



Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board

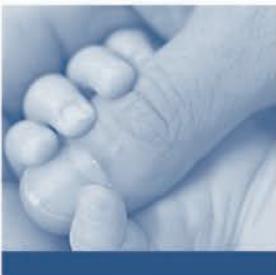


ABERTAWE BRO MORGANNWG UNIVERSITY HEALTH BOARD

# ANNUAL QUALITY STATEMENT 2018



	K	L	M	10%	21%	15%
5	20.8	3,307	1,176	0.28%	1.4%	1.4%
10	10.9	2,718.1	1,106	0.28%	1.4%	1.4%
20	20.2	3,286.4	1,096	0.28%	1.4%	1.4%
30	22.2	3,780.2	1,074	0.28%	1.4%	1.4%
40	2.2	307				
50	2.8	480				
60	3.0	482.1				
70	16.0	2,571.4				
80	16.0	2,571.4				
90	14.9	2,384.6				
100	2.8	371.4				
TOTAL	184.2	29,000.4				



70 Years of the NHS





# 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 Healthcare 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 and volunteers to deliver safe, compassionate and dignified care that is of a consistently high quality.

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# Foreword

We are pleased to introduce the 2017-2018 Quality Report for Abertawe Bro Morgannwg University Health Board (ABMU HB), covering what has been another exciting and challenging year for the organisation.

Last year we said that one of our key aims in ABMU HB was to be part of a National Health Service which strives for excellence in creating World Leading Health provision for people in Wales. This year's Annual Quality Statement demonstrates the progress we have made and identifies the areas where we know we must, and can, improve.

Along with the rest of the country, we have seen unprecedented demand for our emergency and urgent care services across this winter, with high numbers of very poorly people needing hospital admission. Our teams responded to these pressures by striving to provide the high quality care which we pride ourselves on, putting patient safety first. We are extremely proud of all of our amazing staff.

It's been great to see us publically recognised for the fantastic work that we do, including the excellent recognition we received for our 3D printed chest wall surgery and reconstruction using 3D printed titanium.

We've also provided excellent support to our patients from speech and language therapy and we are very proud that our ground breaking youth panel ABMYouth was named joint winner at the Third Sector Awards in Cardiff for Health and Wellbeing.

Another significant milestone for the Health Board was our first official event to celebrate 70 years of the NHS by the unveiling of the sculpture 'Lady of Llyn y Fan Fach' in the courtyard of the Welsh Centre for Burns and Plastic Surgery in Morriston Hospital, commemorating the long standing relationship between our specialist centre and Port Talbot Steelworks.

We look forward to continuing to build on the successes of this year, strengthening our partnership working even further, and improving the care we can for our patients and service users. Our patients and the population we serve, deserve the best and that comes from harnessing our skills and abilities, coupled with effective leadership, to take ABMU HB to where it needs, and deserves, to be.



Andrew Davies  
Chairman

*Andrew Davies*



Tracy Myhill  
Chief Executive Officer

*Tracy Myhill*

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Abertawe Bro Morgannwg University Health Board (ABMU HB) covers a population of approximately 500,000 people and has a budget of £1.3 billion, employs around 16,500 members of staff, 70% of whom are involved in direct patient care.

ABMU HB has four acute hospitals providing a range of services; these are Singleton and Morriston Hospitals in Swansea, Neath Port Talbot Hospital in Port Talbot and the Princess of Wales Hospital in Bridgend. There are a number of smaller community hospitals and primary care resource centres providing important clinical services to our residents outside of the four main acute hospital settings.

The Health Board acts as the service provider for Wales and the South West of England in respect of Burns and Plastic Surgery. In addition, Forensic Mental Health services are provided to a wider community which extends across the whole of South Wales, while Learning Disability services are provided from Swansea to Cardiff. A range of community based services are also delivered in patients' homes, via community hospitals, health centres and clinics.

The Health Board contracts with independent practitioners in respect of primary care services which are delivered by General Practitioners, Opticians, Pharmacists and Dentists. There are 67 General Practices across the Health Board.

The Health Board manages one practice in Afan Valley which delivers services across two sites, Cwmavon and Cymmer. All other practices are independent, self-governing organisations. Practice list sizes vary across the area, with the lowest approximately 1,500 patients and the highest 27,000 patients. Outside normal practice hours the Health Board also has responsibility for the provision of an Out of Hours GP service.

There are more than 300 General Practitioners, 88 dental practices, 125 Community Pharmacies and 52 Optometry premises across the Health Board. ABMU HB is responsible for dental provision within Her Majesty's Prison (HMP) Swansea.

# ABMU Health Board General Practitioner (GP) Clusters within the Swansea, Neath Port Talbot and Bridgend localities



## ABMU Health Board has:

- **2,166** hospital beds

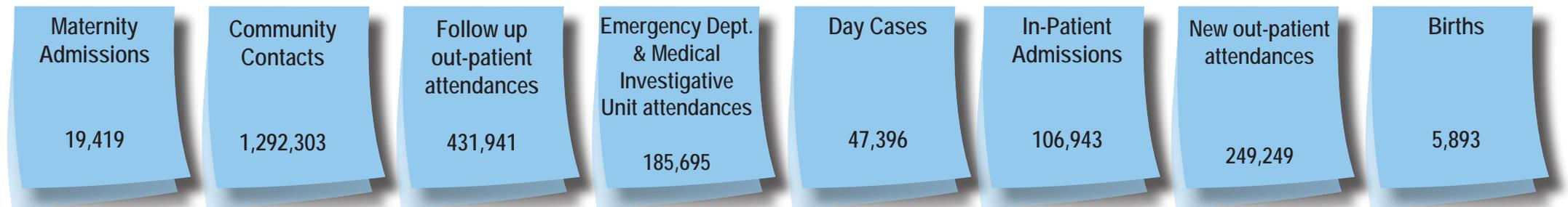
## We have had:

- **69,300** Emergency admissions
- **131,196** GP Out Of Hours attendances.

## Acute Hospitals:

- A** Singleton
- B** Neath Port Talbot
- C** Morriston
- D** Princess of Wales

## During 2017-2018 your Health Board facilitated:



## Our Organisational Values

Our values and behaviour framework was launched in 2015 by involving staff and users of our services. You will now see throughout this document the impact our values have on the services our staff provide.

### Values Based Recruitment

A pilot project has been undertaken within our Mental Health and Learning Disabilities Service Delivery Unit (SDU), in a recruitment drive for bank Health Care Support Workers specifically for their services.

Values Based Recruitment is an important part of the Values Programme in our commitment to shape how we recruit our staff. Following the success of this pilot project, an evaluation and future plans for roll out will developed across ABMU HB to continue Our Values journey.

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

Values Based Recruitment is different to the traditional competency based recruitment as it applies a values based approach to the entire recruitment process, complementing our existing one.

This creates a fair, values-based experience for candidates, makes the best use of recruitment and managers time, brings together a job specific approach and provides organisational wide values-based structure for all roles.

In essence, the traditional competency based recruiting process tells the manager what a person can and cannot do, by looking at their skills, education, training and experience. Values based recruitment will also tell you:

- A person's potential capability, reflecting their learning ability
- How they have previously acted, indicating their behavior
- What a they may do in a situation, showing personality and motivations
- What they would want to do, reflecting their values



As part of this approach, we continue to involve staff and users of our services in our processes by running workshops to develop job previews that reflect various staff roles and scenarios of situations that can occur in their roles and service areas. These are then illustrated and used in this recruitment process to attract and select new staff who share Our Values.

# LOOKING BACK OVER 2017-2018

## Last year we said

From 2016 - 2018 the Quality Priorities have remained unchanged. We are pleased to update you on some of the strategic developments within the Health Board during the last year:



## Top 10 Quality and Safety Priorities

1

### Premis and Proms



- For the second time this year the Health Board Friends & Family patient satisfaction level in November reached 96% although slightly reduced to 95% in December 2017.
- With the exception of October 2017, the Health Board's performance for discharge feedback rate has increased from April 2017.
- A pilot on the use of iPads in five areas in the Health Board to collect patient experience surveys has been completed which is being extended to Maternity and Neath Port Talbot SDU.

2

### Stroke Improvement



- Overall improvement maintained through the year in the 12, 24 and 72 hour bundles. The 4 hour access bundle performance has deteriorated, affected by workforce capacity and unscheduled care pressures.

3

### Spot the Sick Patient



- The target was that 100% of adult inpatients have their NEWS score recorded. In December 2017 the Health Board compliance was 99.3%.

4

### DNACPR



The new All-Wales Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) policy was formally launched by Welsh Government in February 2015. All Welsh Health Boards were instructed to fully implement the policy within six months and advised that after 31st July 2015 only DNACPR decisions that were documented on the new forms would be valid however this topic remained a Quality Priority for the Health Board for 2017-2018.

Both the identified Clinical Lead and the Resuscitation Services Manager are members of National DNACPR Implementation Group. It is anticipated that the policy will evolve over time and that this group will be instrumental in feeding back the health service's experiences to Welsh Government.

5

## e-Prescribing



The recruitment of ABMU HB e-Prescribing project team was completed in March 2018. The National Wales Information Service have also appointed a lead for the project who will complete the design and development of the project in readiness for testing and piloting within the Health Board in 2018-2019.

6

## Big Fight



Promoting a reduction in antibacterial use in primary care has been a key priority for the Medicines Management Team since 2012. However, despite support from the team to target antibacterial prescribing across primary care, antibiotic use remained consistently high compared to other areas of Wales and the UK. Key learning points from the Big Fight Campaign are shared across the Health Board even though formal reporting from the Campaign will cease after funding stops in March 2018.

7

## Suicide Prevention

This year the Health Board participated in a specific group set up by South Wales Police to write a Suicide Prevention Strategy for Bridgend, as per Welsh Government's requirements in Talk to me 2.

A regional forum was relaunched covering the geographical area served by Hywel Dda and ABMU Health Boards. The forum met for the first time in October 2017 and produced a multiagency action plan using the national guidance issued.

The Health Board is also participating in National Clinical Audit & Outcome Review Programme on Suicide in Children and Young People.

8

## Falls



The number of falls reported April 2018 showed a decrease of 10 from the figures reported in March 2018.

When comparing the data for March 2018 and April 2018 the following SDUs reported a decrease in all falls recorded via Datix: Neath Port Talbot Hospital, Princess of Wales and Singleton, Primary and Community, Mental Health and Learning Disabilities and Morriston Hospital reported an increase in falls recorded via Datix.

This shows an overall reduction for the month of April and the year to date.

9

### Pressure Ulcers



The numbers of pressure ulcers reported in the Community setting is increasing. During March 2018, 69 incidents of pressure ulceration were reported in the community, this is an increase compared to the 59 incidents reported in February 2018. Of the pressure ulcers reported in March, 90% were recorded as superficial damage.

The “In Hospital” acquired Pressure Ulcers are reported as a rate per 100,000 hospital admissions to comply with the requirements of the 2017-2018 NHS Wales Delivery Framework. There has been an increase in the rate of pressure ulcer development for inpatients during March 2018. The rate per 100,000 admissions has increased from 472 in February 2018 to 546 in March 2018. This reflects an increase of 9 pressure ulcer incidents, from 38 in February 2018 to 47 in March 2018.

There has been a reduction in the number of Grade 3+ pressure ulcers in our hospitals.

10

### e-TOC



- Every SDU has now targeted improvement adopting a “no summary – no discharge approach”
- There has been a sustained improvement in performance and it is now possible to target individual clinical teams.

## Welsh Health Specialised Services Committee (WHSSC)



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

WHSSC works closely with the Health Boards to ensure that any specialised service commissioned is of a high standard and that there are no concerns identified from a quality perspective. They do this on our behalf through a quality assurance framework which is monitored by their Quality and Patient Safety Committee and reported into the Health Board.

## WALES FOR AFRICA



### Wales for Africa

A team of an obstetrician and a midwife from Singleton Hospital in Swansea have joined forces with the White Ribbon Alliance for Safe Motherhood Zimbabwe to train midwives and obstetricians in Harare, Zimbabwe.

Unfortunately, the standard of hospitals in Zimbabwe mean that many women in labour are not treated with the respect they deserve. This means that some women prefer not to access healthcare as they feel they will be treated better at home. This partially results in three in every ten births taking place unassisted at home, leaving women who experience complications at risk, without professional help.

Even though rates are improving, an estimated 3000 women die every year in Zimbabwe during child birth.



Myriam Bonduelle, Clinical Lead Obstetrics and Gynaecology Singleton Hospital who was part of the Welsh team said: “The enthusiasm of the participants has been really encouraging. Despite working in very difficult circumstances the participants have been willing to examine their own attitudes and are gradually changing their behaviour. Interestingly they are also more aware of negative attitudes in other members of staff who did not have the chance to be part of the workshops.

“We really hope that this will lead to a sustained change in behaviour so that labouring women will feel supported and will access the healthcare they need.”

If successful, the intensive training could be scaled up to across the whole country, helping to protect the lives of babies and expectant mothers.

Myriam added: “We want to develop a programme so that existing professionals in Zimbabwe are able to share best practice and work together with our support to manage and improve maternal healthcare across the nation.”

The project was supported by Hub Cymru Africa with funding from the Welsh Government.

## Arts in Health



A Music Therapy Group ran in Gwelfor rehabilitation unit for four months from May 2017. An open group and 1:1 sessions took place every Thursday from 9 am - 12.30 pm led by the Nordoff Robbins seconded music therapist Jo Humphreys.



A service evaluation using questionnaires was conducted from September to October 2017 with the following aims:

- To assess the perceived impact of the music therapy service
- To identify areas for further development

The findings showed that the music therapy was seen to have a positive impact in four key themes:

- enabling people to engage in music by 100% of respondents
- quality of life and well-being by 96% of respondents
- interaction, communication and/or relationships by 100% of respondents
- skills and working environment in partner organisations by 100% of respondents



We are starting to take music therapy students from the University of South Wales. This will help us continue the music therapy provision in the Health Board.

Further music is provided for patients through monthly Sunday concerts in Neath Port Talbot Hospital and twice monthly in Morriston Hospital. We also have a programme of musicians performing on the wards especially during three weeks of music festivals at Morriston and the Princess of Wales Hospital.

## Mental Health 😊

During 2017 the ABMU Arts in Health team ran a very successful International Conference called Storytelling for Health.



In the lead up to the conference Jess Wilson worked for ten days as storyteller in residence in Caswell Clinic and Ty Newydd. As a result of this she has been seconded from Elysium Healthcare to ABMU HB one day a week to work as a Clinical Nurse Specialist in Storytelling.

The aim of the secondment is to develop new thinking and evidence based learning about storytelling and mental health that becomes recognised and adopted as good practice within health services.

## Mental Health and Learning Disability Learning and Development Framework



Last year as part of our Organisational restructuring in our Mental Health and Learning Disability Services we announced a change to the way we develop people with the right skills, knowledge and behaviours to deliver new models of care. The Framework aligned with four specific key outcomes and progress against the objectives reported to the Learning and Development Committee included:

1. **An Excellent Workforce** – A second preceptorship programme has concluded this year, preceptees welcomed the opportunity to have group clinical supervision on a monthly basis and they have also been offered one to one clinical supervision by the learning and development team
2. **Safe and Effective Care** - A Clinical Audit event is scheduled for the 8th May 2018 which will include a presentation on an ABMU HB audit of High dose anti-psychotics and the Prescribing Observatory for Mental Health (POMH) high dose and combined antipsychotics. All clinical audits have been reviewed and a updated work plan for clinical audit is in place
3. **Improved Quality** - On the 14th May 2018 there will be an event to share and celebrate the work being taken forward in acute mental health wards as part of our Quality Improvement (QI) programme. A series of reflective focus groups to support staff undertaking QI across the SDU are to be set up
4. **New Models of Care** - In collaboration with University of South Wales a proposal has been developed for a programme of nurse led participatory research into adult safeguarding practice

## Quality Assurance Framework



The Quality Assurance Framework was initially piloted during December 2016 – March 2017 in Morriston SDU. An evaluation of the pilot was presented to the Quality & Safety Committee and Nursing & Midwifery Board in April 2017. Following on from the success of the initial pilot, long term pilot schemes have commenced in additional SDU within the Health Board.

Singleton SDU and Neath Port Talbot SDU have both piloted implementation of the Quality Assurance Framework over the past year. Both Units scheduled to review all appropriate inpatient wards within one year of the pilot. The Quality Assurance Framework is transferable for use in different specialist areas and over the past year it has been adapted for a number of areas including paediatrics and neonates.

Those who have used the Quality Assurance Framework have embraced the Multidisciplinary team approach and have had representatives from Nursing, Therapies, HR, Estates, Patient Experience and Pharmacy in the review teams.

The outcomes of visits are reported to the SDU's individual Quality and Safety Meetings, and reflection and learning groups. SDU's have reported improvements in patient care, patient experience and governance as a result of using the framework.

Over the next year the Quality Assurance Framework will be implemented in all SDU's and specialities. Work has commenced to develop the Quality Assurance Framework into an electronic format to improve reporting and presentation of results. Modernising the format will add value to the over-all process and align with the Ward to Board Quality Dashboard which is currently being developed by the Health Board.





## Flu Vaccination 😊

### Staff Vaccination

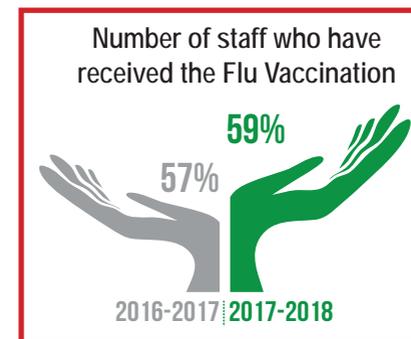
The 2017-2018 Staff Flu Campaign has been another big success achieving **9385** staff vaccinations which help protect our patients and communities from further flu outbreaks.

Our quest to vaccinate as many staff as possible commenced with Welsh Government's Chief Nursing Officer, Jean White, choosing to receive her vaccination from the Health Board's Occupational Health Department in September. Since then, over 120 Flu Champions have supported Occupational Health to ensure staff have access to the vaccination across all the Health Board sites.

### Public Vaccination 😊

GP practices and community pharmacies have vaccinated more adults this year against influenza. Across ABMU HB we have seen uptake rates increase for the over 65's and also in individuals with a chronic health condition.

More 2 and 3 year old children have been protected against influenza this year. The recommended vaccine given to most children aged 2 years and over is a nasal spray. The local Public Health Team have provided training for child care settings staff across ABMU HB to support discussion, raise awareness and promote the protective benefits of receiving this vaccine.



Chief Executive, Tracy Myhill



Chief Nursing Officer, Jean White with members of ABMU HB staff

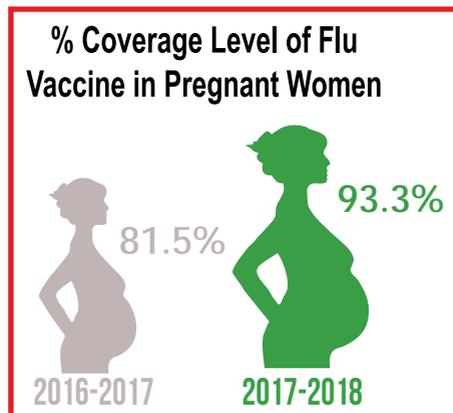
Work continues to increase MMR vaccination uptake across all ages.

## Immunisation

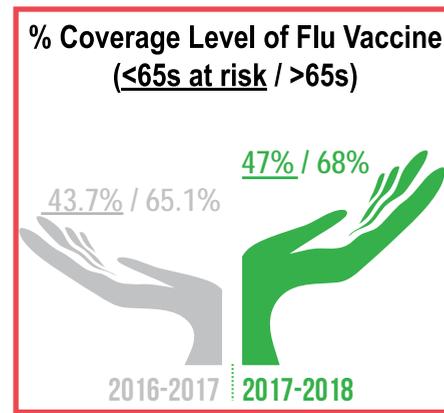
Immunisation helps protect against serious diseases such as influenza (flu), measles, mumps, whooping cough, meningitis, and polio.

### Changes to the Immunisation Schedule

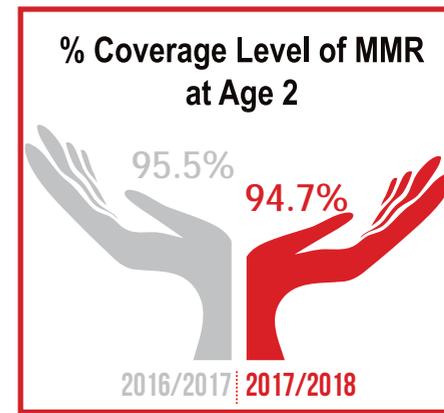
Babies are now given protection against Hepatitis B as this vaccine has been added to the routine immunisation schedule for infants. (Hepatitis B is an infection of the liver caused by the hepatitis B virus (HBV)).



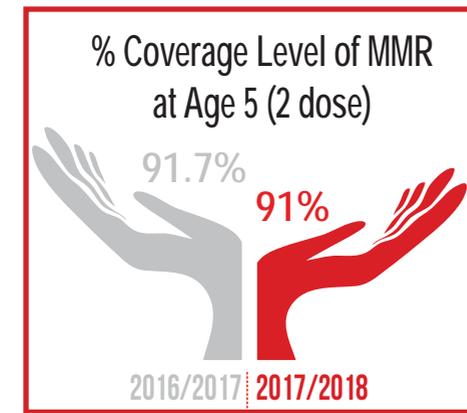
Over a 10% increase from last years figures



An increase from last years figures



A slight decrease from last years figures



A slight decrease from last years figures

## Nutrition and Dietetics

### Nutrition in Nursing Homes

In the UK, 1 in 10 older people are suffering from, or are at risk of, malnutrition. The Nutrition and Dietetic Service are working with local Nursing Homes to improve nutrition for their residents.



In January 2017, the team began rolling out a programme of training and support to help Nursing Home staff identify those residents at high risk of malnutrition and to review and improve their food and drink provision. Since then **573** staff members from 23 nursing homes across ABMU HB have attended training sessions, resulting in improved knowledge, confidence and accuracy of malnutrition screening. 13 nursing homes are now able to refer their high risk residents directly to the Department of Nutrition and Dietetics, improving the care pathway for residents.

### Diabetes Structured Education



National guidelines recommend a structured education programme is offered to adult patients with Type 2 Diabetes – or their family or carers if appropriate – around the time of diagnosis.

In June 2017 ABMU HB made it easier for people with Type 2 Diabetes to access education programmes to help them manage their condition. People with Diabetes are able to phone the Nutrition and Dietetic team and book themselves onto the right group without the need for a GP referral.

The 6 week X-PERT training programme and the one off introduction to diabetes sessions can be attended by people who are newly diagnosed or who are living with diabetes but want more information to manage their condition. These sessions are delivered by healthcare professionals in a relaxed, informal environment.

## Cow's Milk Protein Allergy

Cow's milk protein allergy (CMPA) is estimated to affect between 2% to 7.5% of babies under one though most children grow out of it by the age of five. In September 2017 a new Paediatric Dietetic Service was launched to support the effective management of cow's milk protein allergy in infants and children. The service is designed to ensure that families are given the right support and that children are managed following best practice guidelines.

The Nutrition and Dietetic Service is working with G.P. practices and health visitors to review children who have been diagnosed with cow's milk protein allergy. Since December 2016, 305 people have received training on the management of CMPA and the Nutrition and Dietetic Service have set up new group education sessions for families.



## Stop Smoking Service

During 2017-2018 ABMU HB has supported the introduction of 'Help Me Quit' - the new single brand for all smoking cessation services in Wales. This makes it easier for people who smoke to access free help and support to quit smoking, with the right service which is best suited for them.

The Help Me Quit contact centre team process referrals, and have a conversation on the phone with the smoker to shape their 'quit journey' and offer a choice of group, 1:1 or telephone support from the range of ABMU HB Help Me Quit service providers available in the ABMU HB area: Stop Smoking Wales, community pharmacies and the hospital stop smoking service. Our hospital service also provides support for smokers who are in-patients across our hospitals.



Y dewis gorau all ysmygwyr ei wneud i'w helpu i stopio ysmegu.

Ewch i [helpafiistopio.cymru](http://helpafiistopio.cymru) neu tecstiwch HMQ i 80818, neu ffoniwch 0800 085 2219

The best choice smokers can make to help them quit smoking.

Visit [helpmequit.wales](http://helpmequit.wales) or text HMQ to 80818, or call 0800 085 2219

**0800 085 2219**



Our services have worked together this year (2017/18) to support around **2300** smokers to stop smoking, by providing Nicotine Replacement Therapy and intensive behavioural support.

Given the focus on the importance of achieving good health in early years, supporting 'mums to be' to stop smoking has been a priority for our midwives and services. We have improved compliance with best practice care standards such as Carbon Monoxide monitoring; and with the launch of electronic referrals to 'Help Me Quit', 100% of pregnant smokers are now referred by their midwife for support to quit.

Work has also been progressing to specifically support people with mental ill health and our secure mental health unit has become a completely smoke-free environment this year, having a positive effect on staff and patients.

The best way of stopping smoking is to never start. It is important that young people are supported to choose not to smoke in order to protect their health, and increase the chances of future generations becoming smoke-free. In the community we have worked in collaboration with our local authority colleagues to roll out the Smoke free school gates initiative to all our primary schools in ABMU HB.

## Making Every Contact Count (MECC)



Gwneud i bob cyswllt gyfrif  
Making every contact count

Making Every Contact Count (MECC) has been a programme of work that has been progressed during 2017-2018 in line with the Health Board's Prudent Healthcare principles. Making Every Contact Count (MECC) encourages those working within the health sector and beyond to use every appropriate opportunity with patients and visitors to promote healthy lifestyle choices and signpost to relevant community based and healthcare services.

This could include quitting smoking, keeping up to date with vaccinations, maintaining a healthy weight through physical activity and eating well, drinking less alcohol and improving and maintaining mental wellbeing.

In 2017 the Director of Public Health Report focused on health literacy and makes a case for work to improve health literacy as fundamental to the success of any dialogue with patients. This will be embedded into the work programme next year.

A MECC e-learning course has been developed on an all-Wales basis. It offers practical advice on how to carry out a MECC conversation to support others towards making a lifestyle change. It will be sufficient for the majority of staff, and all staff would benefit from doing it due to benefits to their own health and opportunity to use with family and friends. In the year ahead work is needed to raise awareness of this course and monitor its uptake.

A national working group with involvement from the Public Health Team has developed a website, evaluation framework, video and animations, MECC network and annual conference. ABMU HB contributed to the annual conference and delivered workshops and presentations on the day.

## Paediatric Respiratory Film



A short film demonstrating the correct way to use inhalers has been produced by the Paediatric Respiratory Team at Morriston Hospital, for children being treated for asthma and wheezy episodes.

The film shows three patients being shown how to use inhalers, peak flow meters and volumatic spacers by Paediatric Respiratory Nurse, Joy Williams.

The volumatic spacer is vital in helping patients, whatever their age, to manage their condition by getting the correct amount of medicine into the lungs where it can work to reduce symptoms.



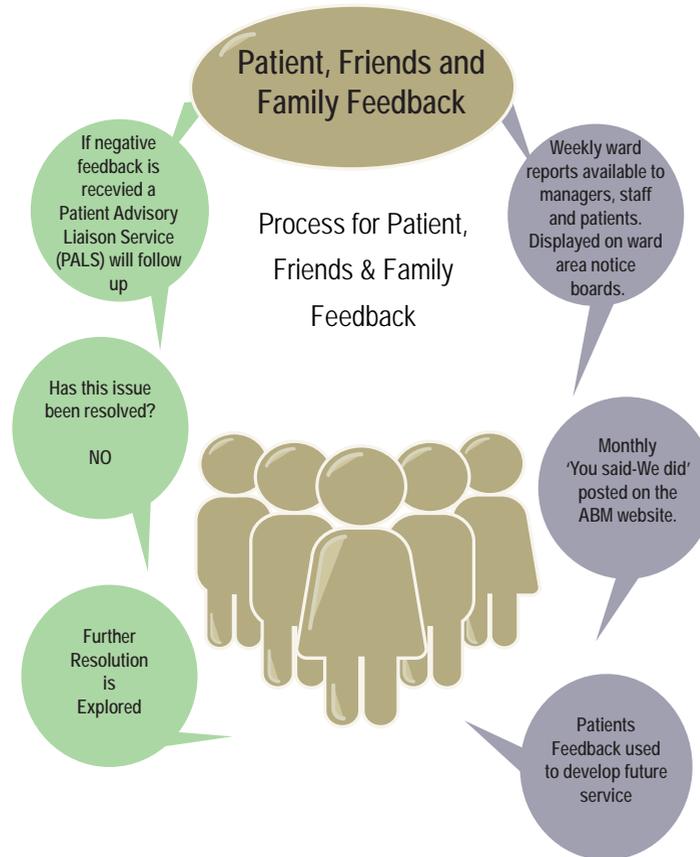
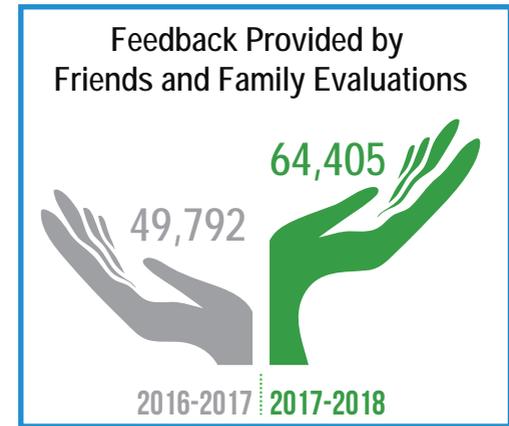
Looking Back Over 2017-2018

SAFE CARE

Did we keep you safe when you accessed our services?

Patient Experience 😊

**95%** of respondents in our Family and Friends survey said they would recommend the Health Board



**You Said, We did**

**YOU SAID**  
**Lymphoedema Dept, Singleton:**  
 Better signage for patients to find their way from the parking areas to the unit. Patient parked in the Blue Badge spaces in the Circle. Followed signs to the lift, the signage finished pointing up stairs. Patient asked a porter for directions. This got the patient to level 2 in a lift where they had to ask another porter for directions. Patient followed porter but ended up lost until another staff member indicated a small sign at the last corridor.

**YOU SAID**  
**Lower Ground Floor, Morriston:** The signage on lower ground floor was incorrect. It says that Paediatric OPD is on Ground floor.

**WE DID**  
 The signage was interchangeable and estates amended the sign immediately when it was brought to their attention.

**WE DID**  
 New signage has been agreed which will help to direct patients more clearly to the department.

**YOU SAID**  
**Inpatient Physiotherapists, Morriston:** Inpatient Physiotherapists: Email the exercise sheets to patients on the wards rather than give paper copies. This will save paper and make it easier for patients to refer to electronically.

**YOU SAID**  
**Radiology Dept, PoWH:** Patient unhappy that he was unable to speak with anyone with regards to his MRI appointment.

**WE DID**  
 We are investigating the possibility of having a QR code reader on the back of our leaflets to allow those patients with 'smart phones' to scan the pixelated image and therefore access the information digitally.

**WE DID**  
 Spoke with the patient on the telephone and the issue had been resolved.

10

Example of 'You said, we did' monthly report

## Complaints

Top 3 themes for the year:

- **Communication Issues**



- **Appointments**

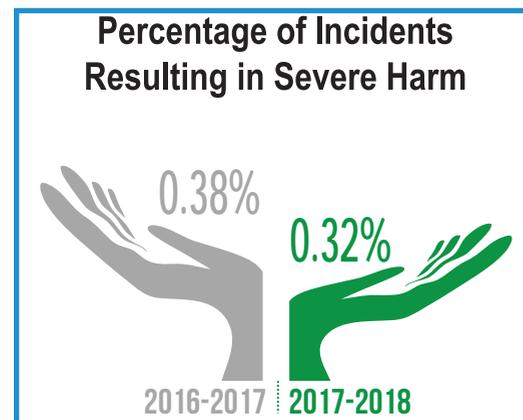


- **Clinical Treatment**



**78%**

of responses to complaints were sent within 30 working days.





## Choosing Antibiotics Wisely - A Quality Improvement Programme on the Neonatal Unit at Singleton Hospital

Antimicrobial resistance to antibiotics is a serious global problem compounded further by antibiotic misuse and scarce investment in the development of new antibiotics.



The Neonatal Unit at Singleton Hospital is the only centre in the UK to have participated in a joint international collaborative Quality Improvement Programme (QIP) with Centre for Disease Control (CDC) and the Vermont Oxford Network to reduce antibiotic usage. Following an induction phase in late 2015, the programme officially commenced in January 2016. The QIP aimed for a 20% reduction in Antibiotic Usage Rate (AUR) per 1000 patient days.

This has been exceeded with a reduction of 48% which was double the projected target.

## Hospital Electronic Prescribing and Medicines Administration (HEPMA)

HEPMA is linked to the All-Wales Hospital Electronic Prescribing, Pharmacy and Medicines Administration project. In addition to the significant expected benefits to patient care and a reduction in medication errors, an evaluation of the ABMU HEPMA project will provide substantial learning to the national project.

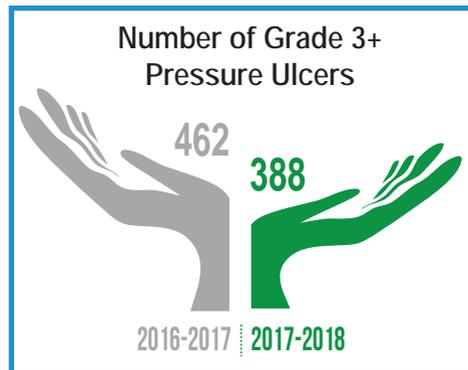
## Medication Errors



The figures show a year on year increase in the number of medication incident reports. However this reflects the culture that encourages the reporting and sharing of incidents to help drive improvements.



## The Quantity of Grade 3+ Pressure Ulcers Acquired in the Health Board has Decreased



ABMU HB has established a Pressure Ulcer Prevention Strategic Group (PUPSG). The PUPSG provides a means for the six SDU's to work collaboratively to develop a quality improvement programme which is a vehicle for reducing the incidence of avoidable harm from health acquired pressure damage.

SDU's have increased the frequency of pressure ulcer scrutiny panel meetings to rapidly identify and address hot spot areas and concerns. Learning and actions are shared at the quarterly PUPSG meetings.



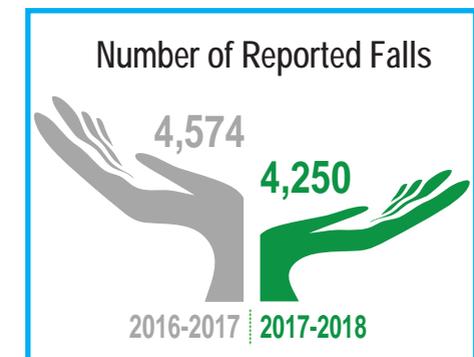
Pressure Ulcer Prevention documentation has been standardised across the Health Board to support a consistent approach to record keeping and reduce variations in practice.

The Health Board has produced an equipment checking advice leaflet for staff, patients and carers. The leaflet is distributed with all pressure reducing equipment issued by community equipment stores with the aim of promoting prompt identification, management and reporting of any equipment problems.

## Falls



- All SDU's now have Falls Scrutiny Panels to monitor incidents of Falls and share lessons learned
- There has been a review of the Health Board Falls Policy to include guidance from the National Patient Safety Agency, this policy is due to be ratified June 2018
- The Health Board has agreed a targeted action to reduce falls causing harm by 10%
- The Datix User Group have developed a system to collate and accurately report falls causing harm



## Infection Prevention and Control



Reducing preventable healthcare associated infection is a key priority for us.

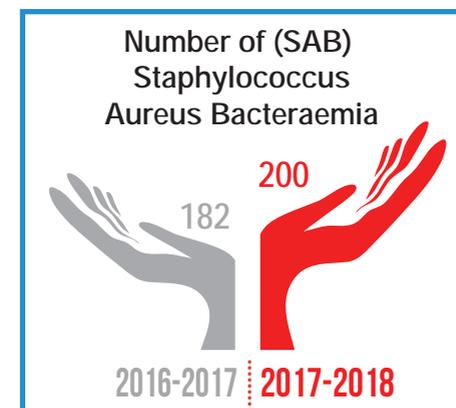
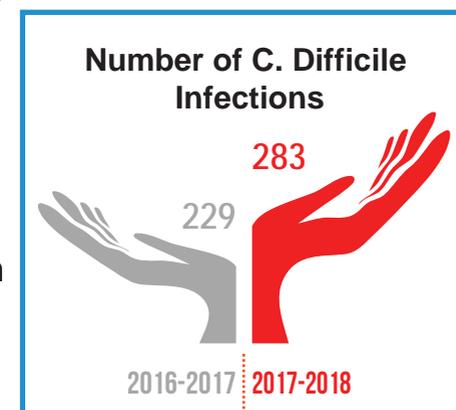
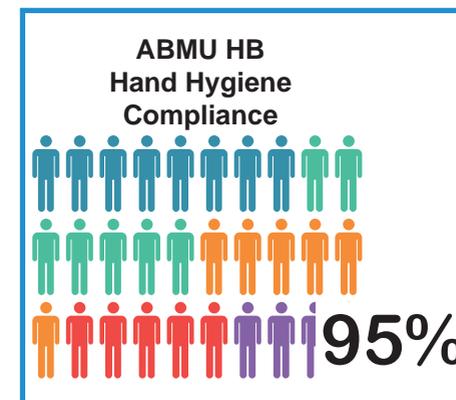
Key elements of reducing infection risks is by having good standards of hand hygiene and environmental hygiene; our staff have continued to perform well in relation to both these standards.

Unfortunately, the last year has been an extremely challenging one for the Health Board in relation to a number of infections, in particular Clostridium difficile infection and Staph. aureus bloodstream infections. Unlike in previous years, we have not seen a reduction in these infections.

At the start of the year, we were dealing with a significant increase in the number of Clostridium Difficile infections. A large proportion of these infections have been linked with antibiotic use. Over the last year, through the work of the Big Fight campaign, there has been an overall reduction in the use of antibiotics in the community. As a result of the Big Fight, and the implementation of high level deep cleaning, we have seen the rate of increase start to slow down. Despite this, we will end the year with more Clostridium difficile infections than we saw in 2016-2017.

We have seen also an increase in the number of Staph. aureus bloodstream infections, and Escherichia coli (E. coli) bloodstream infections (a new target introduced by Welsh Government in 2017-2018). These infections have increased across the NHS in Wales.

Additionally, over the last year, the Health Board has invested in centralisation of a number of equipment decontamination processes, and new equipment was purchased and installed in Princess of Wales and Morriston Hospitals, enabling us to continue to provide high quality services in the years ahead.



Many of the bloodstream infections occur in the community, and these patients usually are admitted to hospital for appropriate treatment. By monitoring these bloodstream infections closely, we can better understand what may contribute to the infection occurring, and how it may be prevented in some cases.

Much work is underway to prevent infections, including education programmes for staff in hospitals, community practice and in care homes, and continuing our regular spot checks to ensure that the standards we expect as a Health Board are continuing to be met.

We are committed to providing safe, quality services and we will continue to progress action on key infection prevention and control standards, including:

**Help Prevent Infections**



**Viruses and bacteria are circulating in our community**

Please help yourselves, your family and our patients:

- **Wash your hands frequently** and use alcohol hand rub before and after visiting patients
- **Don't** visit wards with infection outbreaks unless it is essential
- **Don't** visit wards if you have diarrhoea and/or vomiting (and for up to 3 days afterwards)
- **Don't** visit wards if you have a cold or flu-like symptoms (and for up to 5 days afterwards)
- **Always** sneeze and cough into tissues, put your tissues in a bin, and wash your hands afterwards – **Catch it, Bin it, Kill it**

GIG NHS Forth Valley Health Board

- hand hygiene
- cleaning standards
- prescribing antibiotics only when needed, which will help also to reduce the risk of antibiotic-resistant bacteria.
- the use and care of medical devices, especially those that break the skin such as intravenous cannulae (drips), and urinary catheters invasive devices.
- promoting good levels of hydration as a way of preventing urine infections, and consequently reducing the risk of developing E. coli bloodstream infections.

In the year ahead, we will continue with our ambition of achieving excellent standards of infection prevention practice.

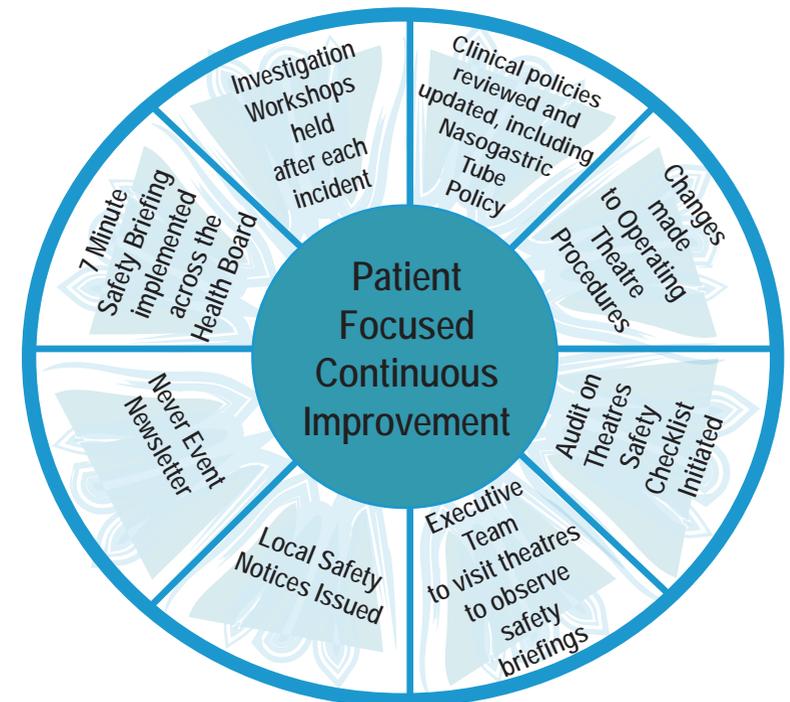
## Never Events

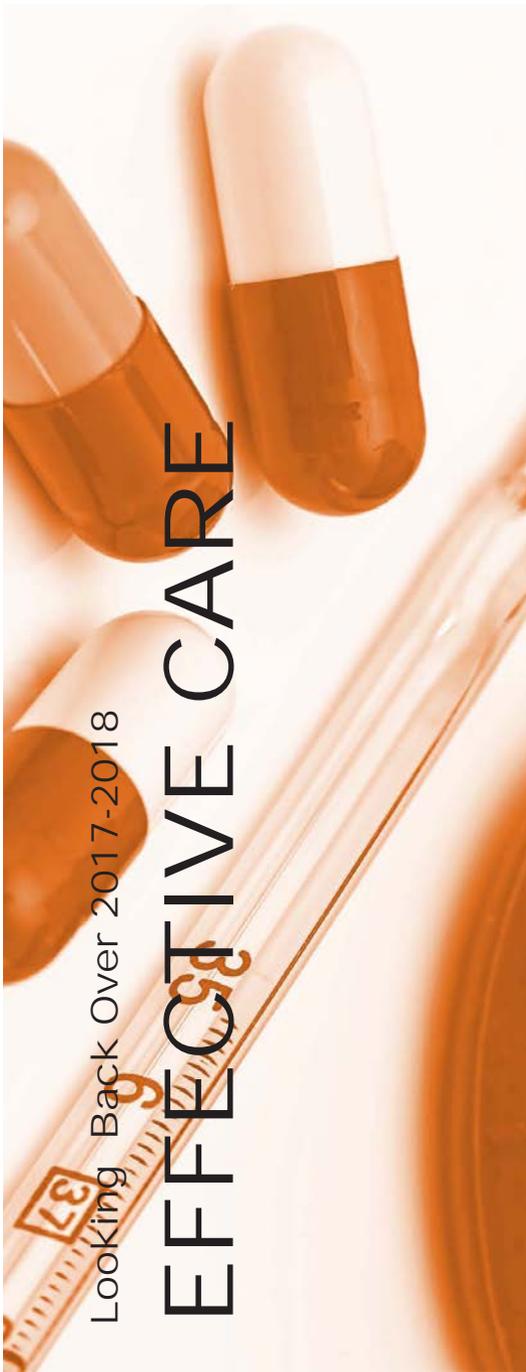


There were ten incidents that we call “Never Events.” These are incidents defined by the Department of Health as incidents that should not occur as sufficient protocols exist to prevent them.

Five of these events related to the wrong surgical item being used, two related to wrong site surgery, two related to a retained surgical swab and one was wrong route administration of medicine.

The wheel indicates what has been done to share the learning from these Never Events and the safety of the services we provide.





## Was the care we provided effective?

### Clinical audit

There were 33 topics on the compulsory National Clinical Audit and Outcomes Review Advisory Committee programme of audits in 2017-2018.

Four new audits were added to the programme in 2017-2018 covering breast cancer in older patients, psychosis, epilepsy and mothers and new babies (maternity and perinatal audit). ABMU HB contributed to each one that relates to services that we provide (all but one) as well as all four Clinical Outcome Review Programmes.

When an annual report is published by one of these national audits or outcome reviews, the clinical staff who provide the service present it to a group that the Executive Medical Director leads so that we can make sure we use the recommendations made in the report to improve our own service.

### 15 Step Challenge



The 15 Step Challenge is a toolkit with a series of questions and prompts to guide an individual through their first impressions of the ward.

The 15 Steps Challenge was designed to support continuous improvement. It is not a one-off activity but needs to be a regular part of improving the care that is provided.

The tool focuses attention on what matters to patients.



Involving young people in the 15 Step Challenge has been a valuable experience. This has been undertaken across all in-patient children's areas over the last year.

Issues highlighted by the young people have been addressed and action plans developed to ensure that the changes within our remit are undertaken. The Youth are due to return to the wards in order to ensure that actions have been completed.

Good practice is continued for 2018-2019.

## Children and Young People Strategy Board

The purpose of the ABMU Health Board Children & Young People's Strategy Group is to ensure the delivery of safe, effective and family or carer centred care for children and young people. This will be across all levels of care from the promotion of health & wellbeing through to referral for specialist care.

The Terms of Reference have been reviewed and agreed to ensure that there is representation from all key service providers across ABMU, Local Authority, and Third Sector organisations.

The Board will develop and agree a work plan for the year, which includes the Health Board wide Children's Strategy.

## The Breastfeeding Initiative (BFI)

The Neonatal Units at Singleton Hospital and Princess of Wales Hospital have a history of Baby Friendly accreditation since 2006/7 alongside the maternity departments. During 2014, the Neonatal Units began implementation of the Neonatal standards with the appointment of a BFI Neonatal Lead. Education was addressed on the Neonatal Unit with a full day BFI induction for all new staff across both sites. This was supported by further induction sessions looking at Kangaroo Care and developmental care.

CHILDREN & YOUNG  
PEOPLE'S STRATEGY:  
  
2017 - 2022  
STRATEGIC  
DIRECTION FOR THE  
NEXT 5 YEARS



The Neonatal Units within ABMU HB are committed to achieving Baby Friendly status; they have been successful in gaining a grant from the Burdett Trust, one of only 6 units in the UK.

The unit has recently achieved stage two of BFI and plans to reach stage 3 towards the end of the year. The award of the Burdett Trust Fund has provided support and training for the service to aspire towards standalone Baby Friendly Initiative accreditation status.

## Ombudsman

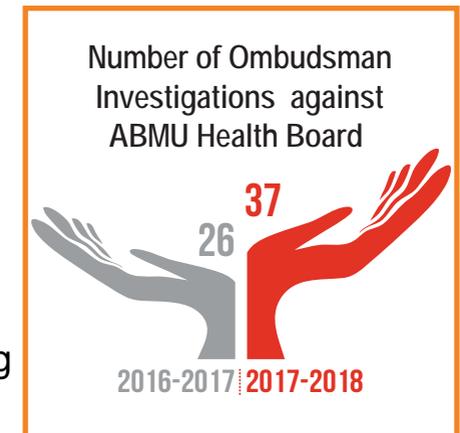
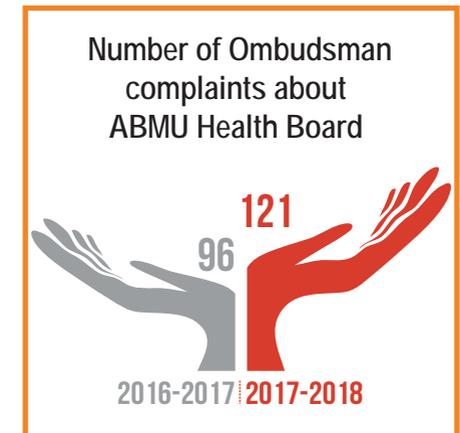


There has been an increase in the number of complaints made to the Ombudsman about ABMU HB, and a subsequent increase in the number of complaints that they have proceeded to investigation.

This increase may, in part, be attributable to the fact that as per the Ombudsman's instruction we now include a paragraph in our response letters, advising complainants that, if they remain dissatisfied with our responses, and they would like the Ombudsman to review their concerns, they should approach the Ombudsman within 12 weeks of receiving their response from the Health Board.

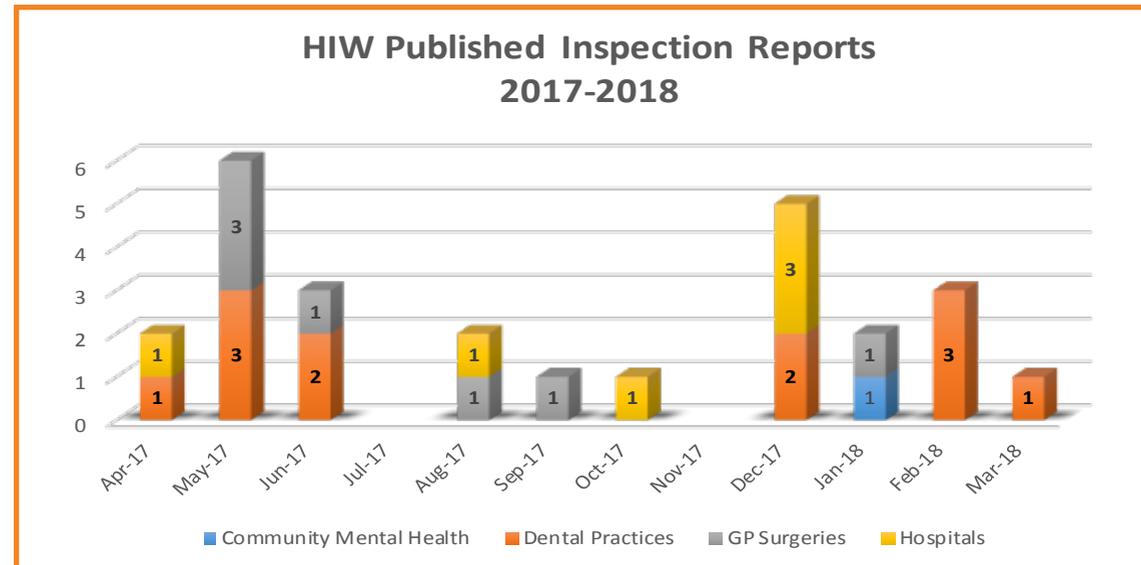
Other than that, the increase in complaints is very general across the board with no particular theme. The Health Board continues to focus on improving complaint handling and communication.

ABMU HB has introduced a monthly assurance process to review complaints closed for that month and to assess the quality of the responses, identifying any themes or trends, and feeding back to the Units.



## Health Inspectorate Wales (HIW)

From April 2017 to March 2018 a total of **26** HIW inspections were carried out in a variety of ABMU HB settings.



Three of the Hospital inspections were Ionising Radiation(Medical Exposure) Regulation Inspections and this was Morriston Cardiac, Princess of Wales Bridgend and Singleton Hospital. All achieved an excellent standard and this was reflected in the reports published.

Some of the visits required immediate improvements and these were achieved to HIWs satisfaction on all occasions. HIW approved the action plans and we are now monitoring to ensure we are maintaining these standards.

The GP and Dental Reports highlighted the need to maintain up to date training records in areas such as CPR and achieve the correct certification for our practitioners in terms of inoculations. Up keep of records was also a theme highlighted. ABMU HB produced a Continuous Improvement Newsletter which highlighted lessons learnt from HIW inspections and was circulated widely across the Health Board.

## Health and Care Standards



The Health and Care Standards are the cornerstone of the quality assurance process within the NHS in Wales, they help ensure that people have positive experiences and that our patients receive care in safe, supportive and healing environments, that they understand and are involved in their care.

The overall Health and Care Standards score for 2017-2018 remained a 3, which recognises that the Health Board has maintained the score from last year, but key areas for improvement remain.

Health services are expected to understand how they are performing in relation to meeting these standards. In order to do this ABMU HB has developed a process that uses evidence based self assessment within the SDU. During the 2017-2018 reporting period these quarterly assessments, and the supporting action plans, were then taken to a Scrutiny Panel consisting of Executive and Non-Officer Members of the Board for moderation.

The process for 2017-2018 found that the Quarterly submissions made by the SDU have worked well, and there was some evidence that the process is being driven through the SDU Quality structure.

The process for 2018-2019 will now be embedded within the Performance review process and future requirements will include:

- Executive leads will have accountability for individual standards and will set objectives for SDU to achieve progress against the Quality Priorities
- All standards need to be `live` during the year not just considered as part of a monthly or end of year exercise
- SDU will need to continue to monitor progress against the objectives set by Executive leads and monitor performance via an action plan template

## Community Health Council (CHC)

During the year the CHC asked local people to tell them about their experience of NHS services including:

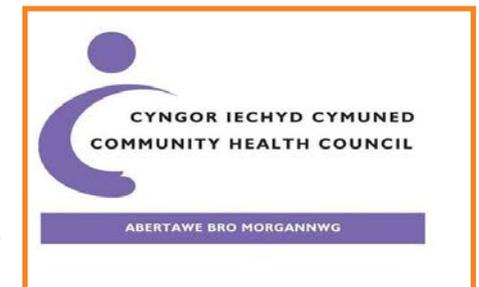
- Primary and Community services
- Leaving hospital
- Mental health services
- Their knowledge of 111 and urgent care services
- Services for people who were homeless or vulnerably housed
- Food and drink whilst in hospital.



The CHC visited people in NHS settings to gather their views on the above and sometimes to follow up on feedback from the public.

During 2017-2018 the CHC asked the Health Board to consider how they could improve in a number of these areas and in response the Health Board:

- Developed an action plan from the recommendations of the audit of Discharge processes
- Involved people in shaping developments in Primary Care to make sure that issues of access are addressed for those in vulnerable situations
- Collected and acted on patient feedback about discharge and out of hospital care
- Initiated a project in Swansea Mental Health Services to increase meaningful engagement with carers and relatives
- Raised awareness of 111 by working with our partner organisations to ensure patients are signposted to the most appropriate health service for their needs.



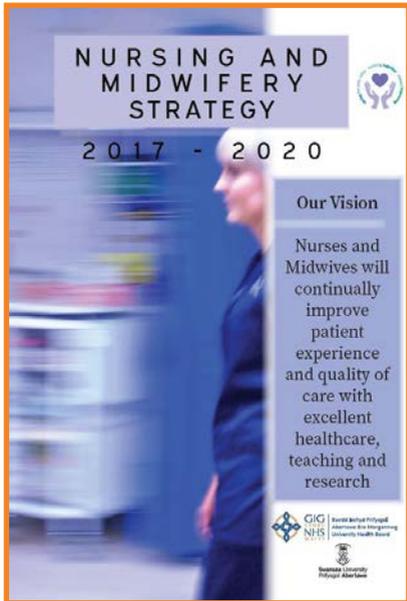
## Decontamination Services

Following the external strategic review and Welsh Government peer reviews in 2016-2017. It was recognised that decontamination services should be provided within central locations to remove the need for decontamination to take place in or near patient areas. Decontamination has become a critical part of healthcare and it is imperative these processes are undertaken by suitably trained staff.

Significant progress has been made with regards to improving endoscopy decontamination and centralising services:



- Extensive refurbishment of the decontamination area in Singleton Hospital has been completed, including installation and commissioning of endoscopy washer disinfectors. This has supported the relocation of all endoscopy decontamination on the Singleton site.
- Refurbishment of the Singleton endoscopy unit has commenced in order to provide a suitable patient pathway and work towards Joint Advisory Group accreditation
- Installation and commissioning of endoscopy washer disinfectors into Morriston Hospital is complete. Reprocessing of theatre endoscopes during normal working hours is now undertaken within Hospital Services Delivery Unit, whilst working towards out of hour's provision
- Princess of Wales Hospital endoscopy decontamination area (main endoscopy department) has undergone a refurbishment whilst working towards a centralised service.



## Nursing and Midwifery Strategy 2017 - 2019

Our first Nursing and Midwifery Strategy builds on the professionalism and determination shown by Nurses and Midwives across our Health Board to provide patients with safe, effective, compassionate and dignified care. Guided by our core values, we focus on what matters most to patients, their families and staff.

The Health Board aims to provide an environment which supports professional and career development to ensure nurses, midwives and healthcare support workers achieve their full potential to use their skills to enhance patient experience.

A series of launch dates in 2017 were arranged where staff could drop in and discuss the strategy with the Executive Director of Nursing and Patient Experience and the Interim Deputy Director of Nursing and Patient Experience.





## Inaugural Medical and Dental Conference

Delegates included doctors and dentists at various stages of their careers within secondary care along with cluster network leads and clinical directors from primary care.

Planning for this event began in 2017 and was held in partnership with the Welsh NHS Confederation and BMA Wales and featured workshops designed to share good practice and input from a range of speakers.

Speakers included British Medical Association (BMA) Wales National Director Rachel Podolak who talked about the importance of strong engagement between medical and dental staff and Health Boards so they not only have career fulfilment but also deliver the best outcomes for patients and communities.

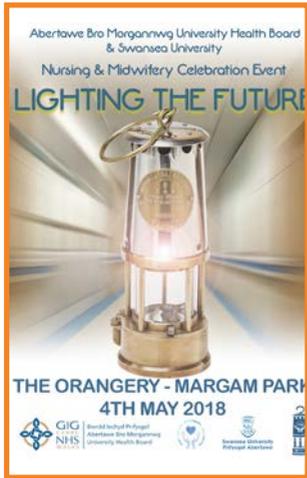
An important element of the conference came from Dr Sally Lewis, the newly appointed national clinical lead for value-based care where she shared her aims on improving the quality of care and outcomes for patients whilst making the best use of resources.

In the afternoon many of the delegates reconvened for the Value Based Healthcare and Clinical Variation Symposium and were joined by other health professionals as the renowned international expert, Sir Muir Gray, supported by Dr Lewis and Professor Laing, gave a masterclass on putting the principles of value-based healthcare into action.

The symposium brought together doctors, GPs, nurses and therapists, those in trainee/graduate positions including specialist registrars, physician associates, managers and medical trainees as well as colleagues within finance and service change roles.

ABMU HB Executive Medical Director Professor Hamish Laing spoke about the importance and challenges of clinical leadership. "This conference was an important opportunity for medical and dental staff at all levels of their career to have a voice and help us shape the future direction of the Health Board."





## 'Lighting the Future' - ABMU HB Nursing and Midwifery and Swansea University Joint Celebration Event

Planning began in 2017 with Nursing and Midwifery staff from across ABMU HB and Swansea University to deliver a special event to share their skills and celebrate their profession. Inspired by the 70th birthday of the NHS, the conference was called 'Lighting the Future' and took the Health Board's symbol of the anniversary, a distinctive miner's lamp - as its theme.

The Interim Director of Nursing and Patient Experience, Professor Angela Hopkins also picked up on the year of celebration in her presentation on leadership and advances in nursing since the establishment of the NHS in 1948.



On display throughout the day were 30 posters reflecting the three conference themes of working in partnership, innovations in care and building resilience in health care which were presented through a variety of topics, with the eventual winners voted on by over 200 delegates.

Nursing staff, midwives and students from across the Health Board and Swansea University came together to learn and discuss nursing achievements as well as how the profession can develop for the future.



There was also an artistic element to the day to reflect the importance arts can play in the healing process, with poetry and music provided by the charity 'Music in Hospitals' as well as sessions from Performing Medicine, an initiative which provides arts-based training for health professionals

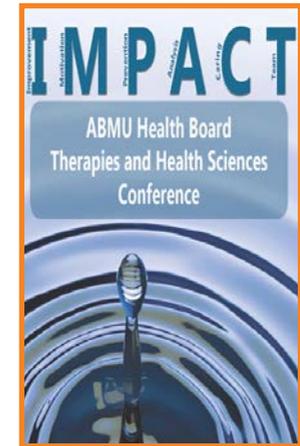


## 'IMPACT' - ABMU HB Therapies and Health Sciences Conference 27th February 2018

ABMU Therapists, Health Scientists and Psychologists held the IMPACT conference to celebrate success and to evidence the impact the professions have on improving outcomes for our service users through quality improvement and research, working in partnership and prevention and wellbeing.

Over 180 delegates attended the successful event from ABMU HB, Swansea University, professional bodies and the voluntary sector. The professions showcased and presented examples of good practice and innovation that have delivered real benefits to our population. The conference offered the opportunity to explore and learn how we can best equip and prepare ourselves to continue to meet the challenges for the NHS and our local population. Keynote speeches were given by the Therapies Advisor for Wales, Chief Scientific Advisor for Wales and Head of College of Human and Health Sciences at Swansea University focussing on Value Based Healthcare and challenging the vision for therapies and health sciences.

There were 11 presentations from ABMU HB staff. A variety of clinical topics were covered providing learning for all. Prominent throughout was the use of data and improvement methodology techniques to evidence the impact on patient outcomes and patient experience.





## What Matters to Me

It is a service where children in hospital are given the opportunity to draw or write a list about what matters to them, and this is then displayed close to their bed. Medical staff or any members of the multidisciplinary team when entering a child's cubicle or a bed area can then read this.

This will enable them to gain a better understanding of each child's wants and needs, likes and dislikes.

When the concept of 'What Matters to Me' was first introduced it helped to create a profound shift from asking the child 'what's the matter with you?' to 'what matters to you'.

Sometimes the young patients response were rather surprising. Common themes were:

- The kind caring staff,
- Family being allowed to stay overnight,
- The toys and games,
- Having internet,
- The food,
- The choice of TV programmes,
- Trust,
- Having mummy and daddy with me,
- Getting better,
- Smiley doctors and nurses.



What Matters to Me is structured by a three step approach:

1. **Asking** what matters
2. **Listening** to what matters
3. **Doing** what matters

The aim is to make children feel more in control of their stay for however long it maybe. To help them contribute to shaping a service that is informed by the understanding of how each individual would like to be cared for whatever the age.

## Valuing Carers in ABMU Health Board

Western Bay Carers Partnership Board continues to work together to raise awareness of unpaid Carers, and to support them by providing information and services, as part of the Western Bay Health and Social Care Regional Partnership.



This year, in addition to Carers Transitional funding from Welsh Government monies have been available from the Integrated Care Fund. This has been used to further develop identification and support of Young Carers in schools in the area and to expand the work undertaken by Swansea and Bridgend Carers Centres and Neath Port Talbot Carers Service in providing information at local hospitals and at other health settings.

## Health Board Unveils Groundbreaking Charter to Support Older People

A new initiative to promote and protect the rights of older people across South West Wales has just been launched.

ABMU HB is the first Health Board in Wales to create its own Older People's Charter and it had been developed following close consultation with people living in Swansea, Neath Port Talbot and Bridgend.

The Health Board's Director of Therapies and Health Science Christine Morrell said: "We want to transform our perception of older people and shine a spotlight on the importance of their wellbeing as well as their health.

"Older people are the largest users of our services so it is very important for us to develop this charter. It is something we're very proud of, especially as we have been guided by the public and what they want."

Christine and the Assistant Director of Strategy Joanne Abbott-Davies led the project to create a charter, which outlines the basic rights an older patient can expect to be upheld, based on the UN Declaration of Rights of Older People.



A series of engagement events were held earlier this year giving third sector groups, carers and the public the chance to say what was important to them – and nearly 600 older people and those who work with them took the opportunity. This was then further developed through discussions with staff.

Christine added: "All older people possess the same lifelong rights as any other adult in Wales, we sometimes need to be reminded of these rights and that is the purpose of both the Declaration and our Older Persons Charter."



The Older People's Charter was launched at a special event in Port Talbot which not only brought together those who had helped shape it but also representatives of the younger generation – pupils from nearby Sandfields Primary School who joined guests for an afternoon tea dance.

Congratulating ABMU HB on the initiative, guest speaker Older People's Commissioner for Wales Sarah Rochira said: "We have all got a huge vested interest in what you have done."



"A rights-based approach to care is good for you and those that you love. What you are beginning here is really really important."

To reinforce the Health Board's commitment to care for the elderly, the event also saw the announcement of a major investment of £156,000 for 60 new Hi-Lo beds.

The specialist beds, which aim to reduce risk of patient falls and staff injuries, will be divided between mental health and learning disabilities, Neath Port Talbot, Morriston and Princess of Wales Hospitals. Singleton Hospital already has its own.

The cost of the new beds will be paid for from the Health Board's charitable funds.

## **Physios Join in Celebrations to Honour Older People**

Physiotherapists from across ABMU HB helped to spread the word about Older People's Day, the annual celebration highlighting the achievements and contributions older people make to our society and the economy.

Last years event took place on Saturday, 1st October and the physios joined colleagues across the nation promoting the role that physiotherapy plays in helping older people to stay healthy and independent. Promotion stands were manned and advice was given to the public around keeping active and reducing the risk of falling.



The message was promoting that 'any exercise is better than no exercise'.

The Clinical team lead physiotherapist Paula Boughey said: "As physiotherapists we are in an ideal position to advise on how to fit exercise into your daily routine, and how much exercise is recommended for older adults to improve their strength and balance to reduce their risk of falling.

## Expert Advice now Available for Carers

Personal advice and practical support for carers looking after people with dementia commenced in February 2018 thanks to a new service at the Princess of Wales Hospital in Bridgend.

They have been organised by the Bridgend and district branch of the Alzheimer's Society and will see a support worker from the charity visiting the hospital every month to talk to those caring for a loved one with dementia.



They are available to offer one-to-one advice on the emotional pressures of looking after someone with dementia as well as helping to address practical issues.

The sessions are not just open to the carers of inpatients but also to anyone who feels they need guidance and information about other local services.



## Safeguarding People

In ABMU HB we have a statutory duty under the Children Act 1989, 2004 and the Social Services & Well-being (Wales) Act 2014 to ensure the safety of children and adults at risk of abuse or neglect. As part of this duty, we are required to report any cases to the Local Authority.

The Corporate Safeguarding Team work with multi-agency partners within the regional footprint of Western Bay Safeguarding Boards, and support the Service Delivery Units within the Health Board to ensure their staff are trained and supported appropriately to keep those at risk safe.

During 2017 we have made:

- **2293** referrals/requests for information to the 3 Local Authorities of Swansea, Neath Port Talbot and Bridgend in relation to Children at risk of abuse or neglect. Any referrals are managed by the relevant Local Authority.
- **453** Adult at risk referrals – 269 of these were managed by the Health Board as the alleged abuse occurred on Health Board premises or the alleged abuser was Health Board Staff. 184 were sent to the relevant Local Authority to manage as the location of the alleged abuse was outside of the remit of the Health Board to manage.

These significant numbers of referrals and enquiries indicate a positive reporting culture among Health Board staff due to increasing awareness of the legal requirement to report since the implementation of the Social Services and Well-being Act 2014. The Health Board has a broad safeguarding agenda that includes duties required under other legislation. As part of this, we have:

- Contributed to the National Independent Inquiry into Child Sexual Abuse (IICSA)
- Adapted a multi-agency training programme on Child Sexual Exploitation and implemented it within priority areas within the Health Board
- Introduced an alert system to ensure information is shared with relevant agencies about children who are deemed to be at high risk of sexual exploitation
- Completed an 18 month “Ask and Act” pilot as part of the Five year “Ask and Act” Project: Violence against Women Domestic Abuse and Sexual Violence (Wales) Act 2015.

## Strategic Framework for Mental Health Services for Adults

In May 2017 ABMU HB, Bridgend County Borough Council, Neath Port Talbot County Borough Council and Swansea Council agreed that they would develop a strategic framework for mental health services for adults. As part of this, meaningful engagement with users of services and their carers / families was crucial to ensure that this framework addressed the issues our population face when trying to get support from our services. The new model of care is based on what service users and their carers told us needed to be different in future. Key to the new model is that anyone who has mental health problems has the right to receive help and support which aims to prevent problems and intervene earlier to stop problems escalating.

These services will include:

- Citizens advice and similar information / advice services
- Housing and benefits advice
- Access to leisure discount schemes
- Access to Primary Care and generic physical healthcare services

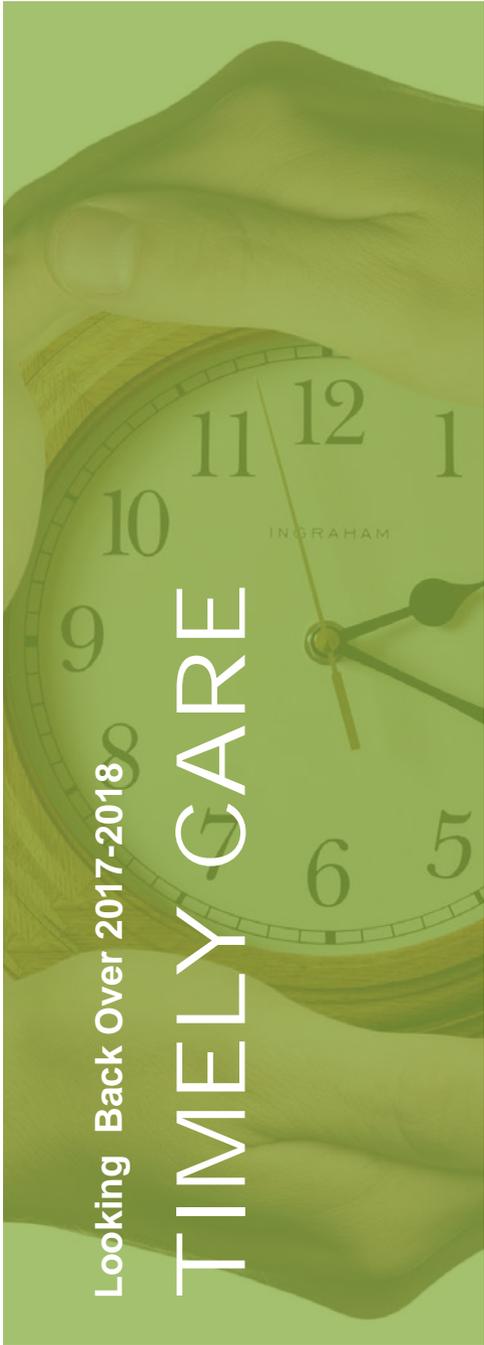
In order for this new model to become a reality the following is needed:

- Detailed planning of an implementation programme
- Dedicated project management with service users, their carers and families being involved throughout
- Staff training and development so that existing and new staff have the skills and values to deliver this new model

The Strategic Framework has been co-produced with the group of service users and carers elected to the Together for Mental Health Partnership Board and the joint Health Board and Local Authorities' Optimum Model working group.

The Framework is part of the Western Bay Regional Partnership Plan which is due for Health Board approval in May 2018. Implementation of the Plan will be monitored by the Health Board.





## Reducing Waiting Times for Elective Care Continues to be a Priority for the Health Board.

During 2017-2018, **87.8%** of our patients were seen and treated **within 26 weeks** of being referred to us, a 0.35% deterioration on 2016-2017 but a 0.26% improvement on 2015-2016. We continue to work hard to reduce the time you have to wait for assessment, care and treatment.

The figures below shows that over the last 12 months the number of patients waiting over 26 weeks has slightly increased but the number waiting over 36 weeks has reduced as we continue to address specialities with long waiting patients.

We recognise that our waiting times are not where they should be, but we will continue to work towards improving waiting times and shortening the delays.



## 111 Service



The 111 service offers a free easy to remember telephone number that allows people to be signposted to the right treatment in the right place by a multi professional team, combining NHS Direct information and advice with 'out of hours' services. The 111 service was successfully implemented across ABMU HB as a Pathfinder for Wales in October 2016 and has gone from strength to strength. Since it began, the service has received a total of 303,312 calls of which only 6% (18,347) of calls were abandoned by the public after the recorded message.

An evaluation of the service undertaken by Public and Corporate Economic Consultants (PCEC) in conjunction with University of Sheffield found that in the first 6 months of the service being in operation there was a high level of service user satisfaction with 95% of survey respondents stating that they were satisfied or very satisfied with the whole 111 process. The review examined data from the first six months of the service and found that call takers answered 94% of the 71,000 calls received, with 32,000 calls being triaged, of which 36% were urgent. The average triage time for priority one calls was 3 minutes compared to the 20 minute standard.

The evaluation also found that there has been a very small reduction (1%) in the number of Emergency Department attendances during the first six months of operation compared to the same six months in the previous year. Added to this the number of non-urgent ambulance conveyances during the period of the review decreased by just over 25%. Whilst it is difficult to be certain about the impact on Emergency Department attendance and the reduction in ambulance conveyances cannot be wholly attributed to the 111 Service, it can be estimated that the service has contributed to significant savings in these areas. The impact on GP Out of Hours is the provision of a more clinically led model whereby patients have greater opportunity to access clinical telephone assessment and treatment (prescriptions etc.) without the need for a face to face appointment with GPs.



Another key finding of the review was that key stakeholders and staff involved in the development and operation of the service are enthusiastic about the service and believe that greater benefits and efficiencies could be achieved with careful rollout across Wales. The evaluation of the 111 pathfinder is an important milestone in the roll out of the 111 service across Wales over the next 2 – 3 years.

## Primary Care Community Paramedic Scheme

ABMU HB has commissioned the Welsh Ambulance Services Trust (WAST) on behalf of the Afan Cluster to provide a Community Paramedic scheme to deliver a Primary Care Community Paramedic Scheme.

Paramedics are autonomous first contact practitioners who undertake a wide range of diagnostic and treatment activities as well as directing and signposting care in a range of urgent, emergency, critical or out of hospital settings.

The scheme works by the GP identifying suitable patients, completing a referral form and obtaining a home visit patient summary and referring to the Single Point of Access by 10.30 am. The Single Point of Access inform the Primary Care Community Paramedic who supports the GP Practices within the Afan Cluster by undertaking a face-to-face clinical assessment with the patients, aiming to undertake 6 home visits a day between 10am and 6pm that will result in either:

- A verbal clinical report back to the GP on the patient for agreement of a shared management plan;
- or**
- Acutely unwell patients being admitted to hospital

The initial review indicates the pilot is working well.

## Hospitals Front Door Assessment Sees Fewer Elderly People Admitted to Wards



Older people who become unwell are now far more likely to be admitted to two ABMU hospitals only if they really need to be there. Increased use of “front door” assessment as patients arrive allows many of them to return home quickly with the support of their local community team, which includes geriatricians, nurses and other staff.

This means hospital doctors, nurses and allied professionals specialising in elderly care can concentrate on the most seriously unwell patients.



It's better for patients too, as a stay in hospital can cause problems such as reduced mobility and loss of independence.

Changes have been introduced at Princess of Wales Hospital (POWH) in Bridgend and Singleton Hospital in Swansea.

Princess of Wales Hospital Clinical Director for Elderly Care, Dr Ashok David, said 65 per cent of elderly people in the hospital did not need to be there.

In February last year an Acute Frailty Unit was established on Ward 20 as the first phase of POWH's elderly care reconfiguration, this is where patients admitted after assessment are cared for during the acute phase of their illness. The patients are then transferred to a non-acute elderly care ward or go home, again with any necessary care provided by a community team.

Dr David said the changes had seen the average length of stay on Ward 20 reduce from 17 days to 11 days, sustained over a 12-month period.

Phase two, which frees up doctors to provide front door assessment, saw POWH last month introduce a ward led by nurses and nurse practitioners. The 25-bed Ward 19 is for patients who do not require acute medical care but do need reablement before they can go home.

Singleton has a different model of care, based on the development of an acute frailty service within the Singleton Assessment Unit (SAU). Front-door assessment is carried out by a multidisciplinary team including a doctor, physiotherapist, occupational therapist and pharmacist.

Between September and November last year, 118 patients had front door assessment on arrival in the SAU. Of these, 38 per cent did not need admission to the wards and went home from the unit having spent, on average, two days there.

## Patient Flow

The work implemented in previous years to support improvement patient flow was developed further in 2017-2018 as follows:

- The implementation of an Executive Led workstream on patient flow. As part of this work to support improvements in patient flow, the programme focussed on developing a suite of actions and measures to encourage standardisation of approach on all sites
- Publication of new Welsh SAFER flow guidance in March 2018
- A number of internal and externally supported engagement and learning events were held on Patient flow. In February 2018, Pete Gordon from NHS Improvement in England spent 2 days in the Health Board on promoting the quality and safety benefits of implementing the SAFER patient flow principles

This 2 day programme was attended by over 200 staff including front line clinicians, and Executive Team members

- The Health Board is also participating in and supporting the NHS-wide 70 day challenge across the UK between 17 April and 26 June 2018, with the aim of achieving one million patient days of relevant patients being up, dressed and mobilising over a period of 70 days.

## Ambulatory Emergency Care (AEC)

All of our hospital sites and primary care services have continued to develop ambulatory care models to improve the patient experience by providing swifter access to specialist assessment, diagnosis and treatment.



The figures above show that the number of patients spending more than 4 hours in the ED has decreased since March 2017



The figures above show that the number of patients spending more than 12 hours in the ED has increased since March 2017

Increasingly the focus during 2017-2018 was on the development of ambulatory care services for frail older people through the redesign of existing services and pathways of care.

This included the accelerated placement team at Neath Port Talbot Hospital, the development of the acute clinical response teams in the community which are now in place across the Health Board, strengthening the multi disciplinary frailty teams at Singleton and Morriston, and the redesign of the frailty service model at the Princess of Wales Hospital.

The Health Board also underwent an external review of ambulatory emergency care pathways in the summer of 2017, which recognised the enthusiasm for developing and implementing AEC across the unscheduled care pathway in ABMU HB.

The Health Board is also participating in the Welsh ambulatory emergency care task group to contribute to the development of a Welsh AEC programme, aimed at promoting ambulatory emergency care as a safe and effective alternative to a hospital admission.

## Cancer Care and Treatment



Standard 1 Expectation:  
At least 98% of Non Urgent Suspected Cancer (USC) referrals commence treatment within 31 days of their treatment plan being agreed following diagnosis.



Standard 2 Expectation:  
At least 82% of Urgent Suspected Cancer (USC) receive treatment within 62 days.

Having timely access to cancer services contributes to patient outcomes and is critical to the way we treat our diagnosed and undiagnosed patients.

ABMU performance against the waiting time target has been poor over the last 18 months, with the biggest drop during the first 6 months of 2017, however performance improved through the last half of 2017.

A review of cancer demand and capacity and process in the Health Board took place in February 2017 and it was decided that there was a need to develop more consistent pathways to:

- o improve information systems
- o improve cross unit services such as radiology
- o improve Multi disciplinary team (MDT) activity
- o address a lack of co-ordination across the whole cancer care pathway
- o address a high number of administrative breaches such as test requests not being marked as Urgent, referral delays between one specialty and another and communication delays around treatment pathways.



Addressing the findings and cancer leads feedback, in June 2017 the Service Director for Neath Port Talbot SDU was asked to lead cancer performance management and improvement across all the tumour sites for the Health Board.

A collaboration between Cancer Improvement, Service Improvement and Informatics produced an online system named Cancer Dashboard to aid tracking of Uncheduled Care (USC) referrals and identification of service constraints/ bottlenecks. A radiology dashboard for USC requests was also developed and released to radiology departments to measure and monitor performance for turnaround times.

Through 2018 our work to improve the delivery of care will focus on Breast, Urology and Gynaecology, to build on the actions currently in progress including the centralisation of breast outpatient services from Princess of Wales to Neath Port Talbot Hospital to enable 'one-stop' clinics, reducing waits to outpatients/diagnostics and a revised pathway for Gynaecology patients to reduce the waits in the diagnostic phase with rolling performance improvement driven through the Cancer Improvement Board.

## End PJ Paralysis

The #endPJparalysis campaign began on social media and has been embraced and adopted by Healthcare organisations across the UK and beyond. The campaign is primarily about making people aware that older patients can become deconditioned very quickly after a few days in a hospital bed, which can mean the difference between being able to live at home independently and do things for themselves; from going home, to going to a home.

The idea behind it is simple, supporting patients in hospital to get up, dressed and moving can prevent deconditioning, which is when patients quickly lose physical function and the ability to do everyday activities.

This is important because 65% of patients admitted are 65 or older and a person aged over 80 can lose 10 % of their muscle mass after just 10 days in a hospital bed.

There's extensive evidence that dressing patients in their own clothes is more dignifying, provides a sense of normality and allows them to be more independent while in hospital.



In the past year Princess of Wales, Morriston and Singleton have all run linked campaigns.

The Heath Board has signed up to take part in the NHS National 70 day end PJ paralysis challenge, starting on the 17th April 2018.

“

Patient Tracey, aged 50, said:

“I think it's really helpful to get up. When you're in bed you're just laying down. You just feel so ill and helpless.

If you just push yourself to get up and get out, it starts to make you feel better, quicker.”

”

## A Regional Collaboration for Health (ARCH)

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

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



### ARCH 2017-2018 Successes

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



## Listening and learning from feedback

Throughout the year, patient stories have been presented to both Board and Quality Assurance Group of how we are listening and learning from the feedback we receive. We have summarised some of these stories below:

### **Morrison Hospital Service Delivery Unit**

The patient story focussed on a new pathway being piloted for non-weight bearing orthopaedic patients. Every Tuesday morning a meeting was held to discuss patients who were medically fit for discharge but were still in the hospital.

One of the biggest causes was patients who had suffered a fracture and could not weight-bear for several weeks but live alone. As such, arrangements had been made for these patients to recuperate at a residential care home.

The story compared two patients; one before the pilot who spent seven weeks in hospital and the other who was discharged straight from the emergency department to the residential home to recover.

The first patient developed a hospital-acquired infection and missed her home life, whereas the other was in the residential home for nine weeks with her own room, access to social activities and maintained independence.

The pilot has now ceased while additional funding was sought. There was also an opportunity to develop a similar pathway for patients who had confusion in addition to their fracture.



## Singleton Hospital Service Delivery Unit

The patient story focussed on a mother whose young son had passed away at Princess of Wales Hospital.

The mum outlined her experience of spending time with her child at the mortuary, during which she felt that he had not been given the dignity and respect the family needed and communication from staff had not been forthcoming.

The mum also felt that the condition from which her child died had not been properly explained to her and she did not understand what the term meant. The committee heard how the paediatric patient experience nurse had met with the mum to discuss her concerns as well the mortuary service managers to develop ways to make the process more supportive of parents grieving the loss of a child.

A bereavement leaflet had since been designed as had a pamphlet to explain the condition from which the child died. In addition, a bespoke blanket was being made to cover children for viewings, as the adult covers were too big. A full action plan was in place to improve the experience for families and updates were consistently provided to the patient's mum.

## Princess of Wales Hospital Service Delivery Unit



A patient story was received outlining a family's experience of their mother's care at the hospital in 2013. The patient's son explained that as his mum had vascular dementia, the family had put its trust in the hospital as it had the 'Butterfly Scheme'. However they found that their mother had not been showered, fed or given her insulin by staff and instead family members undertook such care.

There were also issues of communication. Sadly the patient had since passed away but the family asked that the scheme be better implemented to improve patients and families' experience.

## Primary and Community Service Delivery Unit

A patient story was received outlining the care of a terminally ill patient who was able to die at home. The patient's husband explained that it was due to the care and support provided by the community nursing staff that this was possible.

Every day the family felt valued and that the team was there for them during their hour of need to help the patient fulfil her wish to be at home for her final days.

The husband had written to the unit to express how much the team's support had meant to him and his family.

Was the care we provided right for you?

## Family Integrated Care (FiC)

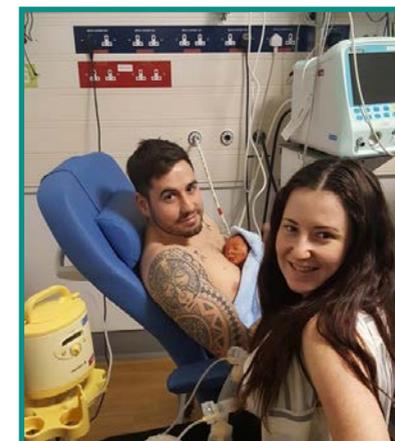
New parents are being offered the chance to give hands-on care to their premature babies as part of a groundbreaking initiative introduced by ABMU HB.

Singleton Hospital's neonatal intensive care unit is the first in Wales to offer Family Integrated Care or FiCare which allows parents to be involved in looking after their newborn babies even when they are very tiny or sick.

The mums and dads are given training and encouragement to care for their babies by taking on skills such as tube feeding, taking temperatures and giving medication and this new approach is proving a big hit with parents who are keen to learn all they can about helping their babies.

At the onset, parents are introduced to the support they would expect, and are familiarised with the tools provided for their self education. Some of the education sessions include material taught by other members of the MDT, e.g. lactation specialist nurse or pharmacist.

There is availability for additional 'one-to-one' education as the needs arise.



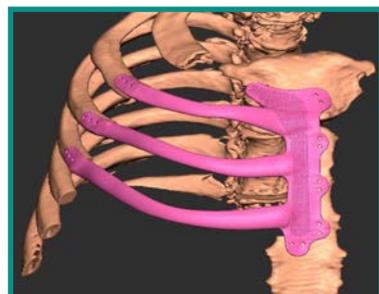
## Wales first as surgeons use 3D printed implant after removing chest tumour

A granddad has become the first person in Wales to have his chest wall rebuilt with a 3D printed prosthesis following the removal of a large tumour. Peter Maggs, from Abergavenny, had three ribs and half his breastbone removed during the day-long operation at Morriston Hospital.



It was carried out by consultant surgeons Ira Goldsmith and Thomas Bragg, with the support of the Morriston surgical team. The tumour had grown to around the width of a tennis ball, and the procedure left an extensive defect in the 71-year-old's chest.

Surgeons would traditionally have reconstructed it with a special cement prosthesis. But advances in 3D printing technology allowed them instead to use a bespoke implant which slotted perfectly into place.



It was designed in Morriston and printed in Wales, using titanium to give a much stronger and more stable alternative to the traditional method – and to reduce the surgery time by around two hours.

Mr Maggs developed a lump in his chest which he initially thought was a cyst but was later diagnosed as a sarcoma – a cancer of the soft tissue – in the cartilage of one of his ribs.

The surgery was carried out and Mr Goldsmith said the prosthesis fitted into place perfectly. It was originally supposed to have been screwed in, but as the bone was narrow and soft there was a chance it could break so Mr Goldsmith sewed it into place instead.

The entire procedure took eight hours.

Mr Goldsmith has since given a presentation to the British Sarcoma Group meeting in Birmingham February 2018, and at the Society for Cardiothoracic Surgery in Great Britain and Ireland annual meeting in Glasgow March 2018.



## New Mountain View Health Centre a Hit with patients and Staff

Delivered in partnership by ABMU HB and Swansea Council a former GP Practice has moved into a state-of-the-art new centre. The opening of the £2million, first-in-Wales Swansea GP practice marked the start of a new chapter for Mayhill Surgery.

Previously, Doctors and staff have worked in a cramped environment, but now operate from suites with bright, airy rooms and the very latest facilities. It's not only proving a popular move with existing patients but more of them have registered with the practice since the new centre opened.

ABMU HB has provided funding for the health centre, while the Welsh Government contributed £567,000 towards the family centre element.

The integrated Mountain View Health Centre and Children's Centre, which also includes a pharmacy, is the first of its kind in Wales.



“ I joined the practice last year so I've been lucky how quickly this has happened since then. Some of the rooms in the old surgery were very small, the doors were thin, people in the waiting room would often tell us they had heard everything. Now patients come in, they have a proper space, they have dignity, they are treated in a special way and it builds a really good relationship. ”  
Practice G.P

“ It is a model of what we can provide in other parts of the Health Board, and exactly the sort of approach we're using for the planned wellbeing centre in Swansea city centre. ”  
ABMU HB Chairman



## Our Volunteers

Over 450 people make up an ever growing team of volunteers who regularly donate their time, energies and skills to the Health Board. On average each volunteer contributes three hours of their time a week. Volunteers make a unique and valued contribution to our services, enhance the experience of our patients and families as well as providing added support to staff teams.

Volunteers do not replace paid staff, but provide an invaluable service in improving the care we provide.



Our volunteers support in a variety of roles across our four acute hospital sites. Roles in our hospitals contribute to making the environments welcoming and accessible. Volunteers support the wellbeing and recovery of our patients, whilst reducing boredom and inactivity. Roles include Meet and Greet support, Chaplaincy, Outpatient, Ward, PALS/PEAS, Day Centre, Drivers, Gardeners, Tea Bar and Hospital shop volunteer roles to name a few.

Wards and department staff know the patients' and family needs best and provide direction and guidance to volunteers about how they can best support them and enhance their experience.

Activities could include reading (or another activity) with a supporting meal choice or being a meal time companion. Other volunteers might accompany a patient for a walk, a coffee or a visit to the multi-faith room or help them register for an Outpatient appointment. Volunteers can support staff by running errands or messages around the hospital and supporting the completion of Friends and Family questionnaires.

After an independent review of Volunteering Services was conducted in 2017, a number of key recommendations were made and implemented. A Volunteer Services Manager was recruited to manage the internal Volunteer Services Department to deliver excellent operational services.

A clear vision for Volunteering in ABMU HB is being developed with the Volunteering Services Manager and a Volunteering Strategy Group that includes representation from each SDU, Strategy and Planning, OD and Workforce, staff side and volunteers.

The future vision will include embedding a leading, innovative and positive volunteering culture to support the growth and diversification of our volunteering portfolio. We will ensure each and every volunteer has the best possible experience, whilst working collaboratively with external partners to develop new models of volunteer participation.

## **Staff recognition events**

### **Long Service Awards**

The long service events held in Margam offered staff an opportunity to take time out and celebrate with peers and friends.



Hundreds of ABMU HB staff with a combined service of almost 8,000 years have been thanked for their dedication and loyalty at a special celebration.

The recognition ceremony was for Health Board staff who had clocked up more than 25 years service - several of those who attended had recorded more than 40 years working for the NHS. Some staff shared their experience of the day...



“It was informal and a very pleasant event and as far as I could see it gave those present a good feel factor. To be acknowledged for long service and to feel appreciated is welcomed. I have worked 44 years for the NHS and I thought it was a lovely gesture and I really hope that everyone in time will get an invite even if they don't want to accept.  
Thanks to the Staff Experience Team”

“It's lovely to see staff being recognised and rewarded in these award days. A big thank you to the Staff Experience Team for making it happen!”

“When they asked for memories I was happy to share mine, I thought it was a bit different. I've really enjoyed the event today, it was very worthwhile and it has been a pleasure to be here”.

## Patient Choice Awards

The patient choice events held during December 2017 offered the opportunity for 78 patients to attend and personally thank those staff who cared for them in the previous 12 months.

311 staff members attended the events.



“

Thank you very much for organizing this event. It was lovely to see our little patient, in a non-clinical setting. It was also nice that his family took the time to name so many of us who have enjoyed helping them through his difficult early years. I felt the event was of enormous benefit to our unit morale, at a time when we are extremely busy and feeling the strain! Good news/praise is often hard for nurses to accept but I could see that everybody really appreciated it.

”



“

Thank you for inviting us to the patient choice award. It was amazing to see so many staff recognised for their hard work and dedication.

”

## Apprentice Update



ABMU is the first Health Board in Wales to successfully establish an Apprentice Academy working in partnership with Neath Port Talbot College Group and Bridgend College.

Following two successful Recruitment Events at Morriston and Neath Port Talbot in August 2017, the applications for the apprenticeships available increased significantly. At these events, departments recruiting apprentices were able to let potential applicants know what the role would entail and the training they would get. The colleges were on hand to go over queries on qualifications demonstrating the partnership approach.

To date we have appointed **117** Apprentices since the start of the programme in October 2016.

We have appointed our first **4 year** apprentice in Medical Electronics who will complete qualifications up to Higher National Certificate (HNC) level.



There are apprentices working on the following frameworks – business administration; customer service; warehousing; pathology, electrical installation; carpentry; Information Technology & Health Care Support Workers (HCSW).

All HCSW apprentices at Morriston were guaranteed interviews for permanent band 2 HCSW posts and were all successful; leading to us including apprentices in the guaranteed interview scheme as well as vocational trainees. This recruitment model is working well in Morriston with a further 10 apprentice HCSWs starting in roles.

ABMU Apprentice Academy attend Careers events and Jobs Fairs across the region to promote the apprentice opportunities and the South Wales Indian Society Careers event to raise awareness of apprenticeships as an alternative to FE / University.

## NHS Wales Awards

An initiative by ABMU HB staff to improve the way antibiotics are used to treat newborn babies has earned a prestigious NHS Wales Award at the tenth anniversary of the ceremony.



Work on the Managing Antibiotics Wisely project won the Improving Quality Using Improving Quality Together Methodology Award at the event held in Cardiff in September 2017.

The project, led by consultant neonatologist Dr Sujoy Banerjee, involved reducing the use of antibiotics in babies at Singleton Hospital's neonatal unit, without adversely affecting outcomes. In fact, reducing inappropriate antibiotic use may improve health outcomes in babies for life.

The project has seen a 48% reduction in antibiotic use – double the original target and sustained over 12 months with the unit recording one of its lowest death and serious illness rates of recent years.

## Project to Support Young Parents Lands Top Award

A Swansea project to help improve maternity care for teenagers and young women with complex social factors has scooped a top national award.

Midwives Sally Roberts and Julie Morgan were part of the multi-agency JIG-SO team which won the Reducing Inequalities category at the Royal College of Midwives (RCM) Awards.

JIG-SO is a joint ABMU HB and Swansea Council project which has been running since May 2016. It sees a team of Families First midwives, community nursery nurses, family facilitators and early language development workers offering additional support to young women aged up to 25 and their partners.



It has also had major personal benefits for these young families. A significant number of mothers who went through the JIG-SO team have had their children removed from the Child Protection Register. A similar number of families no longer need the support of social services.

The annual awards, hosted by Good Morning Britain presenter Charlotte Hawkins, celebrate the midwifery profession's best and brightest talent and this year the expert judges said their task of selecting winners was made harder by the unprecedented number of quality entries.

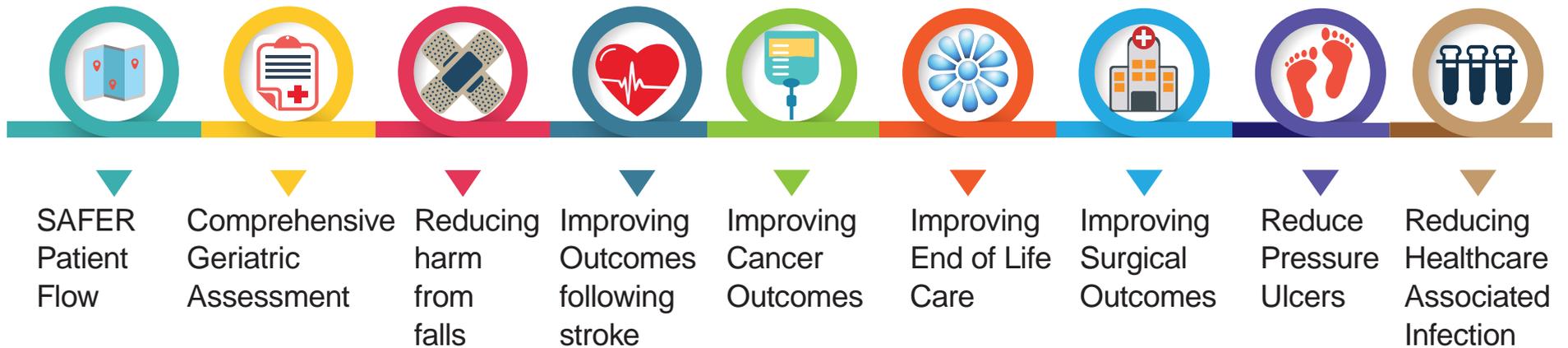
## Nurse Recruitment

There are currently 337 unfilled Registered Nurse vacancies across the Health Board. Work is currently underway with our Education providers to increase the number of student nurse places to provide more nurses for the future. In addition the Health Board is also;

- `Growing our Own` nurses, we have supported 11 Health Care Support Workers through the part time flexible nurse training route, with another 13 places being made available this September.
- Holding a number of open days across the Health Board hospital sites aimed at encouraging students, and experienced nurses who may want to return to practice, to come and look at our services and ask questions about potential areas of employment.
- Actively looking at ways of working, to develop and extend nursing roles in all areas of practice.



In the 2018-2019 year, the 9 Quality Priorities are detailed below:



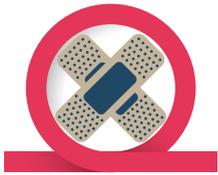
**SAFER Patient Flow**

We want to ensure that people don't have to stay in hospital any longer than is needed. This is important because there is evidence that staying in hospital for longer than necessary can be harmful as well as inconvenient. We will work to make sure that we reduce any delays in hospital waiting for investigations and test results and that when it comes to the time to go home we have planned what is required and made sure that everything is ready at discharge. We will aim to increase the percentage of patients discharged before noon lengths of stay.



**Comprehensive Geriatric Assessment**

Older people admitted to hospital as emergencies are at especially high risk. Evidence suggests that elderly people that are admitted to hospital and receive a Comprehensive Geriatric Assessment (CGA) are significantly less likely to die or deteriorate as a result. Such patients are also less likely to be admitted to an institution and more likely to be alive in their own homes at longer term follow-up compared with those receiving care without a CGA. We will work to ensure that elderly people are assessed using a standardised comprehensive geriatric assessment across our services



### Reducing Harm from Falls

All falls, even those that do not result in injury, can cause older patients and their family to feel anxious and distressed. In 2018-2019 we will aim to:

- o Reduce harm from falls in hospital
- o Promote falls prevention messages
- o Improve pathways for people who fall outside of hospital.



### Improving Outcomes Following Stroke

Our aim is to continually improve our stroke services as outlined in our Stroke Service Improvement Plan. This will be monitored via the Performance Management Framework using NHS Wales Outcomes Measures (this is a priority carried over from 2017-2018).



### Improving Cancer Pathways

Our aim is to improve pathways for people referred with suspected cancer to ensure cancer diagnosis and treatment, or reassurance of no cancer, occurs at the earliest opportunity. Our plans are described in our Cancer Service Improvement Plan. This will be monitored via the Performance Management Framework using NHS Wales Outcomes Measures (priority carried over from 2017-2018).



### Improving End of Life Care

Our aim is to ensure that the possibility that a person may die within the coming days and hours is recognised and communicated clearly, that decisions about care are made in accordance with the person's needs and wishes, and that these are reviewed and revised regularly by doctors and nurses. Care will be tailored to the individual and delivered with compassion, with an individual care plan in place.



### Improving Surgical Outcomes:

- National Emergency Laparotomy Audit (NELA)
- Amputations
- Enhanced Recovery after Surgery.



### **Reduce Pressure Ulcers**

We aim to reduce the incidence of acquired pressure ulcers both in hospital and the community. This will be measured and reported via current mechanisms and via the Ward to Board Dashboard (priority carried over from 2017-2018).



### **Reducing Healthcare Associated Infection**

Our aim is to reduce harm arising from all forms of Health Board attributable healthcare associated infection (HCAI), specifically Clostridium Difficile infection (C.Diff) and Staphylococcus Aureus bacteraemia and Escherichia Coli (E.Coli) bacteraemia is a quality priority for the Health Board.

## **Wales for Africa**

# **WALES FOR AFRICA**

**2018-2019**

### **Interburns, Swansea - Improved Burn care for 500 patients in Ethiopia**

The work highlighted in last years to develop a national plan for burn prevention for Ethiopia is ongoing. No additional information was available at time of document going 'live'.



## e-Nursing

A national project is underway to transform the documentation nurses are required to complete every day. The project will be standardising forms across NHS Wales and making them digital. The documents will use the same standardised nursing language to reduce duplication and give back time to care for patients.

The project aims to have the first set of prioritised documents available for Health Boards and Trusts to start their implementations by the end of 2019.

The first documents to be digitalised have been chosen based on frequency of use, and those that have the biggest potential to improve patient assessment, inform care planning and enhance patient safety and outcomes.

The standardisation is being taken forward through multidisciplinary and multi-agency collaboration with other healthcare professionals, ensuring evidence based and professional expert knowledge informs the work.

## IPads and Nursing Acuity

Within ABMU HB we are required to collect patient's acuity data during the months of January and June. The collected data forms part of the triangulation process used when calculating the nurse staffing levels for wards that fall within the Nurse Staffing Levels (Wales) Act 2016. IPads have been purchased and configured incorporating a touch screen version of the Health and Care Monitoring System and acuity audit for each of the reporting clinical areas.

ABMU HB is the first in Wales to collect our acuity data using mobile devices, reducing the time taken to transfer data from paper to PC, also increasing the accuracy of information by being able to complete a the bedside.

The new Nurse Staffing Module itself is much more user friendly meaning the time taken to complete the audit is also reduced. Over the next 18 months we aim to collect acuity more frequently within our Health Board, continuous capture and several times per day will enable us at local levels to make operational decisions that influence the care provided to our patients and the workload of our staff.

The use of the iPads is not limited to only acuity data collection, and other applications are being installed to aid staff with daily tasks to improve practice and patient care – for example:

- End PJ paralysis
- BNF/BNFC
- COIN
- Health of Wales Information Service
- Datix incident reporting & investigation
- Medusa



## Wales Applied Risk Research Network (WARRN)

The strategy for Adult Mental Health Services in Wales, recommends “Every user in contact with mental health services should have a structured assessment of risk written in their case-records.” and “The assessment of risk and ensuring the safety of users, carers and staff could be increased by training mental health professionals in risk assessment and risk management” and by “ensuring that risk assessment is multi-disciplinary and co-ordinated across settings.”

The learning and development team are providing monthly training dates for WARRN training for Mental Health and Learning Disability staff across the SDU.

Three additional staff will undergo the WARRN train the trainer programme this year.



# REFERENCES

## LIST OF REPORTS, DOCUMENTS AND WEB PAGES

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

**ABMU Health Board Values** - <http://www.wales.nhs.uk/sitesplus/863/page/79228>

**ABM Youth** - <https://www.abmyouth.wales/>

**Age Connects** - <http://www.ageconnectswales.org.uk/>

**Alzheimer's Society** - <https://www.alzheimers.org.uk/>

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

**Aseptic Non Touch Technique (NICE Guidelines)** - <https://www.nice.org.uk/guidance/cg139/chapter/1-guidance>

**BAPIO Recruitment** - <https://www.bapio.co.uk/>

**Bridgend Carer's Centre** - <https://carers.org/partner/bridgend-carers-centre-0>

**Bridgend Council Partnership** - <http://www.bridgend.gov.uk/>

**British Medical Journal (BMJ)** - <http://www.bmj.com/>

**Care and Repair** - <http://www.careandrepair.org.uk/en/>

**Children's Charter** - <http://www.wales.nhs.uk/sitesplus/863/page/91176>

**Chole-QulC Project** - <https://www.rcseng.ac.uk/standards-and-research/standards-and-guidance/service-standards/emergency-surgery/cholecystectomy-quality-improvement-collaborative/>

**Commissioning Plans** - <http://www.wales.nhs.uk/sitesplus/documents/863/abmu%20commissioning%20boards%20scope.pdf>

**Community Health Council** - <http://www.wales.nhs.uk/sitesplus/899/home>

**Dementia Friendly** - <https://www.dementiafriends.org.uk/>

**DisabledGo** - <http://www.disabledgo.com/>

**DNACPR Policy ABMU Health Board** - [www.wales.nhs.uk/sitesplus/866/opendoc/239982](http://www.wales.nhs.uk/sitesplus/866/opendoc/239982)

**DRUG-gle (Druggle)** - <http://www.medsiq.org/tool/drug-gle-druggle>

**Electronic Surveillance System – IC Net** - <http://www.icnetplc.com/>

**European Union** - [https://europa.eu/european-union/index\\_en](https://europa.eu/european-union/index_en)

**Foodwise for life** - <http://www.publichealthnetwork.cymru/en/topics/nutrition/foodwise-for-life/>

**Gower College** - <http://www.gcs.ac.uk/>

**Hafan Y Mor Children’s Centre** - <http://www.wales.nhs.uk/sitesplus/863/page/72901>

**HCL** - <https://www.hclworkforce.com/>

**Health Inspectorate Wales** - <http://hiw.org.uk/splash?orig=/>

**Healthcare People management association** - <http://www.hpma.org.uk/>

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

**Health and Care Standards Indicators** - <https://www.nice.org.uk/standards-and-indicators>

**Huddles (Definition)** - <http://www.medsiq.org/tool/drug-gle-druggle>

**Hywel da Health Board** - <http://www.hywelddalhb.wales.nhs.uk/>

**Interburns** - <http://interburns.org/>

**Learning Disabilities – NHS** - <http://www.wales.nhs.uk/sitesplus/863/page/40843>

**Long Service Awards** - [http://abm.cymru.nhs.uk/bulletins/bulletin.php?bulletin\\_id=10917](http://abm.cymru.nhs.uk/bulletins/bulletin.php?bulletin_id=10917)

**Making every contact count** - <http://www.makingeverycontactcount.co.uk/>

**Medacs Agencies** - <https://www.medacs.com/>

**National Clinical Outcomes Review and Advisory Committee** - <http://www.wales.nhs.uk/sitesplus/documents/986/First%20Report%20of%20The%20National%20Clinical%20Audit%20and%20Outcome%20Review%20Advisory%20Committee.pdf>

**National Hip Fracture database** - <http://www.nhfd.co.uk/>

**National Safety Standards for Invasive Procedures** - <https://improvement.nhs.uk/resources/national-safety-standards-invasive-procedures/>

**National Vascular Registry** - <https://www.vsqip.org.uk/professionals/>

**Never Events** - <https://improvement.nhs.uk/resources/never-events-policy-and-framework/>

**NHS Wales Informatics Service (NWIS)** - <http://www.wales.nhs.uk/sitesplus/956/home>

**Nursing and Midwifery Council** - <https://www.nmc.org.uk/>

**Nursing and Midwifery Strategy** - [http://abm.cymru.nhs.uk/bulletins/bulletin.php?bulletin\\_id=11247](http://abm.cymru.nhs.uk/bulletins/bulletin.php?bulletin_id=11247)

**Ombudsman** - <https://www.ombudsman-services.org/>

**Open Access Open Innovation Platform** - <https://www.swansea.ac.uk/ils/agorip/>

**Public Health Wales** - [www.publichealthwales.wales.nhs.uk](http://www.publichealthwales.wales.nhs.uk)

**Putting Things Right** - <http://www.wales.nhs.uk/governance-emanual/putting-things-right>

**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.

**SAFER Board Rounds** - <https://improvement.nhs.uk/uploads/documents/the-safer-patient-flow-bundle.pdf>

**Social Services & Well Being (Wales) Act 2014** - [http://www.legislation.gov.uk/anaw/2014/4/pdfs/anaw\\_20140004\\_en.pdf](http://www.legislation.gov.uk/anaw/2014/4/pdfs/anaw_20140004_en.pdf)

**Staff Experience Strategy** - [http://abm.cymru.nhs.uk/bulletins/bulletin.php?bulletin\\_id=10656](http://abm.cymru.nhs.uk/bulletins/bulletin.php?bulletin_id=10656)

**Start Here** - <http://www.wales.nhs.uk/sitesplus/863/page/77317>

**Stop Smoking Wales** - <http://www.wales.nhs.uk/sitesplus/888/page/43913>

**Swansea Bay City Region City Deal** - <http://www.swanseabaycityregion.com/en/cd.htm>

**Swansea University** - <http://www.swansea.ac.uk/>

**The World Health Organisations 5 moments of care** - [http://www.who.int/gpsc/tools/Five\\_moments/en/](http://www.who.int/gpsc/tools/Five_moments/en/)

**Time to Quit** - <http://www.wales.nhs.uk/sitesplus/863/page/81683>

**Train/Work/Live** - <http://www.trainworklive.wales/>

**Vermont Oxford Network** - <https://public.vtoxford.org/>

**Wales in Africa** - <http://www.walesafrica.org/>

**Wellbeing through Work** - [http://abm.cymru.nhs.uk/bulletins/bulletin.php?bulletin\\_id=10467](http://abm.cymru.nhs.uk/bulletins/bulletin.php?bulletin_id=10467)

**Welsh Ambulance** - <http://www.ambulance.wales.nhs.uk/>

**Welsh Centre for Action and Dependency on Addiction (WCADA)** - <http://www.wcada.org/>

**Welsh Health Specialised Services Committee** - <http://www.whssc.wales.nhs.uk/home>

**X-pert Training** - <https://www.xperthealth.org.uk/>

**15 Step Challenge** - <http://www.healthissuescentre.org.au/images/uploads/resources/15-steps-challenge-toolkit.pdf>

**111 Service** - <http://www.nhs.uk/NHSEngland/AboutNHSservices/Emergencyandurgentcareservices/Pages/NHS-111.aspx>

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# 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.

**Acute** - of abrupt onset, in reference to a disease. Acute often also connotes an illness that is of short duration, rapidly progressive, and in need of urgent care. "Acute" is a measure of the time scale of a disease and is in contrast to "subacute" and "chronic."

**Acuity** - can be defined as the measurement of the intensity of nursing care required by a patient. An acuity-based staffing system regulates the number of nurses on a shift according to the patients' needs, and not according to raw patient numbers.

**Ambulatory care** - or outpatient care is medical care provided on an outpatient basis, including diagnosis, observation, consultation, treatment, intervention, and rehabilitation services. This care can include advanced medical technology and procedures even when provided outside of hospitals.

**Annual Quality Statement (AQS)** - 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.

**Antimicrobial resistance (AMR)** - is the ability of a microbe to resist the effects of medication previously used to treat them. This broader term also covers antibiotic resistance, which applies to bacteria and antibiotics.

**Aseptic technique** - is a method designed to prevent contamination from micro-organisms. It involves applying the strictest rules and utilising what is known about infection prevention to minimise the risks 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 specialises 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 which cause memory loss, decline in some other aspect of cognition, and difficulties with activities of daily living.

**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.

**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.

**Dietetics** - the branch of knowledge concerned with the diet and its effects on health, especially with the practical application of a scientific understanding of nutrition.

**Dietitian** - a degree-qualified health professional who helps to promote nutritional well-being, treat disease and prevent nutrition-related problems, provides practical, safe advice, based on current scientific evidence.

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

**e-Prescribing** - the electronic transmission of drug prescriptions from the doctor's (or other prescriber's) computer or smart device to a high-street pharmacy's computer.

**e-TOC** - Electronic Transfer of Care - Sharing information accurately and in a timely fashion between clinical teams, particularly on discharge from hospital.

**Fibromyalgia** - A rheumatic condition characterized by muscular or musculoskeletal pain with stiffness and localized tenderness at

specific points on the body.

**GP Cluster** - a grouping of GP 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.

**High-Low beds** - High-low beds are able to be lowered to a height of below 30 cm (top of mattress to floor) and can be a viable alternative if the patient is at very high risk of attempting to leave their bed and fall.

**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.

**JIG-SO** - a Swansea project to help improve maternity care for teenagers and young women with complex social factors.

**Kangaroo Care** - the practice of skin-to-skin contact between an infant and parent.

**Laparoscopic** - Laparoscopic comes from two Greek words. The first is lapara, which means "the soft parts of the body between the rib margins and hips," or, more simply, the "flank or loin." The other Greek root is skopein, which means "to see or view or examine." Skopein has become - scope in English.

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

**Medicines Reconstitution** - some drugs must be stored in powdered form because they rapidly lose their power once they are mixed into a solution. These drugs will then have to be reconstituted, or mixed with a liquid, called the diluent, before they can be administered.

**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.

**MMR** - the standard vaccine given to prevent measles, mumps and rubella (German measles).

**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.

**NICE** - National Institute for Health and Care Excellence.

**Neonates** - an infant less than 28 days old.

**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.

**OCD** - Obsessive Compulsive Disorder is a mental disorder in which people have unwanted and repeated thoughts, feelings, ideas, sensations (obsessions), and behaviours that drive them to do something over and over (compulsions). Often the person carries out the behaviours to get rid of the obsessive thoughts.

**OD** - Organisation Development.

**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).

**Osteoarthritis** - the most common form of arthritis, affecting millions of people worldwide. It occurs when the protective cartilage on the ends of your bones wears down over time. Although osteoarthritis can damage any joint in your body, the disorder most commonly affects joints in your hands, knees, hips and spine.

**Palliative Care** - care for the terminally ill and their families, especially that provided by an organised health service.

**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.

**POVA** - Protection of Vulnerable Adults.

**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.

**Prosthesis** - an artificial body part.

**Protocols** - the official procedure or system of rules.

**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.

**Reablement** - helping people learn or re-learn the skills necessary for daily living, which have been lost through deterioration in health and/or increased support needs.

**Renal** - relating to, involving, affecting, or located in the region of the kidneys: nephric renal function.

**Respondents** - a person who replies to something, especially one supplying information for a questionnaire or responding to an advertisement.

**(SAB) Staphylococcus Aureus Bacteraemia** - Surveillance definition of a Staphylococcus aureus bacteraemia (SAB) Staphylococcus aureus bacteraemia (MRSA and MSSA) is defined as a person from whose blood MRSA or MSSA has been isolated and reported by a diagnostic microbiology laboratory in the absence of a positive blood culture in the previous two weeks

**Service Delivery Units (SDU)** - Neath Port Talbot Hospital, Mental Health & Learning Disabilities, Morriston Hospital, Princess of Wales Hospital, Primary Care & Singleton Hospital and Primary Care & Community

**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 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.

**Standardised** - a baseline standard for treatment or care.

**Staph.aureus** - Staphylococcus aureus, frequently found in the nose, respiratory tract, and on the skin. A common cause of skin infections including abscesses, respiratory infections such as sinusitis, and food poisoning.

**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.

**Terms of reference** - the scope and limitations of an activity or area of knowledge.

**Triage** - the process of assessing patients to decide which are a medical priority.

**Tripartite** - shared by or involving three parties.

**Type 1 diabetes** - the pancreas doesn't produce any insulin, an autoimmune condition, which means the immune system attacks healthy body tissue by mistake. In this case, it attacks the cells in the pancreas. Type 1 diabetes is often inherited

**Type 2 diabetes** – the pancreas doesn't produce enough insulin or the body's cells don't react to insulin. It is often linked to being overweight or inactive, or having a family history of type 2 diabetes.

**Unscheduled care** - any unplanned contact with the NHS by a person requiring or seeking help, care or advice. It follows that such demand can occur at any time, and that services must be available to meet this demand 24 hours a day. Unscheduled care includes urgent care and emergency care.

**Vaccination** – the injection of a killed microbe in order to stimulate the immune system against the microbe, thereby preventing disease. Vaccinations, or immunizations, work by stimulating the immune system, the natural disease-fighting system of the body.

**Venous thromboembolism (VTE)** - the formation of blood clots in the vein. When a clot forms in a deep vein, usually in the leg, it is called a deep vein thrombosis or DVT. If that clot breaks loose and travels to the lungs, it is called a pulmonary embolism or PE.

**Volumatic spacers** - a spacer is a large plastic or metal container with a mouthpiece and a hole for the aerosol inhaler, used for people with asthma. A spacer makes it easier to get the right amount of medicine straight to the lungs.

**X-Pert Programme** - X-PERT is one of several structured diabetes education courses available in the UK.

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## WHAT DO YOU THINK ABOUT THE ANNUAL QUALITY STATEMENT?

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

Please [click on the link](https://www.surveymonkey.co.uk/r/2N39WJR) and answer our short survey about how we can improve on next year's Annual Quality Statement

<https://www.surveymonkey.co.uk/r/2N39WJR>

You can contact us on:



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