



Abertawe Bro Morgannwg University Health Board

ANNUAL QUALITY STATEMENT 2016



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board

ACKNOWLEDGEMENTS

We would like to thank all of our key stakeholders who were involved in the production of the Annual Quality Statement.

We would also like to thank Health Inspectorate Wales and the Community Health Council for continuing to monitor our services to ensure that we respond to any concerns our citizens have.

Finally, we would like to acknowledge the hard work and commitment of all our staff who strive to deliver safe, compassionate and dignified care that is of a consistently high quality.

FOREWORD

We are pleased to present the Annual Quality Statement for 2016 which has been written for the people who live in the communities that we, ABMU Health Board, serve. This has been another year of change and development as we transformed the structure of the organisation from Directorates and Localities into six Service Delivery Units. The purpose of this was to provide local, visible leadership to our service users and their families and of course, our staff. We are confident that each of the Service Delivery Units have established their quality and safety arrangements and are focusing on the delivery of our Quality Strategy and annual quality priorities.

Our new delivery units will be patient-facing, based on how patients experience our services rather than specialities or professions. We aim to have increased local ownership and clinical engagement and nurture a culture where we are able to accelerate progress on new models of primary and community care, shifting the balance of care delivery as near to the patient's home as possible.

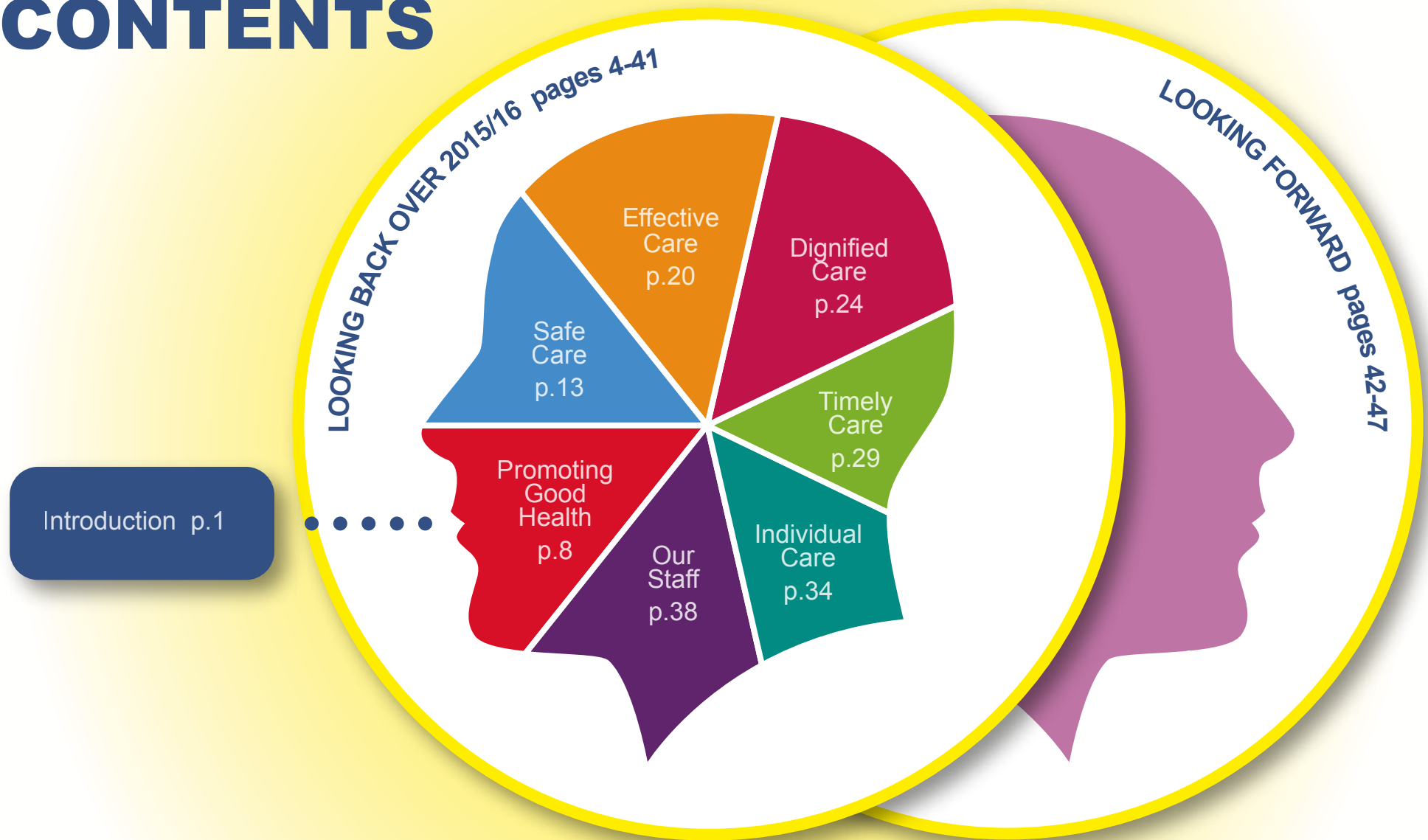
This year we have also changed our commissioning arrangements building on the work that we told you about in the Changing for the Better programme last year. It aims to improve the quality of experience, care and outcomes for patients within the resources we have available to us and will work closely with partners and patients to achieve this.

Within this Annual Quality Statement we are being open and honest about the areas where we have seen an improvement in quality and safety measures and in areas where we still need to improve. We have also told you about innovative partnerships such as ARCH (A Regional Collaboration for Health) and how we continue to embed our organisational values into all that we do.

We would like to take the opportunity to thank our staff, partners and service users for their support in achieving the vision, aims and strategic objectives outlined in our Quality Strategy.



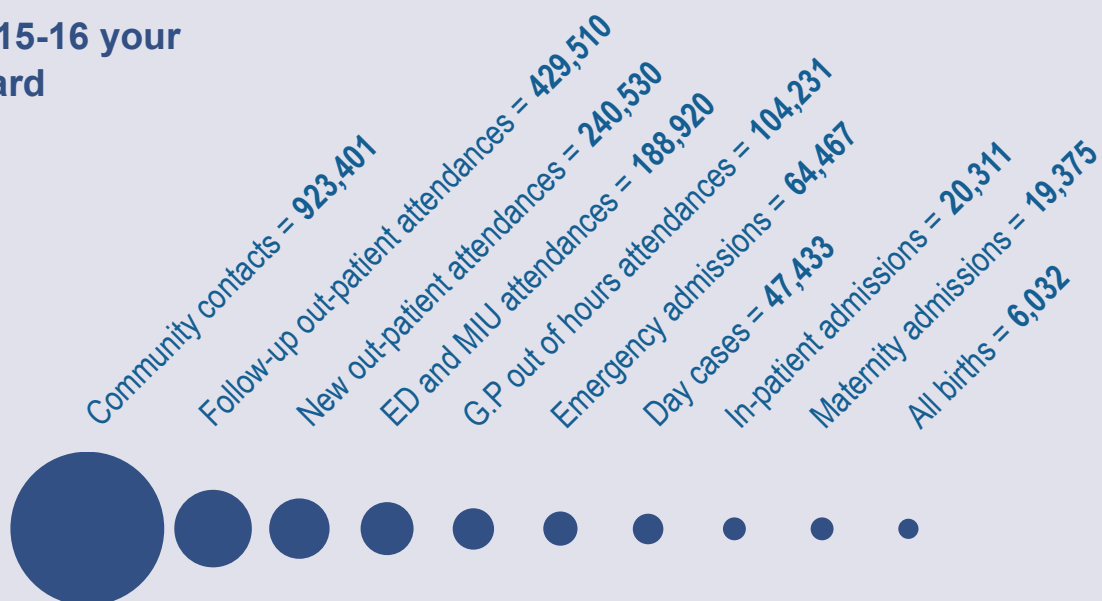
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Abertawe Bro Morgannwg University Health Board (ABMU) is responsible for improving the health of the 500,000 people who live in the communities of Bridgend, Neath Port Talbot and Swansea, we have 15,761 staff.

We commission, plan and provide primary (General Practitioner (GP), Optometry, Pharmacy and Dental services), community based services and secondary (Hospital) care services. We also provide Mental Health and Learning Disability services and a range of very specialist (tertiary) services such as: Burns and Plastic Surgery (for South Wales and the South West of England), Forensic Mental Health Services (for the whole of South Wales) and Learning Disability Services (for Swansea, Cardiff and the Rhondda Cynon Taf and Merthyr Tydfil areas).

During 2015-16 your health board provided:



ABMU HEALTH BOARD GENERAL PRACTITIONER (GP) CLUSTERS WITHIN THE SWANSEA, NEATH PORT TALBOT AND BRIDGEND LOCALITIES



ABMU Health Board has:
2,583 nursing home beds and
2,206 hospital beds

We have seen:
831,546 patients in our hospitals
and our 11 GP clusters and other
community services have seen
1,027,632 patients

Hospitals:

- A Gorseinon
- B Singleton
- C Neath Port Talbot
- D Morriston
- E Maesteg
- F Princess of Wales

We spend nearly **£1billion** each year on your health care. This means that we spend on average **£2000** on health services for you and every other person who lives in the ABMU area.

OUR ORGANISATIONAL VALUES

Our values and behaviours were co-created with staff, patients and carers in 2014 and launched in February 2015. Our values are central to our mission to deliver effective and efficient healthcare in which patients and service users always feel safe, cared for and confident.

During 2015/16 our focus has been on raising awareness of our values with the people who deliver care across ABMU. This has involved teams having conversations about what values mean to them and the impact they have on delivering the best experience for our patients. A recent (February 2016) staff survey identified that 91% of respondents were aware of our values and believed they demonstrated them in their work. 59% of respondents believed our values make a difference to patients and 42% believed our values make a difference to staff experience. This is a significant achievement across an organisation as large and diverse as ABMU in such a relatively short time.

caring for each other	working together	always improving
in every human contact in all of our communities and each of our hospitals.	as patients, families, carers, staff and communities so that we always put patients first.	so that we are at our best for every patient and for each other.
We are friendly , helpful and attentive . We welcome others with a smile.	We communicate openly and honestly and explain things clearly .	We keep people safe and provide an efficient and timely service.
We see people as individuals . We do the right thing for every person and treat everyone with dignity and respect .	We take time to listen , understand and involve people . We value everyone's contribution and we work with our partners to join things up for people.	We are professional and responsible and hold ourselves and each other to account .
We are kind , compassionate , patient , and empathetic to the needs of others.	We are open to , and act on , feedback . We speak up if we are concerned.	We choose a positive attitude , seek out learning , and continually develop our skills and services.
We won't ignore people, be dismissive, rude, abrupt or leave anyone to suffer or feel neglected.	We won't let each other down, exclude or criticise people.	We won't accept second best or choose a negative attitude.

Throughout the next section "Looking Back Over 2015/16", please note that there have been some changes to the way that we record incidents in the Datix system. This makes direct comparison of data difficult but we have attempted to match where we can.

LOOKING BACK OVER 2015/16

HOW WELL DID WE DO TO IMPROVE?

Our 7 Quality Priorities for 2015/16:

1. Improving the way we collect and use Patient Reported Experience Measures (PREMs) and Patient Reported Outcome Measures (PROMs)

We continue to improve the ways in which we listen to patients, their families and carers and gain feedback on our services (see page 34). Across Wales, we are also focusing on what is important to patients, through our understanding of Patient Reported Outcome Measures. An example of this is the **South Wales Cochlear Implant Programme**:

- Listening in challenging conditions (such as a noisy restaurant) means people with hearing loss need to put in a lot of listening effort in order to understand speech.
- The South Wales Cochlear Implant Team at the Princess of Wales Hospital has led on an international collaboration with researchers in Sydney, Australia to identify factors influencing listening effort that are important to people with hearing loss.
- This research will be used to design a PROM to measure how hard people with cochlear implants work at listening. This will help the team identify and deliver effective, patient-centred treatments to help make listening easier.



2. Further developing our stroke services by reconfiguring the patient pathway.

The health board has been working tirelessly to improve the stroke pathway for patients. Some of the changes that have been made over the past year include the ring-fencing of stroke beds in both Morriston and the Princess of Wales Hospital. The team are working on a plan to set up a Hyper Acute Stroke Unit in the health board, improve rehabilitation facilities and focus on how we can prevent strokes from happening in the first place.

3. Improving the way we identify and manage a patient whose condition deteriorates by spreading across all hospitals and wards the 'Spotting the Sick Patient' initiative.

The 'Spotting the Sick Patient' project started in Singleton Hospital has improved the way in which clinical teams manage the patient whose condition has deteriorated. Changes were made to the observation chart and patient records, which improved communication and follow up



Staff, Ward 10 Singleton

4. Improving end of life care by implementing the new all-Wales Do Not Attempt Cardiopulmonary Resuscitation (DNACPR).

The quality of end of life care is very important. It is vital that patients and their families are involved in deciding whether they wish to be resuscitated in the event of cardiac arrest. New 'Do Not Attempt Cardiopulmonary Resuscitation' forms were introduced in 2015, which has led to an improvement in the communication between clinical teams and patients' families.

5. Reducing medication errors by implementing electronic prescribing and administration (EMPA).

Electronic prescribing was found to be safer than the traditional writing of prescriptions. This has been introduced into out-patients in the Princess of Wales Hospital and will be rolled out across the health board in due course. The health board is also considering electronic prescribing for in-patient wards.

6. Spreading the 'Big Fight' campaign – Targeting Clostridium Difficile infection and antibiotic resistance in primary care.

The Big Fight Campaign is progressing well. Please see page 16

7. Improving risk assessment and support mechanisms to prevent those who are known to our mental health services from attempting or contemplating suicide.

A Risk Management Improvement Group has been set up and is working on changing the training in the way that Mental Health Services manage risk. This will benefit patients by improving standards of risk assessment. In addition to this, Mental Health Services are actively involved in the South West Wales Regional Forum for Suicide and Self Harm Prevention, to help develop suicide prevention schemes across the region, working with a large number of stakeholders including the Samaritans.

LAST YEAR WE SAID...

We would introduce a Patient Advisory Liaison Hospital Service (PALS) into all of our acute hospitals in the way that we had in the Princess of Wales Hospital. PALS officers support patients who may have concerns whilst in hospital, and funding has been agreed for teams to be in place in Singleton, Morriston and Neath Port Talbot Hospitals by the autumn of 2016. PALS are working in partnership with wards, with an example of good practice being a 'Share to Care' clinic in one of our wards, where the Ward Sister and PALS Officer see relatives and carers together.

We said that we were working with GPs to improve how complaints and incidents are handled. Please see page 14 for an update on our progress.

We told you about improvements made in Neath Port Talbot Hospital for people with cognitive impairment. In 2015 the hospital won Best Dementia Friendly Hospital in the UK in the 6th National Dementia Care Awards. Please see page 25

We also told you about Ward 18 in the Princess of Wales Hospital and the work the dynamic team were doing there to improve the care of people with sensory loss and cognitive impairment. The team are going from strength to strength. Please see page 26 and page 39 for a report on how one of their dedicated nurses won a Patient's Choice Award for outstanding care delivery.

FLU VACCINATION

Staff Vaccination

The health board works hard to support the public and staff campaign for the annual flu jab. Dr Sara Hayes, ABMU Director of Public Health, leads the flu campaign across Bridgend, Neath Port Talbot and Swansea. She explains the importance of the flu vaccination...



Hamish Laing (Medical Director), Professor Rory Farrelly (Director of Nursing and Patient Experience) and Dr Sara Hayes (Director of Public Health)

"The flu vaccination is safe, it doesn't give you flu, but it does give you the best protection we have against flu and can save lives."

Anyone over the age of 6 months with an existing health condition can have the flu vaccination, also if you're pregnant and everyone over the age of 65 years. This is because you're more vulnerable to the dangerous effects of flu so you are able to go to your GP surgery and have your free flu vaccination...

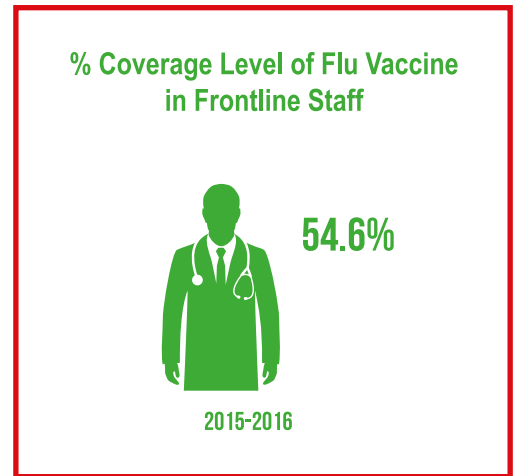
Children aged two to seven years old are also entitled to the flu vaccination but they have it as a nasal spray rather than an injection."



Sister Ursula Arnold

A nurse in Morriston Hospital Emergency Department, Ursula Arnold, was chosen as the face of the health board staff flu campaign this year because of her brilliant work as a flu champion last year.

Over 54.6% of our frontline staff received the vaccination, which is amongst the highest rate of any health board in Wales.



More of our healthcare workers are having their flu vaccines, protecting themselves and their patients from influenza



Ward H, Morriston Hospital, Staff

Every member of staff on ward H, a busy surgical ward in Morriston Hospital received the vaccination this year and Mike Roberts, a nurse in cardiac ITU in Morriston Hospital made his debut as one of the health board's 80 strong team of Flu Champions, vaccinating over 240 staff in one month!

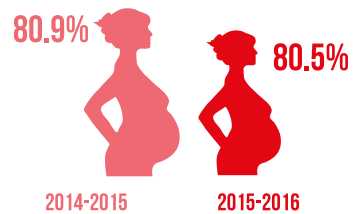
Staff vaccination has also improved across our community settings with the Bridgend district nursing service improving their vaccination rates by appointing Flu Champions.

Vaccination rates increased to over 90% in some of the GP Networks.

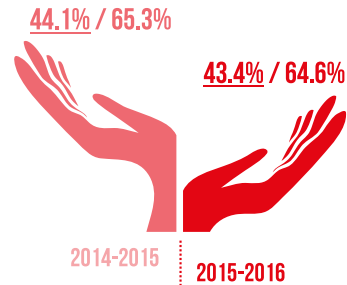


Mike Roberts and staff

% Coverage Level of Flu Vaccine in Pregnant Women

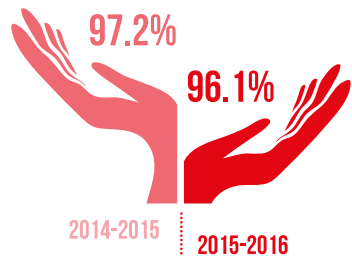


% Coverage Level of Flu Vaccine (<65s at risk / >65s)



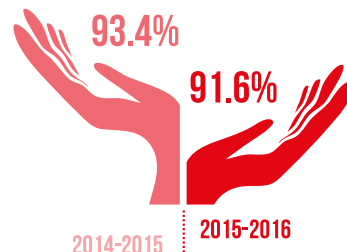
The % coverage of flu vaccination dropped slightly this year

% Coverage Level of MMR at Age 2



Over 95% of 2 year olds in ABMU have received at least one MMR vaccination

% Coverage Level of MMR at Age 5 (2 Dose)



This year has seen a decline in the percentage of our children aged 5 being fully vaccinated against measles, mumps and rubella'

Public Vaccination

Although there has been a marginal reduction in the uptake of flu vaccinations for those under 65 at risk and those over 65, this is consistent with other Welsh health boards.

Practices have been offered support from the local Public Health Team, which ranged from offering Flu Myth Buster Training to reception staff, to the provision of resources to promote vaccine uptake within practices. During 2015/16 we also used the National Flu Bug mascot, to promote uptake of the vaccine in our communities.

We continue to promote the uptake of the MMR vaccination in the community.

This year we invited 2,3 and 4 year olds to an influenza party, in an attempt to give the vaccine in a child friendly environment.

Five practices participated in this, with positive outcomes from staff and parents.

NUTRITION AND DIETETICS WEB-PAGE

Children in Wales (aged 4-5) are more likely to be overweight or obese than children in England (Wales = 26.5%: England = 22%). 27% of boys and 26% of girls within the population of ABMU are overweight or obese (2013/14).

In March 2015 we launched our Nutrition and Dietetics web-page, which has received 222 views (internet) and 261 views (intranet). These pages provide information for patients and carers on a range of issues including a healthy heart, diabetes, weight loss and nutrition advice for children.

We have also introduced “Nutrition Skills for Life” which is an all Wales scheme to support healthy eating and prevent malnutrition in communities. Over 51 community staff have successfully gained an Open University (Agorod Cymru) qualification in Community Food and Nutrition.

The Right to Have Life and Good Health (ABMU Children’s Charter, Articles 6,23 & 24)

Within ABMU Acute Services encourage healthy eating. When children are poorly, adequate nutrition and fluid intake is a vital part of their healing process. Within the ward areas teams encourage healthy eating and provide information to children and their families around the importance of a nutritious diet on health and well being. Nutritious snacks are available for all children and young people throughout the day.



Nutritional skills for life



Nutritional skills for life



Nutritional skills for life

HOSPITAL STOP SMOKING SERVICE

Welsh Government has set a target that 5% of smokers make a quit attempt per year by using smoking cessation services. Hospital based smoking cessation services are an effective way to stop people smoking (Rigotti et al., 2012) and in order to reach our target, nearly 5,000 smokers per year will need to make a quit attempt through using one of our smoking cessation services.

The ABMU Hospital Stop Smoking Service was established across the four main hospital sites in June 2015 and involves intensive individual behavioural support for smokers who are motivated to give up smoking. It has treated over 70 people to date, with over 540 people having been referred into the service.



STAYING HEALTHY THROUGH EXERCISE

ABMU Health Board have set up a partnership group to share information about physical activity policy and initiatives and to provide a forum for working together. Eighteen different organisations are currently engaged in this partnership.

MAKING EVERY CONTACT COUNT

The health board has introduced Making Every Contact Count (MECC). This is aimed at using each contact with a patient/client/person to offer appropriate brief advice or intervention in support of behaviour change. This could be things like quitting smoking, keeping up to date with vaccinations, doing more physical activity or eating a healthy diet.

The pilot will include an evaluation which will be conducted in the Autumn of 2016 and from this a long term plan for MECC in the health board will be developed.

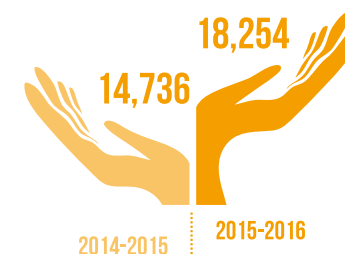
DID WE KEEP YOU SAFE WHEN YOU ACCESSED OUR SERVICES ?

We encourage our staff to report things that go wrong so that we can investigate, learn and improve. As result of improved reporting arrangements and the work we have undertaken to increase awareness amongst our staff of the need for all incidents to be reported, we had more incidents reported this year. The time that we have put into learning from incidents has resulted in a further reduction in the number that caused severe harm. We will continue our efforts to reduce this number further, over the next 12 months.

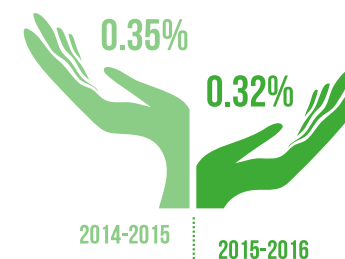
There were six incidents that we call “Never Events.” These are incidents that all NHS organisations should have robust systems and processes in place to avoid.

These events related to the wrong surgical components being used. On two occasions foreign objects were left inside a patient following surgery. One related to surgery being performed on the wrong site and the last was a misplaced feeding tube that had been wrongly inserted. None of the patients involved suffered serious harm as a result of these incidents.

Number of Patient & Visitor
Incidents (not Safety)



Percentage of Incidents
Resulting in Severe Harm

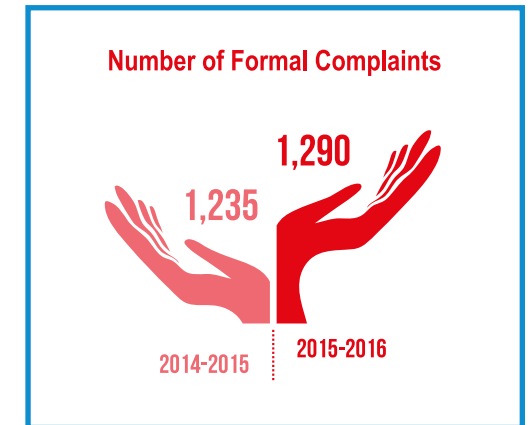
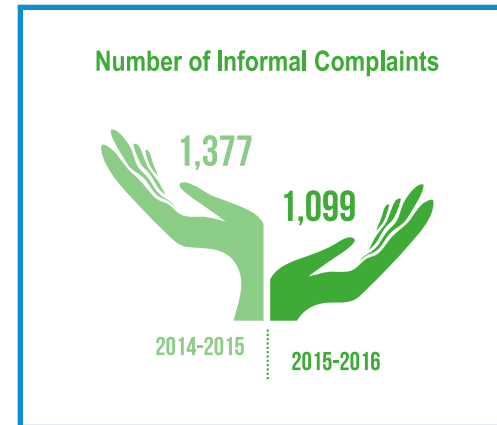


What concerns did you raise with us?

We have seen a decrease in the number of informal complaints and the number of formal complaints remained relatively stable over the past two years.

Most complaints are about:

COMMUNICATION	35%
APPOINTMENTS	17%
ACCESS TO SERVICES	11%



Handling of Complaints in GP Practices

Last Year we said that we would work with General Practitioners to improve how complaints and incidents in primary care are handled. We have worked with our GPs to introduce the DATIX incident reporting system. This means that there is a much more systematic way of monitoring incidents in primary care. The main issue that General Practitioners are reporting on relate to the information that is provided to them by hospitals when patients are discharged. As a result, this has been chosen as one of our Quality Priorities for 2016/17 and will be led by the Medical Director.

Wherever possible practices will manage their own concerns and complaints, this is because they are independent businesses and need to have systems and processes in place to manage concerns and complaints openly and to use patient feedback to improve their services. The process for managing complaints has therefore been reviewed to make sure that practices are given this direct opportunity wherever possible.

The health board continues to monitor the volume, themes and trends from complaints about primary care. Where we find that there are recurring themes we are able to send in a small team from the health board to work with the practice and provide specific support to improve the way that they are responding to and learning from their complaints.

During 2015/16 the health board were the subject of 50 Ombudsman investigations. This is compared to 23 received during 2014/15. The Ombudsman upheld or partly upheld 15 of the complaints investigated, with 14 complaints not upheld. Early resolution was agreed in 3 cases. The remaining 18 are still at the investigation stage.

The health board recorded a total of 1,491 compliments in 2015/16. Many more cards, letters and gifts were also sent directly to clinical teams.

DID WE MAKE THINGS SAFER?

Did we prevent infections?

The infection control agenda remains a challenge within the health board and although we have achieved a reduction in MRSA/MSSA bacteraemia rates of 36% since last year (Diagram 1) we have seen an increase in the numbers of patients who have contracted C Difficile by 5% (Diagram 2).

There is a great deal of work going on to improve on this position including the appointment of an expert on infection control into an Assistant Director of Nursing post. Tracey Gauci will support the Director of Nursing and Patient Experience carrying out his function as board lead for infection prevention and control.

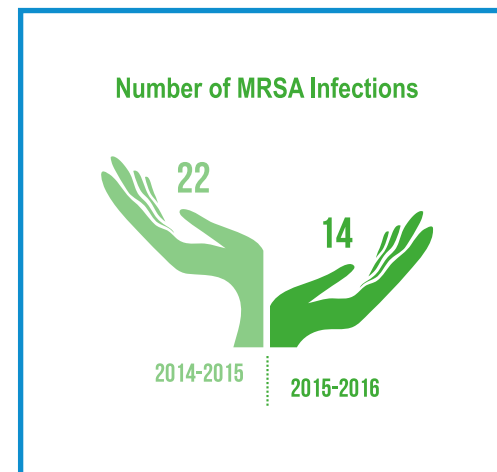


Diagram 1: The numbers of MRSA cases have halved over the past 3 years

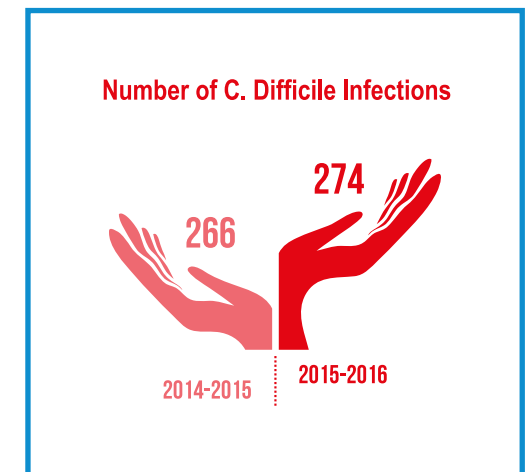


Diagram 2: There has been a rise in the number of C. Difficile cases

We have purchased UVC equipment which is used to supplement cleaning and have asked for a review of our decontamination practices within the health board. A great deal has been done around the training and development of staff including an updated education programme to teach aseptic non touch technique to prevent cross infection.

We are also a Bevan Commission Health Technology Exemplar for our use of chlorhexidine impregnated novel technologies in critical care. This work will be shared both locally and internationally.

The Big Fight Campaign

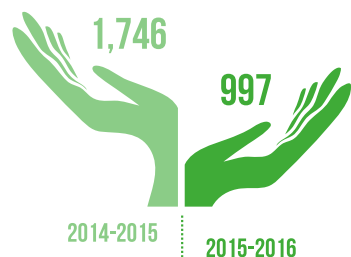
Antimicrobial Resistance is one of the greatest health threats to humans and animals. The seriousness of this threat is recognised by the UK government in its 2015 National Risk Register of Civil Emergencies. ABMU has amongst the highest antimicrobial prescribing rate in the UK and currently the highest incidence of Clostridium difficile (C. Difficile) in Wales. Use of broad-spectrum antibiotics are associated with increased incidence of C. Difficile infection.

The **'Big Fight' Campaign** is a Welsh Government funded project aimed to improve patient outcomes and minimise the potential risks for increasing antibiotic resistance and C. Difficile infection. The Big Fight Team was enhanced in early 2016 and now includes a Specialist Antimicrobial Prescribing Advisor, an Infection Prevention and Control Nurse, a Project Manager and Data Analyst. GPs from across the area are joining forces and prescribing antibiotics only when absolutely necessary in an effort to save lives and slow down the number

Did we prevent pressure ulcers?

The health board Pressure Ulcer Prevention Group has been set up to reduce the numbers of patients who develop pressure ulcers. It is developing a pressure ulcer prevention toolkit and looking at the way in which we investigate pressure ulcers across hospitals and care homes to prevent them from occurring in the first place. It is also looking at staff training and finding good measures for improvement. The number of pressure ulcer related incidents has fallen dramatically, with ABMU having less than 1000 cases reported in the past 12 months.

Number of Pressure Ulcer Related Incidents

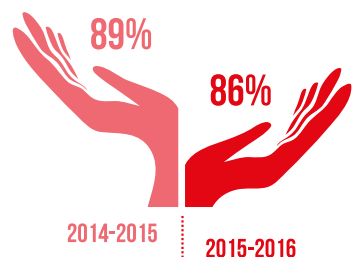


*Neath Port Talbot Hospital
has started a multi-
disciplinary Pressure
Damage Scrutiny Panel to
further prevent avoidable
pressure damage in
hospital*

*District Nurses have
developed a new training
programme and care plan
for pressure damage*

*The National Wales Wound
Audit found that rates of
pressure ulcers in Princess
of Wales 3.0% compared to
4.42% across Wales*

Percentage of Patients Risk Assessed for Blood Clots



Did we prevent blood clots?

We continue to work hard to ensure that every patient admitted to our hospitals are risk assessed for how likely they are to get a blood clot whilst in hospital. Neath Port Talbot and Princess of Wales Hospitals are the only 2 hospitals in Wales to have achieved VTE Exemplar Site status.

*"Recognition as a VTE
Exemplar Centre sends
out a message to the
community that when
patients are admitted
to our hospitals their
safety is paramount in
the measures we take to
prevent potentially life
threatening blood clots"*

(Professor Roopen Arya, National
VTE Prevention Programme)

Did we administer medicines safely?

Medication safety is high on the agenda, particularly focusing on the findings identified in Trusted to Care, which included omitted doses, medications storage and security.

The Medications Safety Group has, amongst its functions, the monitoring of medication safety using the Medication Safety Care Metrics and also learning lessons from drug incidents.

This continued focus has seen an increase in incidents related to medicines, which we will continue to address. A Medicines Safety Thermometer has been developed that measures a number of safety indicators that are incorporated into the ward Health and Care Standards Care Indicators.

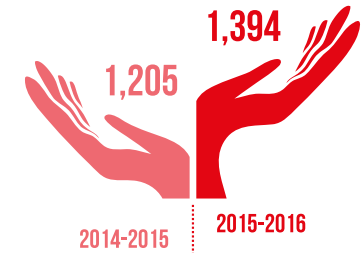
E-prescribing

Electronic prescribing has been introduced to areas of outpatients in the Princess of Wales hospital and there is a plan to introduce it into inpatients services this year.

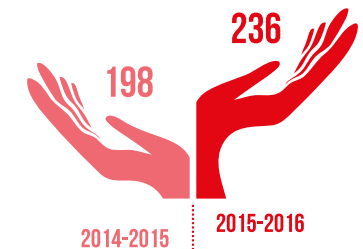
“The introduction of e-prescribing has significantly improved the clinical governance of outpatient prescribing, reducing the risk of error. It’s extremely beneficial to have an electronic record of patients’ outpatient prescriptions”

Brian Rhys-Dillon, Clinical Nurse Specialist, Rheumatology

Number of Medicine Management Incidents

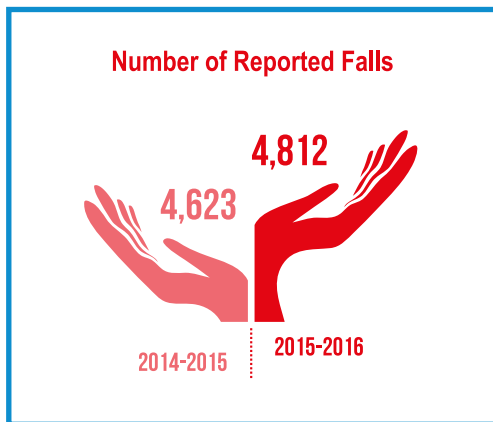


Number of Prescribing Errors



Number of Incidents Relating to the Storage of Medicines





Numbers of reported falls have risen between 2013 and 2016

DID WE PREVENT FALLS?

The health board has set up a multi-disciplinary Inpatient Falls Prevention Task and Finish Group. The group is chaired by a Consultant Physician/Geriatrician and has a remit to focus on the key principles that underpin falls prevention programmes by improving knowledge through education and training, making sure that our policy is aligned to the National Indicators for Adult Inpatient falls and looking at how we record falls to improve shared learning. The group will also focus on how we investigate falls when they occur, to make sure we get to the bottom of what happened and what we can do to prevent a fall from happening again.



SAFE CARE FOR CHILDREN IN THE COMMUNITY

Over 20 children and young people are able to stay at home thanks to a team of paediatric nurses who provide support to their families. Many of these children have complex health needs, including conditions that require mechanical ventilation

WAS THE CARE WE PROVIDED EFFECTIVE?

Research and innovation is very important to us in ABMU and we work with our academic partners, industry colleagues and stakeholders to share knowledge and make sure that our services are based on the most up to date knowledge and evidence.

Research is a very important part of the ARCH project (Page 46). For example we have set up a Joint Clinical Research Facility (JCRF) who amongst other things manages trials of new drugs and devices.

We did so well on involving patients in our research studies that we exceeded our target for 2015/16 for both non-commercial and commercial studies.

An example of an excellent research partnership is between the Maxillofacial Unit at Morriston Hospital and Cardiff Metropolitan University who were awarded a Queen's Anniversary prize in January 2016 for improving patient experience and outcomes through research.

Clinical Audit

The health board has a flourishing Clinical Outcomes Steering Group chaired by the Medical Director and is actively involved in 29 national audits that are listed on the Welsh Government National Audit & Clinical Outcome Review Programme (NCA&ORP). We also contribute to studies carried out by the National Confidential Enquiry into Patient Outcome and Death (NCEPOD), and the Clinical Outcome Review Programme (which used to be known as "Confidential Enquiries"), if they concern services that we deliver.

Here are some examples of where audit, research and development have made a difference to patients:

Robotic Surgery: A “First” for the UK!

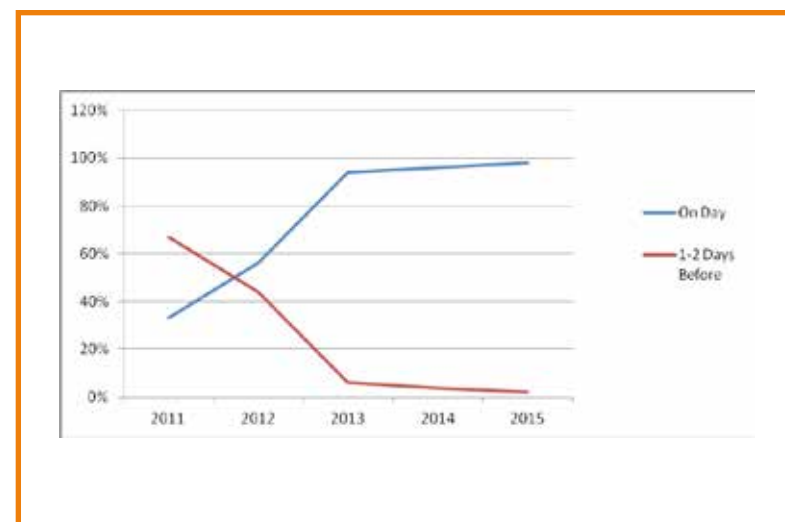
Our finance team played a key role in the development of a Business Case focusing on ‘Innovative Robotic Theatre Developments’ linked to laparoscopic or ‘key-hole’ surgery. As some of the technology identified was a first, not just for Wales but for the UK, it was essential the case delivered clear benefits that could be measured and demonstrated to our Board and the Welsh Government. Through the knowledge and expertise of the senior surgeons ABMU was able to identify real benefits by adopting best clinical practice from around the world and the health board were successful in securing capital investment.

Effective care management of patients on warfarin in POW

A number of clinical incidents highlighted the need for a change in the way patients on warfarin (anticoagulation medication), were managed before surgery. Patients must temporarily stop taking warfarin before an operation but are at risk of developing a blood clot if it is for too long or not re-started properly afterwards.

In 2011 ‘Gwyneth’ suffered a severe stroke after her warfarin therapy was stopped prior to a hip replacement surgery and was not restarted after the surgery was cancelled. Gwyneth’s experience was the catalyst for the development of the warfarin bridging therapy pathway, at Princess of Wales Hospital (POWH).

The effects of warfarin can last up to 72 hours, so most patients were admitted 1 or 2 days before their operation to monitor their INR. The new pathway would see most of these patients admitted on the day of surgery. To the end of 2015, 229 patients have been through the bridging process for planned surgery with no reported adverse incidents relating to blood clotting issues.



Percentage of POWH patients on warfarin admitted on the day of surgery v 1-2 days before

Childrens Services

Childrens Services are included in a UK wide study which aims to develop a tool that will pick up on the early warning signs of a deteriorating child.

HOW DO WE KNOW THAT OUR CARE IS EFFECTIVE?

First Friday Initiative Morriston Hospital

Since November 2015 the first 'working' Friday of every month within Morriston Hospital has been dedicated to visiting clinical services by members of the senior team both clinical and non-clinical. The day is reserved to ensure visible leadership across areas to observe practice first hand and speak to staff and patients about their experience.

The aim of 'First Friday' is to support front line staff to resolve problems and risk issues and to unblock bottle necks, share learning and experiences across wards and departments while also undertaking independent audits of clinical services to be used for celebration and as an improvement tool. So far over 20 ward areas have been reviewed in this way and there are plans to extend the coverage of this initiative to other areas and services such as; outpatients, radiology, physiotherapy and portering.

Mental Health Quality Assurance Tool

Mental Health Services have been using a newly designed Quality Assurance Framework throughout its services in 2015/16. The tool is used by senior nursing staff who undertake regular inspections of clinical areas, where they look at such things as the Mental Health Measure Care & Treatment Plan and relevant documentation, therapeutic activities and interventions and patient well-being. Throughout the inspection they will be monitoring the interaction between patients, staff and their families, to ensure that they are being treated with dignity and respect at all times. The framework was reviewed by the Delivery Unit in May 2016 and cross-referenced to the Health and Care Standards.

Cardiac Service Review – National Report

Between April 1st 2011 and March 31st 2014, there were 1,879 cases at Morriston Hospital, with a risk-adjusted survival rate of 98.36%. The national survival rate was 97.7%. This put Morriston sixth in the UK rankings, out of 37 NHS and two private hospitals.

Cardiff & Vale University Health Board scored 98.67%, meaning the two cardiac centres in Wales both performed exceptionally well.



WHAT OUR PARTNERS AND EXTERNAL AGENCIES TELL US

External Reviews and Visits

There were a number of reviews carried out by Health Inspectorate Wales (HIW) and The Community Health Council (CHC) at ABMU during 2015/2016. HIW for example carried out 34 visits to ABMU premises, 3 to Learning Disability premises, 3 GP practices, A Mental Health visit on wards in Princess of Wales Hospital and 25 to Dental Practices in the area. The CHC have carried out over 50 Audits and several Surveys visiting well over 140 different areas over the year. HIW and CHC will look at issues as varied as governance, environmental, staffing levels nutrition, access, signage, mental health to name a few. They make recommendations and the health board will produce plans to put things right. Many praise our services and the dedication and skills of our staff.

There are also visits from professional standards bodies, the Welsh Risk Pool, Health and Safety Executive and the Fire and Rescue Services amongst others all helping to ensure our premises and working practices are of a high standard and safe for patients and staff alike.

DID WE CONSISTENTLY MAINTAIN YOUR DIGNITY?

Older People's Commissioner

The Older People's Commissioner, Sarah Rochira, identified 12 key areas which are central to safe, dignified and compassionate care (February 2015).

These are:

- Continence
- Hydration and nutrition
- Falls
- Pressure ulcers
- Health acquired infections
- Discharge from hospital at night
- Safeguarding
- Mobility
- Cognitive impairment and dementia
- Staffing levels
- Training
- Responding to the views of staff



We have combined these with our Standards of Care for Older People in Hospital and have developed an Older People's Dashboard to monitor our progress against these standards. This is monitored through the Quality and Safety Committee.

Trusted to Care Review 2015

The health board received the 'Trusted to Care' Report in May 2014 which criticized our care of the frail elderly. A number of recommendations were made and in September last year, The Trusted to Care Review 2015 was published, which reviewed how the health board had progressed against the 14 recommendations in the original report. This concluded that progress had been made against all 14 recommendations and 4 of these (care standards, integrated quality, medicines management and 24 hour 7 days a week services) had either been fully addressed or we had clear plans in place to achieve this. The remaining 10 recommendations requiring further progress relate to the environment, learning, skills and knowledge and values & leadership. As a result, the health board have continued to develop action plans for delivering the remaining recommendations by July 2016, and to ensure that during 2016/17 all of the recommendations are fully addressed and embedded across the health board as part of the new operational structures.

AREAS WHERE WE HAVE IMPROVED

Improving the care we offer people with dementia

Neath Port Talbot Hospital was proud to be named the Best Dementia Friendly Hospital in the whole of the UK.

The hospital environment can be frightening for people with cognitive impairment so the multi-disciplinary team in Neath Port Talbot Hospital teamed up to provide better care for patients with dementia and now their efforts have paid off after they claimed the title of "Best Dementia Friendly Hospital in the UK" at this year's National Dementia Care Awards. Staff refurbished a day room on Ward E to make the environment less clinical and more familiar. Ward B2 created a dedicated room called the 'Pili Pala' room which enables patients from all 4 Care of the Elderly wards to attend for sessions designed to enable reminiscence and therapeutic interventions such as music therapy.



Ward 18 Princess of Wales Hospital

Ward 18 is a frail and elderly ward and many of the patients suffer with dementia. Following the Andrew's report, a huge effort was made by the team to improve the care that is provided for patients.

The day room therefore was revamped making it more homely. The lighting was changed, patient friendly decor and signs introduced. Benches were placed in the corridors so patients who like to walk around could sit down. Pictures were put up on walls for reminiscing e.g., pictures of film stars and rugby heroes.

A number of activities are held in the day room, including afternoon tea, joint physiotherapy and musical events.

The staff are always looking for ways to improve and have engaged with the local community who now make sensory blankets for the patients which helps them when they are feeling upset.

A Place to Call Home

During 2015-16 the Older Person's Commissioner in Wales published a report based on a review that she had undertaken across Care Homes in Wales. The report called "A Place to Call Home" calls on health boards and local authorities to work closely with care homes to address her areas of concern. This includes protecting people's individuality and identity, promoting an awareness of people's emotional needs as well as their basic healthcare needs, making sure there is access to specialist services to give the best quality of life possible and making provision for the future by working together to forward plan. In response to this report the health board has agreed a whole of range of actions and initiatives including the involvement of the Community Dental Service in raising standards of mouth care for people in residential care homes.

"Staff report it was very informative and I have been able to implement it practically. It has certainly raised our standards"

Manager

We are also putting a focus on supporting staff to deliver gold standard palliative and end of life care and are working with Macmillan Cancer Care to deliver education in care homes. More recently we have extended this training to include staff who work in other community settings including patients own homes.

I can hear clearly now....'

Simple interventions can reduce the risk of delirium and significantly improve the patients experience and quality of life throughout 2015/16. Neath Port Talbot Hospital have introduced routine ear and hearing assessment in elderly patients to enable early identification of sensory loss allowing timely and appropriate treatment. A snap shot audit showed that 50% of our patients had significant ear wax that was impairing hearing. The team of nurse practitioners and doctors are being trained to safely remove ear wax and refer to specialist teams where it's appropriate.

"An 85 year- old patient once told me that the most positive part of being admitted to hospital wasn't that he had spent three weeks in the intensive care unit when his lungs didn't work properly. The positive part was afterwards when he was admitted to the rehabilitation ward. It was here that someone had looked in his ears, prescribed ear drops and arranged for the wax to be removed. This enabled him to hear more clearly again. For the patient this was the most important aspect of care as his sensory impairment had had a significant negative effect on his quality of life and experience in hospital "

Ceri Thomas, Lead Advanced Nurse Practitioner

Spirituality and Dignified Care

We are very aware of the spiritual needs of people in the health board. Here are two examples from Mental Health and Community and Primary Care where we are looking at this important issue.

- The law requires mental health services to assess spiritual needs. In order to do this a 'Mental Health and Spiritual Implementation Group' has been set up to look at these issues including closer working with the faith communities and making a Directory of services. They are also training and educating staff on spiritual needs and producing guidelines to help them in their day to day work.

- The Community & Primary Care Unit are about to launch a pilot project in Bridgend where they will be looking at the impact on the wellbeing of patients who receive chaplaincy support in hospital and when discharged to a care home placement.

Valuing Carers in ABMU

The ABMU Carers Partnership Board has worked together to further develop information and services to raise the profile of carers in Bridgend, Neath Port Talbot and Swansea. Examples of work include identifying and supporting adult and young carers on hospital wards, in GP Practices and through integrated support with Social Services as well as Young Carers through schools.

ABMU Carers information pack has been widely distributed throughout the hospitals in the health board area. The bilingual pack contains information which aims to assist the person providing support to identify themselves as a Carer, a Young Adult Carer or a Young Carer. A new guide has been written specifically for family members and Carers of people who experience mental illness. There is also a new document called “Confidence in Working Together” which provides advice to practitioners and Carers about confidentiality and information sharing.

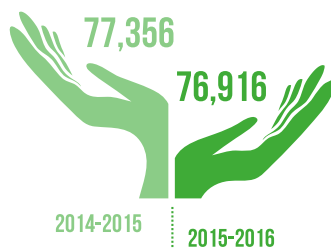
DID YOU HAVE TO WAIT LONG TO ACCESS OUR SERVICES?

Elective (Planned) Care Treatment

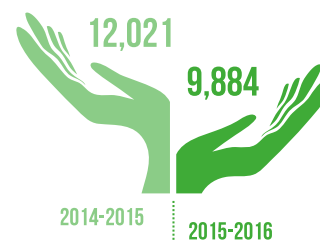
Reducing waiting times for elective care continues to be a priority for us. During 2015-16, 87.70% of our patients were seen and treated within 26 weeks of being referred to us, a 3% improvement on 2014-15. We have worked hard to reduce the time that you have to wait for assessment, care and treatment.

The figures below show that the number of patients waiting over 26 weeks and 36 weeks has reduced significantly over the last 12 months. We recognise that our waiting times are still not where they should be so we will continue our hard work.

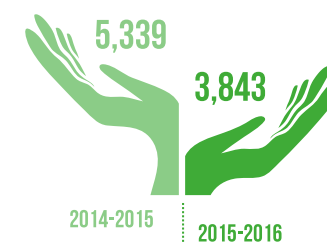
Number of People Waiting to Start Treatment (as at March)



Number of People Waiting Over 26 Weeks for Treatment



Number of People Waiting Over 36 Weeks for Treatment



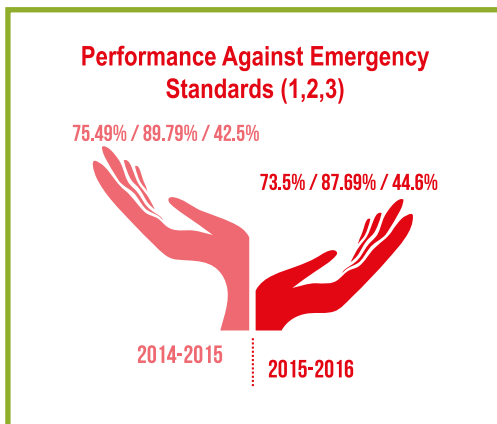
Accessing our Mental Health Services Through Triage

Over the past five years a mental health triage development has been constructed in partnership with colleagues from Deakin University and the University of Melbourne in Australia. Mental health triage is underpinned by the principle that a reduction in time taken to access mental health care will improve outcomes and experience for the patient. Secondly, it aims to develop improved responses from the mental health service to both patient and carer needs and finally provide prevention and early intervention to mental health problems.

In 2015, the project moved on with the development of a pilot study in the Princess of Wales Hospital, Bridgend. Results of the pilot can be found at www.ukmentalhealthtragescale.org The pilot study will be expanding to Swansea and Neath Port Talbot throughout 2016.

DID WE PROVIDE THE CARE AND TREATMENT YOU REQUIRED QUICKLY ENOUGH?

There was a decrease in performance against the standards set by Welsh Government.



Standard 1:
at least 98% of patients should spend no more than 4 hours in an ED.

Standard 2:
at least 98% of patients should spend no more than 8 hours in an ED.

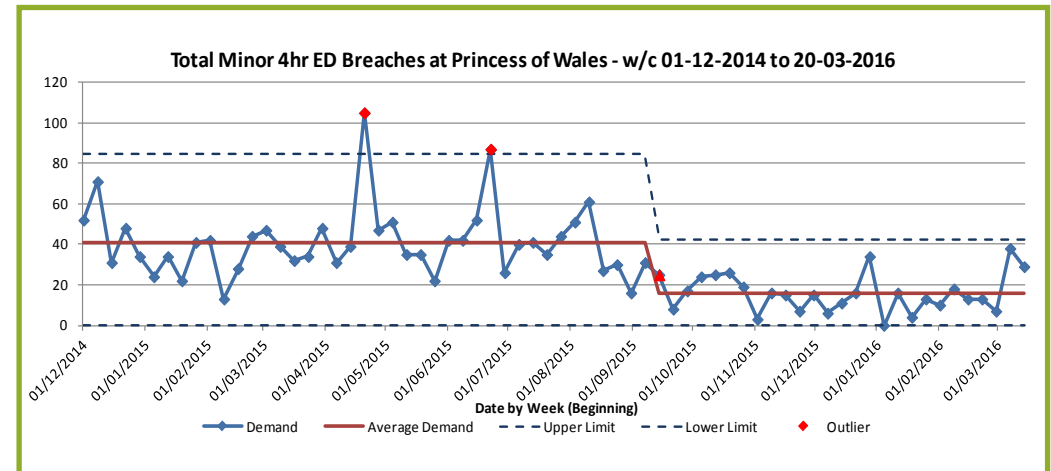
Standard 3:
100% of patients from Ambulance service to ED within 15 minutes.

The following are examples of what we are doing to improve access to our services:

Patients attending the Emergency Department of the Princess of Wales Hospital (POWH) with minor injuries were spending too long waiting for assessment and treatment. Staff tackled this through the 1000 Lives Flow programme and undertook a project to separate the Majors and Minors emergency streams.

Staff were keen to engage in trying the new processes – the perfect weekend was designed with volunteer staff to test the change.

During the weekend, the time patients spent in minors greatly reduced even though it had been the busiest weekend in 2 months and for the staff it felt like the quietest and the department was calm. To make things even better a decision was made to redesign the workforce skill mix and replace the unfillable medical posts with a new team of Emergency Nurse Practitioners (ENPs) to staff the minors' stream.



The new model of working was fully implemented in September 2015 and a steep change in the number of minors' patients waiting over 4 hours is shown here

Patients are getting faster access to consultants, tests and treatment at Singleton Hospital, thanks to a new Ambulatory Emergency Care Service (AEC).

The pilot service, which started in the autumn, has already resulted in fewer patients being admitted; because they get the care they need at the front door, instead of becoming an inpatient and then waiting - sometimes days - for tests. Key to this new service is direct access to senior doctors, who assess patients early on, supported by a wide range of specialists, therapists and social services staff, and same-day tests.

In all, the new service saw 89 patients and only 7 of these went on to be admitted. This pilot has led to service change within Singleton Hospital.



Dr Chris Hudson, Consultant Physician

"Patients were coming through a process almost designed to admit them to hospital, even if they didn't really need to be there. Our new way of working is much better at identifying and treating those patients who don't need to go onto a ward at all."

Physiotherapy walk-in clinics have been set up across the health board so that patients can come straight to a clinic for an assessment. In 2015 the service saw over 7000 new referrals, this is over 66% of the total referrals into the Physiotherapy Service. Almost half of those seen did not need further appointments as their condition could be treated and appropriate advice on self-care given on the day. Other benefits are that patients are seen quickly and can manage their own conditions without needing to go and see their GP.

Wherever we can we want to provide care for people close to or in their own homes. During 2015-16 we have had some very exciting developments in community care. With our Local Authority colleagues we have been able to use some additional funding that Welsh Government made available to use, the Intermediate Care Fund, to invest in some new services. **One particularly successful initiative has been to develop an Acute Clinical Response Service across the whole health board. This means that with a team of highly trained doctors, nurses and support workers we can offer some care that would previously only been available in hospital.** This includes the administration of some drugs through intravenous lines, this means being able to give drugs directly into the blood stream through a “drip”, as an example this might be done for a short period of time to give antibiotics for an infection.

DISCO Clinic: Dermatology Screening Clinic: Introducing a screening clinic in our Dermatology Service in Neath Port Talbot Hospital meant that we have significantly reduced waiting times for the service. In December 2014 there were over 700 people who had been waiting more than 26 weeks to access Dermatology. We then introduced an innovative option for patients to attend a 1 minute appointment. As result, by January 2016 there were no patients waiting more than 26 weeks.

One gentleman said of the service:

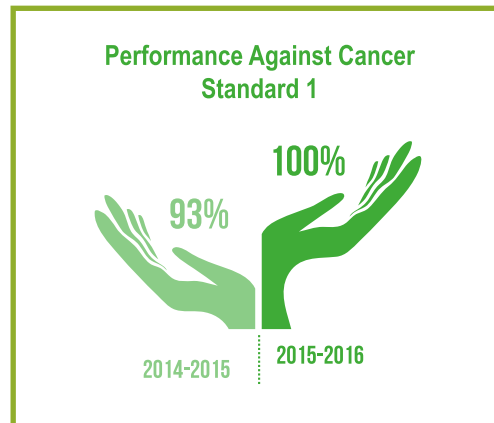
“It means I can make a cup of tea when I want to and watch what I choose on the television”.

“Mum has dementia so it was a great relief that she could be seen so quickly on the day so it was all less stressful for both of us ...saves a lot of waiting on the list and worry”

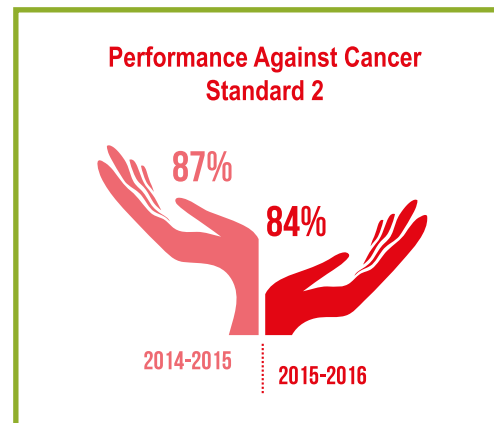
When children come into hospital as an unplanned admission they are seen in the Paediatric Assessment Unit (PAU). Between 500 and 700 children are seen every month in Morriston PAU and between 250 and 350 children at the Princess of Wales PAU.

CANCER CARE AND TREATMENT

Standard 1 : At least 98% of patients referred as a Non Urgent Suspected Cancer starting treatment within 31 days of their treatment plan being agreed following diagnosis (Month of March data shown).



Standard 2 : At least 95% of patients referred as Urgent Suspected Cancer having treatment within 62 days. (Month of March data shown).



WAS THE CARE WE PROVIDED RIGHT FOR YOU?

Listening And Learning From Feedback

The health board has continued to learn and develop over the past two years to use patient feedback as a mechanism for listening, learning and improving. The health board was awarded runner up status in the Patient Experience Network National Awards for its approach to gaining patient feedback.

One part of gaining feedback is to ask patients to rate how likely they would be to recommend a service to friends and family. Unfortunately we only receive feedback through the Friends and Family test on 18% of our patients at the moment and it is the aim of the health board to increase this to at least 40% of our patients/service users by the end of March 2017.

15 Step Challenge Ward Visits

The 15 Steps Challenge is made up of a series of questions and prompts to guide people through their first impressions of a ward. It was initiated in response to a quote from a parent whose child was a patient. It helps us gain an understanding of how patients feel about the care provided and how high levels of confidence can be built.

"I can tell what kind of care my daughter is going to get within 15 steps of walking on a ward"

Four attributes of quality are considered within a clinical environment which together gives an overall impression of a ward:

- Welcoming
- Safe
- Caring and involving
- Well organised and calm

The Quality and Safety Committee members did a number of 15 Step Challenge ward visits throughout 2015/16. Findings were largely positive with areas of good practice being witnessed across all areas. Where any shortfalls were identified, the area developed an action plan with progress being monitored by the Directorate/Service Delivery Unit.

Within Paediatrics an innovative approach has been adopted entitled 'Quality from a Young Person's Perspective', where young people from local Comprehensive Schools supported by health board staff undertake the 15 Step Challenge. Some of the things the young people picked up were the need for wards to display an explanation of the different uniforms that staff wore and to ensure that all visitors are approached and welcome.

Children from local schools, supported by local managers, have been undertaking the 15 Step Challenge ward visits within Children's Services. This new approach is going from strength to strength.

April's Story – My Miracle Boys

Patient's stories are an excellent way of learning about our services and we start each health board meeting and Quality and Safety Committee with one. Here is an example:

"My name is April, and this is our story so far. My husband and I are parents to 4 children, 3 girls and a boy. So it came as a bit of a surprise to find out we were expecting twins, although a nice surprise when the shock wore off. Jacob and Isaac were born 17 weeks early."



During their time at NICU in Singleton both Jacob and Isaac were on breathing machines and had to battle with infection and other medical concerns due to their prematurity. After more than 7 weeks they were both transferred to our local hospital.

I cannot thank the nursing and medical staff at Singleton enough and there are no words I can use to express my thanks. I look at my boys now and cannot believe what they have been through, and where they are now, the staff at Singleton truly perform miracles, and our boys are our little miracles.

Nobody can really prepare you or understand what it is like to have a baby in NICU, unless you have been there yourself, but the medical and nursing staff are there supporting you"



Children's Charter

ABMU are putting children/young people at the heart of the design and delivery of their services. The development of the Children's Charter ensures that we mould our services around the United Nations Rights of the child.

Information gained from children/young people across the health board has been used to develop and redesign the charter and through our engagement, their views have been taken into consideration and have assisted us in redesigning aspects of our service.

The health board has been working with Swansea University to secure funding to implement the Children's Charter. This will ensure that we are a 'Rights Respective organisation' in all aspects of the services we provide for children and young people.

A short video is available on the ABMU Website where children discuss which rights are important to them around their health care

The Right to Information (Children's Charter Articles 13 & 17)

You can ask us any questions you want and we will answer them in a way you understand.

Youngsters who need to visit Morriston Hospital's children's ward will now be getting a warm welcome with a difference – from other children. They are the young stars of a new video which aims at providing a child's eye view of what goes on in the ward and what they can expect once they are admitted. The four-minute film sees the children aged between five and 16, taking starring roles as ward staff for the guided tour of the Paediatric Assessment Unit, Oakwood Ward, the High Dependency Unit and the surgical ward M.

Wearing miniature versions of adult uniforms and playing doctors, nurses, play leaders and domestics, the cast explain what each area of the ward is for, what everybody's role is and even the importance of hand hygiene on the ward. The video is a simple but effective way of getting information about hospital over to children quickly.



NURSING VACANCIES

One of our biggest recent challenges has been the availability of Registered Nurses. We currently have over 200 vacancies and, with other health boards across Wales, have been doing a number of things to improve the situation. We have worked with our partner universities to increase the numbers of nurses in training and have undertaken a programme of overseas recruitment.

Overseas Recruitment

Up to April 2016, 68 nurses have arrived to work with us from European Union countries such as Portugal, Romania and Italy and another 40 have been appointed and are waiting to start. Ana Marta Silva E Sousa and Diana Azevedo Oliveira who are both from Portugal were the first nurses to arrive at the end of 2015. International recruitment will continue with a number of nurses already appointed from the Philippines.



Ana Marta Silva E Sousa and Diana Azevedo Oliveira with Rory Farrelly - Director of Nursing and Patient Experience



WE HAVE AMAZING STAFF IN THE HEALTH BOARD. HERE ARE SOME OF THEM ...

A Health Care Support Worker who always goes the extra mile for the elderly people in his care scooped seven nominations in this year's first ever Patient Choice Awards held at the Princess of Wales Hospital.

Among the tributes paid to Lee Cook, who works on the hospital's Ward 18, was that he makes the day seem a little brighter. Anne and David Williams said had he made visits to see their father on the ward, which cares for frail elderly patients, many with dementia, more bearable.

"Lee impresses us on every level, his demeanour, attitude and friendly character set the tone for the professional way he goes about his work."

"It seems everyone on Ward 18 - staff, visitors and patients - benefit from Lee's presence."



Health Care Support Worker Lee Cook with Princess of Wales Hospital Director Jamie Marchant.

Optometry Team

Joshua Hopkins has been looked after by the optometry team at Neath Port Talbot Hospital since he was nine months old. The Abbey Primary School pupil, now five, was born with a turn in both eyes and needed surgery when he was just two but, his mum Sherill says, thanks to the dedication of optometrist Phil Jones and orthoptist Claire Shaw, he no longer dreads his regular appointments.

The optometry team were awarded a Patients Choice Award for 2015

"The problems he had with his sight affected everything – he didn't talk till he was three and a half – but since his operation he has changed so much... they are always brilliant with Joshua here. He used to get very upset but they would work together to distract and comfort him – even downloading toddler-friendly apps on their own phones."



Sherill and Joshua Hopkins with Claire Shaw and Phil Jones

Mum's Midwife of the Year

Bryany Tweedale-Bend has been named as Welsh winner of the Mums' Midwife of the Year, sponsored by online maternity club Emma's Diary.

The community midwife was nominated by grateful mum Laura Geary, of Cwmgwrach, for her care before – and after – the arrival of little Evelyn.

Bryany said: "I'm extremely touched that someone took the time to acknowledge what I do. It's a lot of hard work, so to get this kind of recognition means everything".



Bryany Tweedale-Bend

Louise Hughes

Louise Hughes our Senior Nurse for Education won the Nightingale Foundation travel scholarship and spent 3 weeks in Boston in 2015 to find out everything she could about Schwartz Centre Rounds so that she could promote the development of this in ABMU.

Schwartz Centre Rounds aim is to bring staff from all disciplines together to explore and discuss the emotional challenge of their work.

In 2013, newly formed charity Point of Care Foundation, obtained a license to bring Schwartz Centre Rounds to the UK and ABMU was the first health board in Wales to sign up for them.

The rounds take place every month and alternate between Neath Port Talbot and Singleton Hospitals and it is the aim to introduce them into our other hospitals in the future.



Louise Hughes

OUR VOLUNTEERS

We have approx 450 volunteers across ABMU working on wards and in chaplaincy and also as “meet and greet” on front desks in the main hospitals. We are anticipating a 15% increase in the number of volunteers for 2016/17. They provide company and support to many of our patients and are involved in patient surveys and helping people find their way around our hospitals.

We are in the process of recruiting volunteers for Audiology to help repair hearing aids and subsequently prevent patients from having to wait for the clinic and also will shortly be recruiting a new volunteer role for nurses from overseas.

A Profile of One of Our Volunteers

Arthur Durford who turned 90 this year is dedicated to bringing a little colour into the life of patients at Morriston's Ty Olwen. His volunteer work began when he spotted a bedraggled rosebush outside the window of his wife's room when she was being treated at the hospice. He started taking care of it and continued after his wife passed away. Arthur says he gets just as much enjoyment out of his hobby as the staff and patients, and says the exercise it provides is what keeps him in such good health. In November, he was awarded with the “Going the Extra Mile” Chairman's award.



WHAT WE WILL DO TO MAKE SURE THAT THE SERVICE WE PROVIDE CONTINUES TO IMPROVE

We have worked hard during the last twelve months to regain the confidence of our patients, service users, families and carers after the publication of the 'Trusted to Care' report and the follow up review. We have taken many steps to improve the quality of our services and to ensure we get regular feedback from our patients, service users, carers and staff. We want to do even more to improve how we place people at the centre of the services we provide.

In the coming year we will continue to focus on embedding the values and behaviours that our patients and staff helped to define, to create a culture of person-centred care, which is built on involving our patients in everything that we do and the choices about care and treatment that have to be made. Throughout 2016/17 we will be working further with our staff to understand the impact of our values on:

- How patients feel about their experience, how they feel involved, informed, cared for, supported, confident in our care.
- How satisfied our patients feel overall - likelihood to recommend ABMU as a great place to receive care.



Feedback from patients, carers, family and staff also influenced the focus of our Quality Strategy which entered its second year in April. The Strategy gives a clear direction to everyone who works for, or on behalf of, ABMU Health Board and emphasises the importance we place on quality and the experiences of our patients. It provides a vision of what we can, and must achieve, and a plan of how we will do, and can be accessed via this hyperlink: <http://bit.ly/22Lt6SZ>

Our Strategy is not just about restating the aims and objectives we have previously set or renewing policies and approaches, it is about bringing real and tangible change to the culture of our health board and the way in which we deliver our services.

COMMISSIONING BOARDS

The health board is introducing a new approach to strategic planning by setting up set up six Commissioning Boards for planned care, unplanned care, cancer, children and young people, mental health & learning disabilities and long term conditions.

The purpose of these boards will be to deliver improved quality, experience and outcomes for the population based on need, evidence and prioritisation of resource. The Commissioning Boards will lead the development of individual commissioning plans which will lead to proposals to create new models of care.

THREE ADDITIONAL QUALITY PRIORITIES FOR 2016/7

As we made good progress on our priorities for 2015/16 we have agreed to continue our work on these, and to add three new priorities for 2016/17 which reflect the current position of the health board. These are:

- Tissue viability (pressure ulcer prevention)
- Falls prevention
- Transfer of care (discharge summaries).

Pressure Ulcer Prevention

Although we achieved very significant reductions in hospital-acquired pressure ulcers historically, we continue to see new pressure ulcers developing in our community settings and also in some ward areas. This means avoidable harm is being caused to patients, and resources wasted. We have therefore established an executive-led group that draws upon multi-professional expertise to oversee this priority area.

Falls Prevention

The health board has recently established a multi-disciplinary Inpatient Falls Prevention Task and Finish Group. It will focus on the prevention of falls in both hospital and community settings.

Transfer of Care – Discharge Summaries

Accurate and timely information sharing is critical to the safe transfer of care between clinical teams and care settings especially when patients are discharged from hospital. This year we are aiming for at least 95% of patients to have an electronic discharge summary within the required timescale. At the moment this figure is 46%.

All of the new priorities will be reported to and monitored through our performance review processes and are on the Quality and Safety Dashboard.

The dashboard is reported at every Quality and Safety committee and contains a range of quality and safety indicators, a number of which have been included in the Annual Quality Statement.

Please access the health board intranet page to view our Quality and Safety Committee papers.

We have a number of quality initiatives right across the health board, for example:

There is a structured focus on quality and safety within our community and primary care settings with a number of local initiatives for delivery by March 31st 2017. For example we will focus on improving the way in which we gain patient feedback by introducing more Friends and Family surveys and support GPs to self-assess against their governance arrangements. We will also continue with the Practice Visiting Programme to look at the quality of care provided in our hospitals

Within Mental Health & Learning Disabilities Services, there is an innovative project entitled: “Arts in Mental Health”

Arts activity strongly supports the recovery model of hope, healing, empowerment and connection. Arts facilitators are experts at creating a failure-free environment where individuals are respected and flourish. At the same time each individual is using their imagination to join with others in creativity often creating collaborative work which builds relationships and fosters self esteem. There is growing evidence of the efficacy of Arts interventions in people’s mental health recovery.

Projects that will be starting this year include:

- An Arts Council funded project will employ 3 Storytellers in Residence. People will be referred to join a group that will last for 8 weeks. There will be 9 groups in total.
- An Arts on Prescription pilot project will run in the Bridgend area in conjunction with Anna Evans in Planning and Primary Care and Valley and Vale Community Arts.
- A Music project with the new Music Therapist as part of ABMU Arts Team.





is a unique collaboration project between our health board, Swansea University and Hywel Dda University Health Board.

ARCH is a visionary project bringing health & science together to improve the health, wealth & well being of the people living across the whole of South West Wales.

ARCH is working within four key areas:






- **Health:** To create a healthcare system fit for the 21st Century
- **Enterprise:** We aim to drive inward investment in the region and create new jobs to boost economy of South West Wales
- **Skills:** We will skill up the next generation of clinicians, researchers, scientists, academics, innovators and leaders
- **Research:** We will continue to lead the way in Life Science research and innovation

Running through all of these aims is innovation and collaboration

“The ARCH Programme has made good progress during the last year and I hope this Welsh Government support will help to maintain the pace.”

(Health Minister, Mark Drakeford)

NEXT STEPS

-  Welsh Government have given over £1 million pounds to fund the ARCH Programme Office.
-  Work is progressing at pace on various projects such as the development of a £100million Wellness and Life Science Village in Llanelli, the creation of a Physician's Associate course at Swansea University which starts in October 2016 and the opening of a Health and Wellbeing Academy at the Singleton Health Campus in September.
-  ARCH is also working with Welsh Government to draw up a Genomics Strategy for Wales aligned with All Wales Genetic Medical Services. This work will hopefully lead to the region's involvement in US President Obama's "MoonShot 2020" mission to find a cure for cancer.
-  ARCH is also a key element of the £500+ million Swansea Bay City Region deal. The City region board, chaired by 'entrepreneur' Sir Terry Matthews, has launched their proposal for the "Internet Coast." It received approval to progress to a business case in the March 2016 budget.
-  The three strands they are focusing on are Energy, Connectivity and Health and Wellbeing (ARCH).

Find out more:

You can visit the new ARCH website at www.arch.wales.

Follow us on Twitter @ARCHProg or search ARCH on Facebook.

APPENDIX 1

LIST OF REPORTS AND DOCUMENTS

This list has been created to provide easy reference to the reports and documents referenced in this Annual Quality Statement.

Annual Governance Statement — this sets out details of the arrangements that ABMU Health Board had in place to ensure that it did the right things, in the right way, for the right people, in a manner that upholds the values set for the Welsh public sector.

Annual Quality Statement — an overview of the quality improvements we made in the previous year.

Annual Report — this provides an overview of the work that ABMU Health Board undertook during the previous year and our plans over the longer term.

Health and Care Standards Care — help services in Wales deliver the best possible care. 22 standards grouped into 7 teams.

Integrated Medium Term Plan — Abertawe Bro Morgannwg University Health Board's Integrated Medium Term Plan (IMTP) sets out our strategy to fulfil our civic duty, both as a commissioner and provider of services, to meet local health needs. This includes our responsibilities to deliver high quality effective and efficient services and as a major employer and contributor to the local health economy.

Quality Strategy — Our Quality Strategy sets out the Health Boards definition of quality and quality objectives for the next three years (2015-2018) and the steps that we will take to improve the quality of our services and achieve excellence consistently.

Trusted to Care (2015) — A report of an external independent review of the Princess of Wales Hospital and Neath Port Talbot.

1. DELIVERY PLANS AND PROGRESS REPORTS, INCLUDING:

Carers Strategy: Valuing Carers

Cancer: Cancer Annual Report

Cancer Delivery Plan

Critically Ill Annual Report

Concerns and Claims Annual Report

End of life: End of Life Care Delivery Plan

Neurology: Neurological Conditions Delivery Plan

Quality Strategy

Respiratory: Respiratory Delivery Plan

Stroke: Stroke Delivery Plan

Changing for the better Integrated Medium Term Plan (IMTP)

2. CHANGING FOR THE BETTER

Copies of all documents and updates on the Changing for the Better project can be accessed at <http://bit.ly/C4Better>

In addition our news page is regularly updated with information on new services and developments. http://bit.ly/c4better_news

3. QUALITY AND PERFORMANCE INFORMATION

In order to continue to provide high standards of patient care, we constantly audit the quality and performance of our services.

From http://bit.ly/abm_performance

You will find links to the various quality and performance audits, reports and reviews carried out by us and external organisations. The information we regularly update includes:

- Mortality Information.
- Healthcare Associated Infection (HCAI) data.
- Referral to Treatment (RTT) Published Waiting Times (link to StatsWales website).
- Our Corporate Risk Register.
- Healthcare Inspectorate Wales Reports.

You can also access the agendas, minutes and papers for our Board and Quality and Safety Committee meetings at:

http://bit.ly/ABM_Board_papers and http://bit.ly/QandS_papers

4. MY LOCAL HEALTH AND SOCIAL CARE

My Local Health and Social Care presents information on the NHS and Social Care providers in a user friendly way so everyone can see how the services are performing for the population. Information on how ABMU Health Board is performing against key measures can be found on the site. http://bit.ly/my_local_health

5. PATIENT SAFETY ALERTS AND NOTICES

Details of the notices and alerts that have been issued and our level of compliance can be found at:

<http://www.patientsafety.wales.nhs.uk/safety-solutions-compliance-alert>

APPENDIX 2

GLOSSARY

This glossary has been created to give easily understandable definitions of common terms used in this Annual Quality Statement. These definitions are not exhaustive and may not be suitable as technical definitions. We wish to acknowledge that a number of the definitions we have used have been taken from The Annual Quality Statement Guidance issued by the 1000 lives improvement team.

Annual Quality Statement — a report that every NHS Wales health board and trust is required to produce in order to provide assurances regarding the quality of care being provided.

Anticoagulation – prevention of blood clotting

Aseptic non touch technique – a technique that reduces or stops the risk of infection

Bacteraemia – the presence of bacteria in the blood

Blood clot — clots of blood that develop inside a vein and can travel through the bloodstream to the heart or lung causing serious illness.

Cardiologist – a doctor who specializes in the heart

Cardiopulmonary resuscitation (CPR) - a first aid technique that can be used if someone is not breathing properly or if their heart has stopped. Chest compressions and rescue breaths keep blood and oxygen circulating in the body.

Carer — anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support. (Definition from Carers Trust).

C. Difficile — a type of bacterial infection that can affect the digestive system. It most commonly affects people who have been treated with antibiotics.

Clinical audit — a quality improvement process that seeks to improve patient care through a systematic review of care and the implementation of change.

Cochlear implant - an electronic medical device that replaces the function of the damaged inner ear.

Cognitive impairment - a slight but noticeable and measurable decline in cognitive abilities, including memory and thinking skills.

Community services - health and social care services provided to patients outside of hospital settings and as close to their own homes as possible

Dementia — a condition caused by a number of brain disorders which cause memory loss, decline in some other aspect of cognition, and difficulties with activities of daily living.

Diabetes - a group of diseases in which there are high blood sugar levels over a long period. Symptoms of high blood sugar include frequent urination, increased thirst, and increased hunger.

Elective care — care that is planned in advance because it does not involve a medical emergency.

GP Cluster - a grouping of GPs practices and other community services locally determined by an individual NHS Wales Local Health Board (LHB).

Health and Care Standards Care Indicators - a tool that measures a number of care quality indicators at ward level

Health board — a regional organisation in NHS Wales providing both Primary care and Secondary care. There are seven health boards in Wales.

Hyper Acute Stroke Unit – a unit within a hospital that brings experts and equipment together to provide fast and excellent care for people who have suffered a stroke

Infection control — staff who concentrate on making sure procedures are followed correctly to protect people from possible infection caused by the healthcare they receive.

Maxillofacial - diagnosis and treatment of diseases affecting the mouth, jaws, face and neck.

Medicines management — ensuring medicines are used correctly and safely.

Medicines review — a quick check with your GP or pharmacist that you still need all the medicines you have been prescribed. This is important for people who collect a regular (repeat) prescription.

Mortality reviews - analysing the patient care records of patients who have died to make sure that they received the best care possible.

MRSA/MSSA - types of bacteria that are resistant to a number of widely used antibiotics. These infections can be more difficult to treat than other bacterial infections.

Obese - having too much body fat. It is different from being overweight, which means weighing too much. The weight may come from muscle, bone, fat, and/or body water. The term means that a person's weight is greater than what's considered healthy for his or her height.

Optometry - the occupation of measuring eyesight, prescribing corrective lenses, and detecting eye disease and an optometrist is the name of the professional who undertakes this role

Orthoptist - a member of an eye-care team working with patients who typically have amblyopia (lazy eye) and strabismus (squint).

Patient Reported Experience Measure (PREMs) - ways in which the health board collects information about the patient's experience of our services. We do this through such things as surveys, the Friends and Family Test and talking to patients

Patient Reported Outcome Measures (PROMs) - ways in which we measure the impact of our services on the patient. For example on their quality of life or their ability to undertake the activities of daily living.

Physiotherapy — the treatment of injuries or illnesses by physical methods such as massage or exercise.

Pressure ulcer - an injury that breaks down the skin and underlying tissue. They are caused when an area of skin is placed under pressure. They are sometimes known as “bedsores” or “pressure sores”.

Primary care — healthcare provided in the community, where people make contact with clinicians for advice or treatment. For example, visiting a GP surgery if you are ill.

Public health — work to prevent disease, disability and illness, and to promote healthy lifestyles. Public health work includes monitoring environmental danger to health such as pollution, the spread of diseases like measles, and encouraging people to live more healthily, for example by not smoking cigarettes.

Putting Things Right — the Welsh Government’s guidance for members of the public who are raising a concern or making a complaint about the healthcare they receive from NHS Wales.

Quality improvement — a systematic approach that uses specific techniques to improve quality. More information is available in the Quality Improvement Guide published by 1000 Lives Improvement.

Secondary care — specialist medical care, often provided after referral from a primary care clinician because treatment

requires more knowledge, skill, or equipment than is available in community. For example, a GP may refer a person with chest pains to a cardiologist in a hospital.

Sensory impairment/loss - when one of your senses; sight, hearing, smell, touch, taste and spatial awareness, is no longer normal. Examples - If you wear glasses you have a sight impairment, if you find it hard to hear or have a hearing aid then you have a hearing impairment.

Sepsis — a potentially life-threatening effect of an infection. Chemicals released into the bloodstream to fight the infection trigger inflammation throughout the body, which can damage organs, causing them to fail.

Severe harm — harm that has life changing consequences and can on occasion contribute to the death of a patient.

Smoking cessation services – supporting people to stop smoking through such things as nicotine (found in cigarettes) replacement therapy, talking therapy etc

Spot check — an inspection carried out at random and without prior notice.

Standard Operating Procedure — a detailed written instruction.

Stop Smoking Wales — a service delivered by Public Health Wales that provides guidance; advice; information; and free access to counselling and support groups across Wales for those who want to stop smoking.

Stroke - a disruption in the blood supply to the brain. Most strokes are caused by blockages (usually blood clots) disrupting the brain’s blood supply

WHAT DO YOU THINK ABOUT THE ANNUAL QUALITY STATEMENT?

We want to know what you think about this Annual Quality Statement:

- have we covered the issues that you want to know about?
- are the priorities we have set for next year the right ones?

Please contact us if you have any ideas and views in relation to what should be included in next year's Annual Quality Statement or want to help us prepare it.

You can contact us on:



01639 683172



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ABMU Health Board Headquarters,
1 Talbot Gateway, Baglan Energy Park,
Baglan, Port Talbot, SA12 7BR