and Pembrokeshire. The Annual Quality Statement has been subject to Internal Audit scrutiny and awarded a level of assurance of substantial assurance.

We continuously monitor our systems and processes so that we can learn and improve to ensure safe and high quality care. We welcome your feedback in the form of complaints, concerns and compliments and provide a variety of ways in which you can do that. We work together with Healthcare Inspectorate Wales and the Community Health Council who give us independent feedback in light of visits to the Health Board, and ensure that we act upon their recommendations.

At the end of March 2020 with the start of the COVID-19 pandemic we entered into a very different world in the NHS. Every one of our teams, all our partners and our communities have joined forces to give the best care and support possible to our population. It has been humbling and inspiring to see and be part of that response. Quality of care is the most important thing we do. Our ability to plan and respond to the pandemic was

enhanced and made easier by the bedrock of the quality of care laid before the outbreak, which is described in this report. A heartfelt thankyou to everyone who has worked so hard to make this possible. We are very proud of and grateful to you all.



Maria Battle, Chair



Steve Moore, Chief Executive

About the Annual Quality Statement

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

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

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



The AQS Themes

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

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

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

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

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

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

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

Within the document, where we are providing information on how we met the commitments made in 2019/20, you will see various coloured face symbols which indicate whether we have achieved target or whether we have improved:



Achieved target or made an improvement



Have made some improvements, but have not achieved target



Have not achieved target or improved

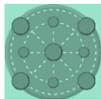
The Population We Serve



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



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



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



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



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



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



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



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



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



Health Board Profile

385,615

We serve a population of around **385,615** in Carmarthenshire, Ceredigion, Pembrokeshire and borders

25%

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



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

3,142



2,928 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; and
Withybush in Haverfordwest

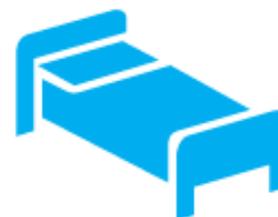


Last year we:

Helped **151, 248** people through our Emergency Departments



We have **seven** community hospitals / integrated care centres:



Cared for **62, 177** inpatients in our hospitals.

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

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.



Further information of protected characteristics across our three counties based on results of the 2011 Census is included in our [Strategic Equality Plan for 2020 to 2024](#).

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

Staying Healthy

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

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

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

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

	<p>opportunity to raise awareness of the importance of vaccination with patients with a chronic condition.</p> <p>In our South Pembrokeshire cluster work, the Health Board introduced a new role of an Outreach Nurse for the Elderly (ONE). This new role has been instrumental in engaging with care homes and the community and is able to provide flu vaccinations, helping increase flu vaccinations in these areas.</p> <p>The Health Board has also encouraged the workforce to have a flu vaccine and to capture the vaccination uptake developed accurate and timely reports for departments and managers. As at 31 December 2019, 4,897 staff received their flu vaccination.</p>
<p>Reduce smoking rates in pregnancy</p> 	<p>The Health Board data demonstrates that smoking rates in pregnancy reduced from 17% to 16% at initial assessment in 2019 with 67% of women giving up smoking during pregnancy.</p> <p>We routinely incorporated carbon dioxide monitoring for all antenatal consultations. A reading above 4 automatically triggers a referral to smoking cessation services.</p> <p>Smoking cessation practitioners, provided by Public Health Wales, also facilitate integrated clinics within the antenatal clinics to discuss strategies to stop smoking during pregnancy.</p> <p>The Health Board also provide a comprehensive range of smoking cessation services within secondary care, primary care, pharmacy level 3 and community.</p>

Monitor visits to mothers and babies 10 to 14 days old and monitor vaccination rates



The Health Board monitors new birth visits and the 98% of these contacts have been seen within the required timescale. Those that are not seen within this timescale have been reviewed and have been found to be due to valid reasons, for example babies remaining on the Special Care Baby Unit post-delivery.

Improvement in the communication and transfer of care between the midwifery and health visiting services has been achieved. A transfer of care pathway between midwifery and health visiting has been developed and is currently being implemented. This will be monitored over the next 12 months with quarterly reviews.

In response to the COVID-19 pandemic innovative ways of communicating with families have been explored. This has led to the development of a digital service to improve communication which allows for a virtual approach for all new birth visits. However, this exploratory work has also highlighted the lack of IT and communication resources available to the health visiting service. This has given us a challenge of being able to follow the Welsh Government directive to provide an essential health visiting service especially to vulnerable families. The Health Board's health visiting service aims to improve these resources within the next 12 months ensuring accessibility of the service to all families.

Immunisation and vaccinations are a key component of the public health role of the health visiting service. Immunisations are promoted at every contact; health visitors are informed of non-attendees and will contact parents to explore any barriers to immunisation.

	<p>During the last 12 months and as a result of this, catch up clinics have been set up in GP surgeries and local community venues in identified low uptake areas. The aim is to improve uptake and provide a flexible and accessible service to meet the needs of the community. This has contributed to an improvement in immunisation rates in those communities. This work is ongoing in partnership with the Health Board's immunisation co-ordinator.</p> <p>In addition to this, on a national level quarterly cover reports are received, which allow us to scrutinise and monitor with the aim of continuing to improve immunisation uptake.</p>
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“Staying Healthy” case study: the learning disabilities dream team



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

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

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

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

“Staying Healthy” case study: supporting carers

The number of unpaid carers is increasing and in recognition of their contribution to supporting the care of family members the Health Board has commissioned a pilot project to establish Carer Officers in Prince Phillip Hospital, Glangwili General Hospital, Withybush General Hospital and Bronglais General Hospital (a total of four posts). This project was specifically developed to respond to the Welsh Government priority to increase the involvement of unpaid carers in the hospital discharge planning process.

The pilot project is a partnership between the Health Board and our local authority partners, and is being delivered by Carers Trust Crossroads Sir Gar, Gofalwyr Ceredigion Carers and Hafal Crossroads. The Carers Officers will play a vital role helping to support and provide advice to unpaid carers through their hospital journey, whether as a carer and/or patient. The Carers officers will be working directly on hospital wards and signposting to other services for support. They will support carers and educate staff on the issues facing unpaid carers to ensure effective liaison on areas such as hospital discharge.

The Health Board also continues to co-ordinate the Investors in Carers (IiC) scheme, which is a Health Board led Quality Assurance Scheme in Partnership with the West Wales Carers Development Group. The Scheme involves 3 levels of Bronze, Silver and Gold with six themed standards. Settings have to produce evidence of achievement in a number of areas within these themes. IiC has been designed to be utilised by a wide range of settings including GP surgeries, mental health and learning disabilities wards/teams, some hospital settings, schools/colleges, libraries, local authority teams, Job Centre Plus and third sector organisations. A total of 115 settings have achieved their bronze level IiC with a further 55 in progress, 5 have Silver with another 18 working on theirs and 2 are at Gold level with a further 3 progressing with theirs. An integral part of IiC is a process where Carers can register with their GP surgery along with a referral to the counties Carers Information Services. Figures for 2019/20 are 8,467 Carers had registered and 742 Carers had a referral (2018/19 figures were 7763 and 597 respectively).

Safe Care

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

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

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

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



but it has not been used by community nurses and GP practices until now.

NEWS enables clinicians and nurses to calculate a patient's physical condition is at risk of deteriorating in a standardised and universally understood way.

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

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



Incidents reporting pressure damage continue to be within the top three patient related incidents reported. Reducing the number of incidences of avoidable pressure damage has continued to be part of the Health Board Quality Improvement work. Whilst we have not made the Health Board wide progress we aspired to, there are pockets of improvement.

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

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

The ward undertook a trial on special new 'Hybrid Mattress'. The mattress is a combination of both foam and air and designed for

	<p>individuals at risk of developing pressure damage. Patients and staff both responded positively to the mattresses and a number have been purchased for Teifi Ward as a result.</p>
<p>Monitor the number of incidents reported within the health board and ensure that there is learning following serious concerns.</p> 	<p>During 2019/20, we have reviewed the mechanisms in place and increased the arrangements for monitoring incidents. For example, a quality assurance and improvement report has been presented to each meeting during the year of the Quality, Safety and Experience Assurance Committee.</p> <p>The quality assurance section of the report includes a summary of data, intelligence and actions to provide high quality care against the core quality assurance process that exist within the Health Board and the core quality and safety indicators.</p> <p>There are a number of core quality assurance processes in use across the organisation; these include Board to Floor Walkabouts, feedback on experiences of care, service specific spot checks, and clinical audit. An overview of quality can be obtained through analysis of quality and safety indicators; these include incidents resulting in harm, serious incidents (SI), and complaints.</p> <p>The highest-level of patient safety incidents reported in 2019 to 2020 are pressure damage, patient accidents including inpatient falls, and medication related incidents. With these areas in mind the quality improvement section of the report has focused on the improvement work in these areas.</p> <p>The full reports presented to the committee are available on the Health Board internet.</p>

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

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

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

The aim of the new training is to:

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

Two pilot wards were identified and glove usage monitored over the pilot period. In the two wards an improvement in Hand Hygiene was noted thus reducing the risk of infection.

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



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

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

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

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



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

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

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

Effective Care

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

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

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

In our statement last year, we said we would...	How we did
<p>Continue to implement the hip fracture pathway and evaluate this work.</p> 	<p>The Health Board is continuing to make improvements to the hip fracture pathway. We are evaluating the work undertaken. The rollout of patient reported experience measures (PREMS) and patient reported outcome measures (PROMS) is now further supported across the Health Board with additional administration staff.</p> <p>We are seeking funding from Welsh Government to enhance the Clinical Nurse Specialist support for this service.</p>

Improve the quality of care and treatment plans within Mental Health Services by undertaking audits of documentation and reviewing our training.



The Mental Health and Learning Disabilities Directorate within the Health Board has established a programme of ongoing review for Care and Treatment Plan.

Compare to the end of year audit undertaken 2018/19, the audit for 2019/20 has seen an improvement across the Directorate in relation to Care and Treatment Planning.

The target, set by Welsh Government, is for Health Boards to achieve 90% compliance of all service users within mental health and learning disabilities services to have a current Care and Treatment Plan in place, within date and updated within a twelve month period. The Directorate has seen a 23% increase in compliance from last year, with the current compliance rate at 89%.

The audit also measures the quality of the Care and Treatment Planning. A 7% improvement overall in quality has been seen, with an average of 87% recorded over the year (the target set is 90%).

Figures demonstrate that the Directorate is on target to achieve 90% across the standards set in the coming year.

To ensure this is embedded and developed the Directorate has implemented a rolling monthly Care and Treatment Planning training programme, which is available to all staff. Bespoke training is also available to teams to further individualise care planning and achieve the targets set. The training programme is also provided as part of the preceptorship programme for newly qualified nurses.

Ensure our patients receive their care in the most appropriate care setting and encounter minimal delays as they move through the different stages of care.



The Health Board has made a commitment to improving how services are delivered. Three programmes are outlined in the Health Board's Health and Care Strategy: Transforming Mental Health and Learning Disabilities; Transforming our Communities; and Transforming our Hospitals.

The Health Board has improved its:

- Integrated Community Network. For example, making enhancements to Community Pharmacies including triage and treat, walk-In centres & information pods
- Health and Well-Being Centres. For example, the opening of Aberaeron and Cardigan Health and Wellbeing Centres offering a range of health and well-being services and support
- Hospital Network. For example, the establishment of front door therapy services on all four acute hospital sites
- Mental Health and Learning Disability Care & Support Network. For example, the development of the Gorwelion 24hr Community Mental Health Centre, in Aberystwyth, including a place of safety and peer mentoring roles

“Effective Care” case study: Faecal Microbiota Transplant (FMT)

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

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

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

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

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



Dignified Care

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

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

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

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

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

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



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

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

“Dignified Care” case study: dementia care training

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

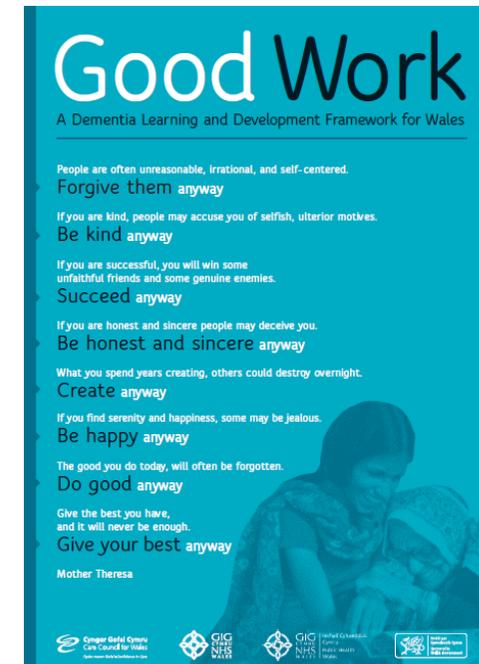
Dementia research is continuous with new ideas being developed around this condition. Several groups are in place across Wales, to support the introduction of the Good Work Framework. This Framework provides staff with an outline of the patients’ needs, the needs of the carers and staff and the potential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

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

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

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

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



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

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

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

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

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



Timely Care

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

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

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

In our statement last year, we said we would...	How we did
<p>Continue to improve access to Ophthalmology Care</p> 	<p>We have developed and introduced an Optometry Cataract Enhanced Referral Programme. There are 45 practices with 67 Optometrists trained to provide this service.</p> <p>Between April and September 2019, 519 patients have been referred for cataract under the enhanced scheme. 287 have been directly listed following a virtual review of the notes by an ophthalmology consultant. This represents the equivalent of 43 outpatient clinics (12 patients per clinic) whose capacity has been released to see patients with other eye conditions.</p>
<p>Improve the waiting times for follow-up outpatient appointments</p> 	<p>Prior to the COVID-19, outpatient waiting times for follow up were improving. However, the pandemic has affected our waiting times for follow-up outpatient appointments.</p> <p>As part of the ongoing pandemic management, we have introduced digital platform on a trial / test basis to enable appointments via a</p>

	mobile phone or laptop. An evaluation of the digital platforms will be undertaken.
<p>Reduce the waiting times for patients requiring assessment/treatment in emergency departments</p> 	<p>The Health Board's unscheduled care system continues to remain extremely challenged with significant pressure at the front door of the four acute sites. Whilst the number of patients arriving at our Emergency Departments by ambulance has been lower during 2019 than the previous year, overall the Health Board continues to experience high volumes of attendances at our Emergency Departments, together with high GP referrals for assessment which are resulting in admissions.</p> <p>The Health Board's Emergency Departments 4 Hour performance continues to be above the all Wales trend in the first 7 months of 2019/20. Our performance was consistently ranked as being the second best in Wales and in June 2019 the Health Board was the best performing in Wales.</p> <p>The Health Board's Emergency Departments 12 Hour performance remains a significant challenge. Insufficient capacity within our acute hospitals impacts on the waiting times in our emergency departments particularly overnight. Reducing 12 hour waits remains a key priority. The Health Board ambition is to completely eliminate 12 hour waits in our emergency departments.</p>
<p>Improve access to orthodontic and dental assessment and treatment</p> 	<p>As part of the NHS Wales pilot, e-referrals were introduced in March 2019. This allowed for a consistent approach to the process of referrals for all specialist and secondary care services. Systems are in place to identify any incorrect or inadequately completed referrals at the earliest possible stage preventing patients having any undue delays in accessing the correct services. Additionally, triaging of the</p>

referrals is completed in a timely manner ensuring that patients are provided with the care required in the post appropriate setting.

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

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

The table below sets out the number of referrals received, since the introduction of the pilot, for the period March 2019 to December 2019.

Speciality	Total
Maxillofacial Surgery	372
Minor Oral Surgery	2326
Oral Medicine	509
Orthodontics	1644
Paediatrics	1227
Restorative	306
Special Care Dentistry	304
Urgent (maximum 2 week wait)	132
Total referrals	6820

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

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



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

“Timely Care” case study: the twilight sanctuary

A ground breaking out of hour’s mental health service for adults has been launched in Llanelli. The Twilight Sanctuary is the first of its kind in Wales and is open Thursday to Sunday from 6pm to 2am, to offer a place of sanctuary for adults at risk of deteriorating mental health when other support based services are closed.

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

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

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

A short video had been produced to promote the service and can be viewed here: <https://youtu.be/g5spgSdYA5M>



“Timely Care” case study: Cardigan integrated care centre

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

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



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

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

Individual Care

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

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

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

In our statement last year, we said we would...	How we did
Implement of a Patient Experience Charter and Children's Rights Charter 	The Charter for Improving Patient Experience was approved by the Board in January 2020 and will be formally launched during Experience of Care Week in April 2020, with a programme of patient experience developments, to enable a wider range of improved ways in which feedback can be provided to the Health Board. Work has commenced on developing a Children and Young Persons Charter and the planned date for this is September 2020.

Increase the feedback received from patients, families and carers received and improve engagement with children and young people.



The Health Board captures service user feedback in a variety of ways, in accordance with the NHS Framework for Assuring Service User Experience, which involves the use of a four quadrant model (real time, retrospective, pro-active/reactive and balancing).

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

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

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

During September and October 17,871 FFT surveys were sent representing 91% of the patients who attended our emergency

	<p>departments. The response rate average was 12.2% and 84.5% returned a positive recommendation. We will be rolling the FFT across the Health Board in 2020.</p>
<p>Implement the revised Welsh Language Standards.</p>  	<p>In May 2019, the Health Board launched new promotional materials to support the launch of the Welsh Language Standards.</p> <p>The Health Board has formally adopted the Welsh Government’s new Welsh Language Standards, which place a statutory duty on public bodies to give equal prominence to both the Welsh and English languages, as well as promoting and facilitating the use of the Welsh language, making it easier for people to use in their day-to-day-life.</p> <p>The Standards aim to make it clear to organisations what their duties are in relation to the Welsh language; make it clearer to Welsh speakers about the services they can expect to receive in Welsh, make Welsh language services more consistent and improve their quality, ensuring important messages are reaching patients in their first language and making people feel more valued.</p> <p>The Health Board has asked all of our staff to get ready and to familiarise themselves with the statutory duties that the new Standards will bring, and our responsibilities as a health board to ensure we provide excellent bilingual services to all. You can also find out more about how we have implemented the Welsh Language Standards in our Welsh Language Annual Report.</p>

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

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

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

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

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

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



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

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

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

For more detail on how the Health Board is working towards providing individual care, please see link below to our Strategic Equality Plans and Objectives and associated Annual Reports
<http://www.wales.nhs.uk/sitesplus/862/page/61233>

Staff and Resources

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

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

In our statement last year, we said we would...	How we did
<p data-bbox="194 671 801 756">Implement the 'Aspiring Medical Leaders' Programme</p>  	<p data-bbox="808 671 2045 927">The Aspiring Medical Leaders Programme was implemented in 2019, providing the foundation knowledge needed to develop a healthcare system with A Healthier Wales: Our plan for Health and Social Care in mind. The programme focusses on real time organisational learning by challenging delegates to use the programme as the means of solving real issues mainly within their respective services.</p> <p data-bbox="808 975 2045 1310">The programme is available to our consultants, specialty and associate specialist (SAS) doctors and general practitioners. Since its inception in 2019, 2 cohorts, each comprising of 20 delegates, have enrolled on the programme. The delegates reflect the rich mix of gender, ethnicity, specialism, sector, and location that exists within the organisation. This model mitigates the inclination for silo thinking, connects large parts of the whole system and also assists in developing relationships both locally and more widely.</p> <p data-bbox="808 1358 2045 1441">The programme is run over a 12 month period and explores topical matter pertinent to leadership development, whilst also exposing</p>

delegates to the workings of the non-medical leadership functions within the organisation.

The outcomes of the programme are:

- An understanding of the fundamental knowledge of non-clinical aspects of the organisation and broader system.
- Increased capability to influence within own specialist areas of clinical responsibility and developing capability to influence across the system.
- Peer support and collective desire for improving clinical services beyond the programme's lifetime.

In December 2019, the first cohort of 20 delegates completed the programme. Upon conclusion of the programme, participants were tasked with articulating their reflections and aspirations as a consequence of their attendance.

Feedback captured included:

- "Confidence in the knowledge attained, leading to greater personal ambition";
- "'Thirst' to learn more and become a better leader"
- "Appreciation of different skills and knowledge within the organisation and possibility of achieving more with closer relationships and taking advantage of those skills".

2020 will see Cohort 2 draw close on the Aspiring Medical Leaders Programme. A scoping exercise to engage further cohorts is currently being undertaken by our medical and organisation development teams.

	<p>A short promotional video of some of our senior clinical leaders discussing the approach to medical leadership within the organisation, highlighting our commitment to developing the leadership capability of medical staff across Carmarthenshire, Ceredigion and Pembrokeshire can be found at http://www.wales.nhs.uk/sitesplus/862/page/100220</p>
<p>Implement the ‘Grow your Own’ Programme</p>  	<p>Over recent years, we have developed and implemented our ‘Grow Your Own’ programme. This programme is a combination of existing, new and innovative schemes, aimed at increasing our registered nurses across Hywel Dda University Health Board.</p> <p>Our aim is to increase the number of registered nurses to fulfil our vacancies within the Health Board and the ‘Grow Your Own’ programme offers an affordable route into nursing and allows nurses who are working in non-acute areas to move to the acute areas of nursing.</p> <p>Our Health Care Apprentice programme is an exciting opportunity that enables individuals to train to become a fully registered nurse through work-based learning. They begin by completing a Foundation Apprenticeship in Health Care Support Services (level 2), progress to an Apprenticeship in Clinical Health Care Support (level 3), before embarking on part-time university education, starting at level 4.</p> <p>The Health Care Apprentice Programme combines many programmes into one, which shows that we are committed to proving a direct pathway into nursing. Those on the programme do not need to reapply for the different programmes along the way. When they have finished the programme, they become a qualified Registered Nurse.</p>

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

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

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

Videos on our Apprenticeship Academy can be found here:

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

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

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

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

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

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



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

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

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

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

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



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

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

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

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



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

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

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

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

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

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

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

“Staff and Resources” case study: lifestyle screening



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

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

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

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

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

The key findings include:

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

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

As Chair and Executive Lead for the Health Board Quality, Safety and Experience Assurance Committee (QSEAC) we hope that you have found that this AQS has provided a snapshot of our work, demonstrating our commitment to improve the quality of our services and to meet the needs of our patients across Carmarthenshire, Ceredigion, Pembrokeshire and borders.

In our Annual Plan for 2020 to 2021, agreed before the Covid-19 pandemic, we agreed a number of delivery priorities. The delivery priorities in our Annual Plan link to our commitment to continue to improve the quality of our services. In 2020 to 2021, we will endeavour to:

Staying Healthy

Improve our population health and wellbeing by:

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

Safe Care

Further develop the quality dashboard to enable Team to Board reporting

Focus improvement activity on avoidable harm such as hospital acquired thrombosis, pressure damage, sepsis management and antimicrobial stewardship, in line with our organisational quality and safety priorities

Effective Care

Refresh our Quality Improvement Framework to reflect the progress made and the learning to come from it

Dignified Care

Expand the friends and family test to all services provided by the Health Board and publish the results

Timely Care

Deliver the single cancer pathway which significantly speeds up the time to treatment

Complete the Stroke Service re-design programme which encompasses the entire stroke pathway, from prevention, through acute stroke care and rehabilitation, to life after stroke

Individual Care

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

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

Staff and Resources

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

The QSEAC is a statutory committee of the Board. Its primary purpose is to scrutinise, assess and seek assurance in relation to the patient impact, quality and health outcomes of the services provided by the Board. The full terms of reference for the committee can be found on our website <http://www.wales.nhs.uk/sitesplus/862/opendoc/324367> With this primary purpose in mind the QSEAC will receive at its meetings throughout 2020 to 2021 updates on the key quality priorities, as part of our commitment to continuous learning and improvement for the benefit of our communities and our staff.

We are working hard to achieve the delivery of our goals in the context of COVID-19, but in these exceptional circumstances, it may be necessary to adjust these priorities as the year unfolds. The COVID-19 pandemic means that the Health Board is working through a very difficult period where plans for care have been made, rapidly implemented and reassessed daily. Staff have demonstrated, and are still demonstrating, dedication and commitment to ensuring that our residents receive the urgent and emergency care required. Simultaneously, local people are providing essential support to the NHS by following government measures to tackle the virus, and by many expressions of gratitude that mean so much to our staff. So we particularly want to echo and emphasise the thanks given by the Chair and the Chief Executive in the introduction to the AQS. Thank you for your dedication and commitment.



**Professor John Gammon
(Independent Member)
Chair - Quality, Safety and
Experience Assurance
Committee (until March 2020)**



**Anna Lewis
(Independent Member)
Chair - Quality, Safety and
Experience Assurance
Committee (from April 2020)**



**Mandy Rayani
(Executive Director)
Director of Nursing, Quality and
Patient Experience**

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

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

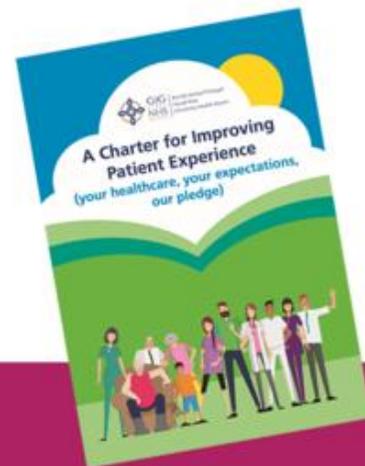
You can do this by contacting our patient support services:

Telephone: 0300 0200 159

Email: hdhb.patientsupportservices@wales.nhs.uk

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

Post: Freepost Feedback @ Hywel Dda



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

We are listening.