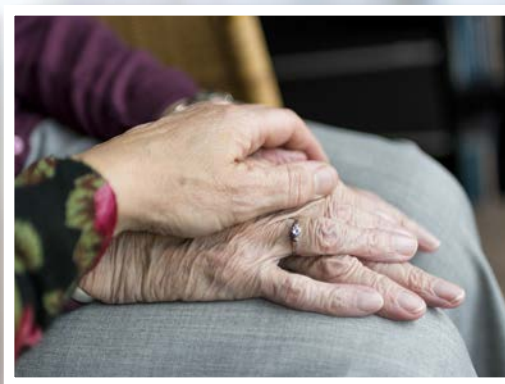


Abertawe Bro Morgannwg University Health Board

Annual Quality Statement



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board

Acknowledgements

The Annual Quality Statement is produced for the public and for people who use our services. It provides us with the opportunity to present in an open and honest way an overview of the work that has been undertaken. We will update you on the priorities we made in last year's Annual Quality Statement and provide you with information on the current work that is underway to improve the quality and safety of the services we deliver.

We cannot do this on our own so we greatly value the support from all of our key stakeholders in producing this report.

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.

To all our people and volunteers we would like to acknowledge the hard work and commitment of all our people and volunteers to deliver safe, compassionate and dignified care that is of a consistently high quality.

Foreword

It has been a significant year in terms of changes within the Health Board and the progress we have made in terms of improving patient care.

This is the final annual report for Abertawe Bro Morgannwg University Health Board, and by the time this message is read, the Bridgend boundary change with Cwm Taf University Health will have taken place, and we will have changed our name to Bae Abertawe/Swansea Bay University Health Board. This report, however, is about Abertawe Bro Morgannwg University Health Board (ABMU HB), and its achievements – and challenges – in the 12 months leading up to the launch of the new Health Board.

During this time, there has been a renewed sense of confidence and optimism from the Welsh Government in our ability to deliver on our performance and financial plans; where the confidence in delivering what we said we would do had been variable for some time. The Welsh Government is extremely supportive of the plans and actions that we have been putting in place and share our desire to move towards a lower level of escalation and monitoring and that we can, through this, have more space and freedom to innovate and take more charge of our destiny.

We see potential for Primary and Community Care to be more prominent system leaders. We ended the year pleased that ABMU HB made further progress with Primary Care leads that are working at executive level, where we have had a GP as interim Medical Director and now as interim Deputy Medical Director. There is more progress to be made here too to build on this.

ABMU HB improved in its governance and strategic planning and needs to continue its focus on managing workforce risks and improving performance and efficiency, but there are positive signs of resources being managed more strategically and an evolving values-based approach.

In terms of our performance ABMU HB was definitely in a better place. Waiting times reduced over the year and there have been improvements to front door access for stroke patients which has resulted in a significant improvement in the number of patients being directly admitted to a stroke unit within four hours. The number of healthcare acquired infections is on an improving trajectory.

Our unscheduled care system is more stable, with fewer patients waiting more than twelve hours with quicker handovers from ambulance to hospital. This means the response time to the most urgent calls to the 999 service in our area is the second fastest in Wales and considerably better than the national target. However unscheduled care is still an area where more progress is needed, working across our whole system.

We have developed several new models of care which are supporting our most frail and vulnerable patients; helping to keep people well and living independently; and deliver better care. For example, the introduction of the Rapid Diagnostic Centre for suspected cancer referrals.

As we embrace a new era, as Bae Abertawe/Swansea Bay University Health Board from April 1st 2019, we want to continue to build the trust and confidence amongst colleagues that the organisation is listening, willing to improve, and takes appropriate action based on communication and feedback.



Andrew Davies

Andrew Davies



Tracy Myhill

Tracy Myhill

Health and Care Standards

This report is presented under the following headings which are set under NHS Wales Health and Care Standards published April 2015.

Staying Healthy

Supporting People to manage their own health and wellbeing

Safe Care

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

Effective Care

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

Dignified Care

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

Timely Care

Giving people timely access to services based on clinical need and ensuring that their care meets their own needs and responsibilities

Individual Care

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

Our Staff and Resources

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



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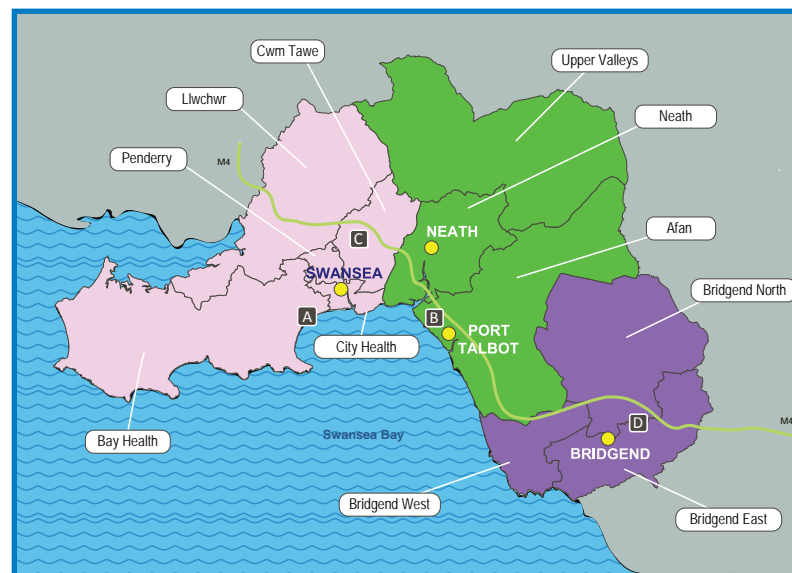
Glossary &
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ABMU Health Board General Practitioner (GP) Clusters within the Swansea, Neath Port Talbot and Bridgend localities

Acute Hospitals:

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



- Population of approximately 500,000 people
- Budget of £1.3 billion,
- Employs around 16,500 staff of which 70 % of them are involved in direct patient care.

During 2018 - 2019 your Health Board facilitated you accessing:

Maternity Admissions

21,383

Follow up out-patient attendances

446,279

Emergency Dept. & Medical Investigative Unit attendances

181,543

Day Cases

69,824

In-Patient Admissions

108,321

New out-patient attendances

257,663

Births

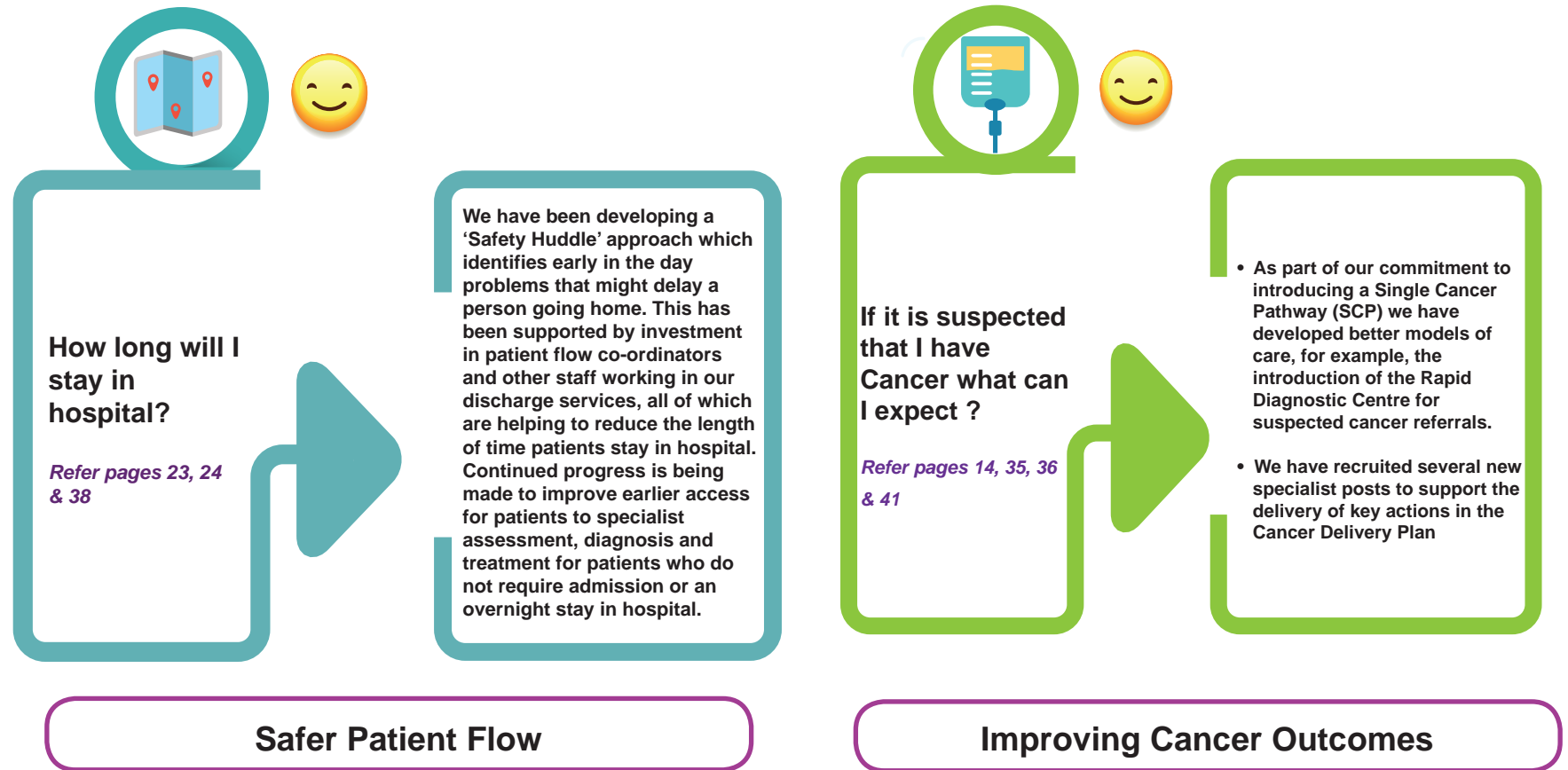
5,780

What is changing?

In June 2018 the Cabinet Secretary for Health and Social Services, Vaughan Gething, announced that from 1st April 2019, the responsibility for providing healthcare services for people in the Bridgend County Borough Council area will transfer from Abertawe Bro Morgannwg University Health Board to Cwm Taf University Health Board.

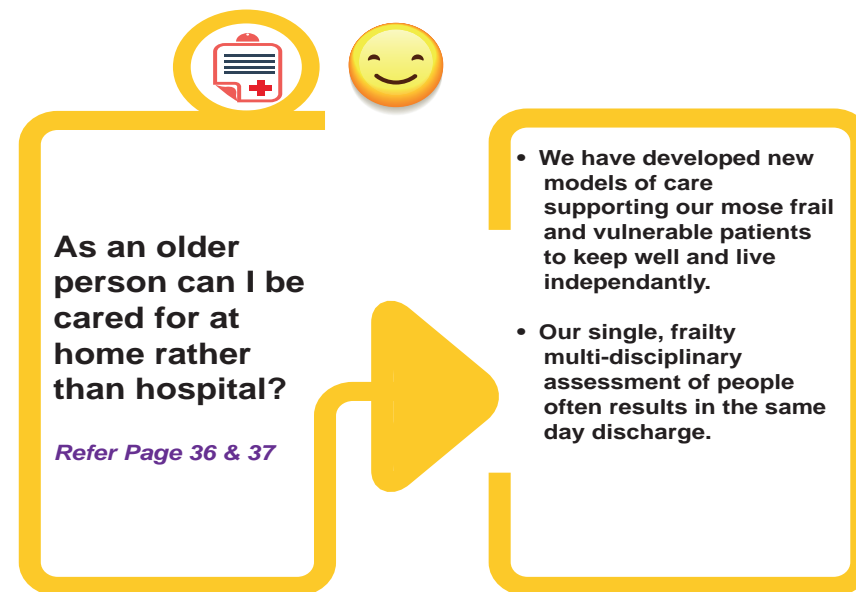
Last year we said

In our statement last year we identified the following priorities that we wanted to show improvement.

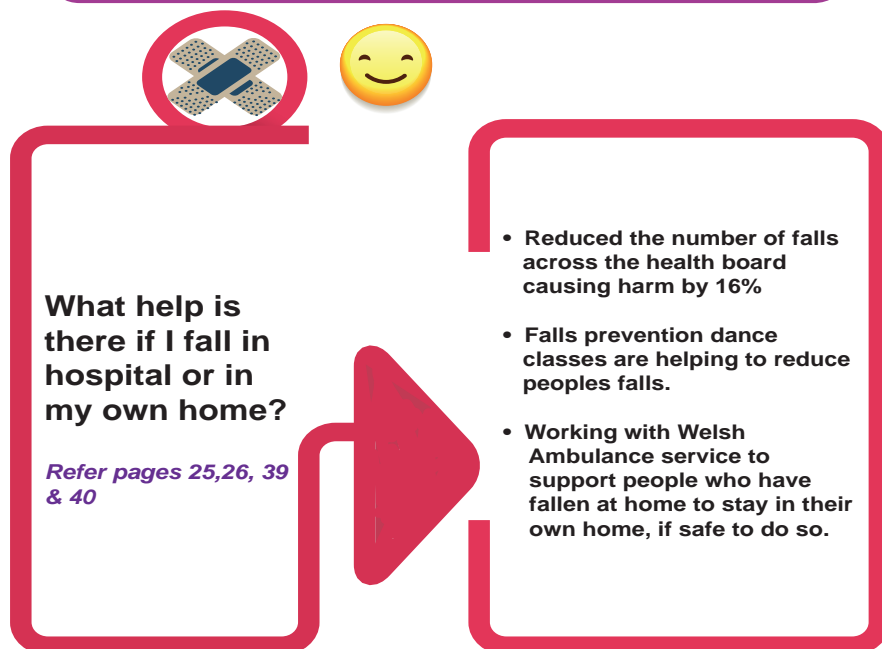




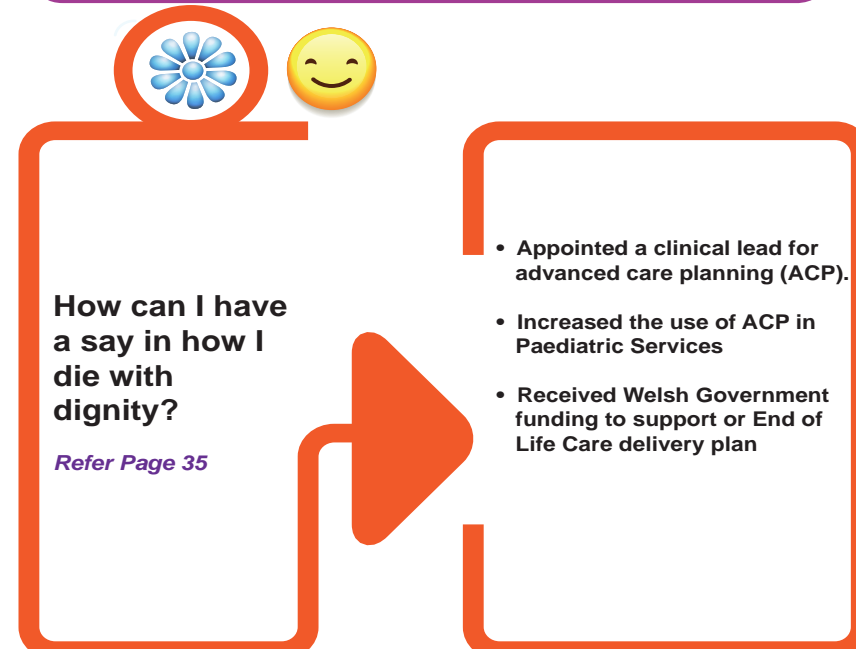
Improving Outcomes Following Stroke



Comprehensive Frailty Assessment



Reducing Harm from Falls



Improving End of Life Care



What improvements have been made to Surgical Services?

Refer Page 45

- Improvements in pre-assessment scheduling
- Improvements on elective surgery waiting times

Improving Surgical Outcomes



What have you done to reduce the number of pressure ulcers ?

Refer Page 19

- We have reduced the number of reported pressure areas by 7%. Significantly we have reduced serious pressure ulcers reported to Welsh Government by 23%.
- An animated film has been produced for the Public, Patients and staff highlighting the importance of movement in reducing risk of skin damage from pressure areas.

Reducing Pressure Ulcers



Have you reduced the number of hospital acquired infections?

Refer Page 20 & 21

Significant progress has been made on reducing number of people with harm from hospital acquired infections

- E-coli = - 5%
- SAB = - 5%
- CDiff = - 33%

Reducing Hospital Acquired Infections

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 our Health Board 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 back into the Health Board.

WALES FOR AFRICA

The 'Wales for Africa' initiative was launched by Welsh Assembly Government in 2006 to support and encourage public sector organisations in Wales to make an effective contribution to international development with countries in SubSaharan Africa.



A doctor is back home in Swansea after spending the last year as the go-to medic for helping sick children in the Kono district of Sierra Leone. Michael Bryant, from Singleton Hospital's acute GP unit, and his wife Bethany have successfully established a dedicated children's ward in the medically deprived African country by introducing oxygen and transfusion systems to the ward, which has helped to save lives. Michael had previous experience working in Sierra Leone during the Ebola outbreak. But, he said: "This was even harder as we were six hours upcountry from the capital, the hardest thing was constantly having to think on my feet and come up with solutions for desperately sick babies very quickly, often we would admit patients through the day, then realise we had four babies all needing oxygen."



We would need to share the oxygen between them all, it was tough deciding who needed it most”.

Michael said the mentoring and training of staff was key to ensuring a strong local team knew how to use the systems sufficiently when he and Bethany returned to Swansea, “by the time we left, we could give oxygen to neonates, unwell children and the operating theatre simultaneously, and most of the staff know how to use the system. Being able to give blood to toddlers who would otherwise die from severe malaria is a wonderful breakthrough and meant we had very few deaths.”



During their time at the Adama Martha Memorial Community Health Centre, the new children’s ward grew gradually from four beds to 10.

Pennies from Heaven allows employees of ABMU Health board to donate a tiny part of their earnings to a charitable fund, to help essential lifesaving paediatric work in sub-Saharan African countries.

Thanks to the Pennies from Heaven scheme and generous donors, Michael was able to put in place a high quality oxygen system, transfusion system and acquire a solid supply chain of medication, reducing the number of deaths that would typically occur.



e-Nursing

The aim of Nursing digitisation is to free themselves of office-based constraints through the use of mobile phones, iPads and special apps, allowing them to spend more time out and about with patients.



Patients and their carers are at the heart of the digitisation of nursing documents project along with those involved in their care.

So what have we done so far?

We've been talking with nurses, midwives, medical, allied healthcare professionals and patient communities to share and seek feedback on our programme of work. Our engagement activities have included:

- Educational sessions with student nurses.
- Presentations at nursing conferences.
- Introduction and development of the Clinical Nursing Informatics Lead positions within Health Boards and Trusts.
- Site visits to Health Boards and Trusts.
- Attendance at technology mobilisation workshops, looking at the mobile equipment challenge.
- Completion of the National Digital Needs survey
- Project presented to All Wales Directors from nursing, allied health professions, medical and workforce and organisational development.
- Development of nursing newsletter and webpage

Communication, seeking feedback and building relationships throughout the life of this project are key in making it a success for patients, carers, nurses and key partners. We will continue to engage with staff, patients and the public to ensure we design a system that is fit for purpose as we move towards a more digitally enabled future in health and social care in NHS Wales.

In May 2018, Nurses, Midwives, Health Care Support Workers and Nursing assistants were invited to respond to a survey as part of the Digitisation of Nursing Documents project to inform understanding of how staff currently use technology in clinical areas, and how confident they are in using it. The survey was made available both electronically and on paper for a period of six weeks.

In total, 1181 surveys were completed across Health Boards and Trusts in Wales. ABMU Health Board completed 267 surveys and achieved **22.7%** response rate, the highest in Wales.



WARRN

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
- 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.

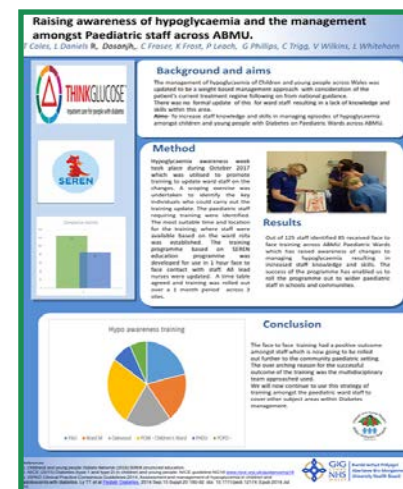
Within the Mental Health and Learning Disability delivery unit, **27%** registered staff have completed WARRN training. The training team recognise the need to train more staff but have been unable to hold more than one session a month as they have lost a number of specialised trainers. Each session runs with a class of 12-14 participants. Therefore as a priority the training team are in the process of trying to secure additional trainers so they can increase the number of staff trained.



Diabetes Children and Young People Education

Across ABMU HB the diabetes team work together to provide quality care to all children and young people diagnosed with diabetes. All children diagnosed are educated using the all-Wales SEREN (Structured, Educating, Reassuring, Empowering and Nurturing) education programme which was developed by health professionals working in paediatric diabetes services throughout Wales.

Once diagnosed they attend a Paediatric ward where they remain in hospital for stabilisation and intense education. The Paediatric Diabetes nurse specialist and Dietitian work together to educate the patient and their families on the management of diabetes. The team also have an educator record so that they can monitor the progress through the programme and assess the family and child's understanding. SEREN includes 'coping resources' designed by psychologists that all staff can use to support children and young people with the psychological aspects of living with diabetes.



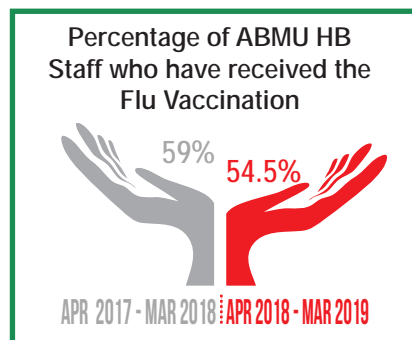
Nutrition & Hydration Week

ABMU HB staff once again worked together to make sure they had plenty on the menu to mark Nutrition and

Hydration Week. This is a UK-wide event and is now in its 7th year. Caterers, dietitians, nursing staff, speech and language therapists and other staff across ABMU HB teamed up to raise awareness of the importance of nutrition and hydration for patients while they are in hospital. They also took the opportunity to promote some healthy eating messages.



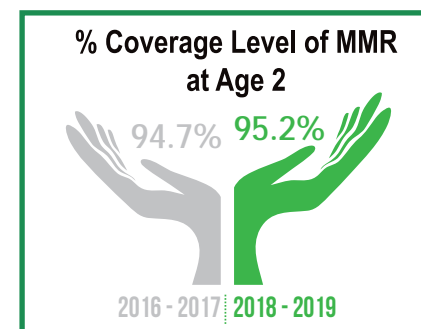
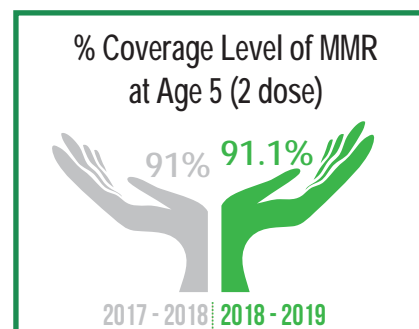
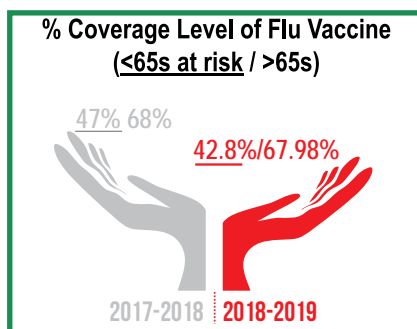
Staff Flu Vaccination 🙄



Each year the viruses that are the most likely to cause flu are identified in advance and vaccines are made to match them as closely as possible. The vaccines are recommended by the World Health Organisation. This year the Occupational Health Team have been supported by over 95 flu champions across the Health Board who have helped to make the vaccine as accessible as possible for all staff.

Public Vaccination

Although we have made a slight increase in the uptake of childhood vaccinations we recognise there is always room for improvement.



Strategic Framework and a New Wellbeing and Mental Health Board

During 2018 the Strategic Framework for Adult Mental Health has been further revised to include findings of a report commissioned by Western Bay on unmet Mental Health needs in our area. Developed with stakeholders and service users this strategic framework provides a clear direction for enhancing the availability of services across health and social care that meet the needs of a wide range of individuals. Delivering a new model of care which provides a range of services, available to everyone experiencing mental health problems irrespective of the severity, aimed at prevention and earlier intervention.

The new model should help stop problems occurring or getting worse as well as providing earlier support for people whose mental health is deteriorating. This will include options to easily help people be confident to deal with problems themselves as much as possible and more complex interventions and approaches reserved for addressing more complex needs.

World Mental Health Day event in Swansea a Big Success

A team in the Mental Health and Learning Disabilities Delivery Unit at Cefn Coed Hospital organised the 2018 event in the city's Grand Theatre, which was attended by more than 300 people. It focused on the World Federation for Mental Health's 2018 awareness day theme of young people and mental health in a changing world. This was developed to reflect the increased amount of time young people are spending on the internet and the rise of cyber-crimes, cyber-bullying and violent online games.



ABMU Wellbeing Champions supported the event by manning the 45 stalls that were placed across the Health Board

Present on the day were 45 stallholders from a variety of organisations. Speakers from across ABMU HB, Child and Adolescent Mental Health Services and Swansea University addressed themes such as the eating disorders service, substance misuse and cyber bullying. These are all key to the mental health and wellbeing of everyone but young people in particular.

Speaking before the event, Service Director David Roberts said: "Our event is to raise awareness of the issues our youth and young adults in the area may be facing today. Young adults are at the age when serious mental illnesses can occur, so it's important to educate them about mental health and wellbeing and give them the best advice on what they can do if they are finding it difficult to cope."

World Suicide Prevention Day



Suicide is a major cause of death among 15-44 age group. There are about 200 deaths annually from suicide in Wales and usually in response to a complex series of factors that are both personal and related to wider social and community influences.

To help promote World Suicide Prevention Day staff from the Mental Health and Learning Disability delivery unit worked together from across the unit. Inspirational messages were collected via email from community teams, outpatient departments and directly from staff visitors and people who use Mental Health and Learning Disabilities services. These messages were anonymised and presented on heart shapes and hung on three decorative trees which were placed in Ward F - Neath Port Talbot, Coity Clinic Princess of Wales hospital and Cefn Coed Education centre.

Staff at Coity Clinic along with Hafal , leading charity in wales for people with serious mental illness and their carers also organised a sponsored 24 hour static cycle challenge to mark the day. £1,200 was raised and donated to Hafal.

In response to recommendations within “Talk to me 2” Suicide and Self-harm Prevention Strategy for Wales 2015-2020, there is a specific action plan in place for Bridgend county borough area. We are now aiming to develop a suicide prevention plan for the combined area of Neath Port Talbot and Swansea. This will be coordinated by the local Public Health Wales team which will ensure Health Board wide focus for suicide prevention.



Oral Cancer Awareness-Raising at Morriston Hospital

Dental nurses Sarah Francis, Heather Goodman and Jo Davies from the restorative dentistry and head and neck department organised a display in the main entrance. The event took place to coincide with Oral Cancer Awareness Month in November.



Sarah said: “We spoke to about 50 people and advised them that it is important to get your mouth checked at least once a year, even if you have full dentures, and provided people with information of dentists in the local areas who are either accepting, or have a waiting list to join their surgery. We were also able to signpost people to the ‘Help Me Quit’ services and provide information leaflets about the signs of oral cancer, and advise them how to reduce the risks of developing oral cancer.”

Every year, 6500 people in the UK are diagnosed with mouth or oral cancer. This cancer can occur anywhere in the mouth, on the surface of the tongue, the lips, inside the cheek, in the gums, in the roof and floor of the mouth, in the tonsils etc. In the



'Taking Care'



Working in mental health setting is both physically and emotionally demanding on the staff who care for our patients and their family/ carers. The Taking Care steering group was set up comprising Prue Thimbleby (Arts Coordinator), Hazel Powell (Nurse Director) Marie Williams (Lead Nurse – Quality Improvement) Donna Davies (HR Manager) Sarah Collier (Psychologist), who worked with a performing arts company called Performing Medicine (PM) to deliver a bespoke training package.

PM is part of a London based theatre company who are global leaders in working with clinical staff. ABMU HB worked with PM to submit a successful grant application to Arts Council Wales for £30K.

Due to the consistent levels of sickness being experienced within our Older Persons Mental Health settings the aim of this pilot project was to improve self-care and wellbeing of the staff, through exploring positive ways to revitalise life at work, improve channels of communication, build resilience and begin to create a more supportive working environment.

In order to set up this bespoke training package, PM spent time within each of the three pilot sites to interview staff, explore the working environments and familiarise and acclimatise to the language and cultures within these settings. This enabled the training package to be authentic and realistic for the staff teams, promoting and maximising engagement.

The training consisted of 1 day training offered to all staff of all levels and disciplines, which was run during Autumn 2018, with a follow up ½ day session. The training incorporated techniques from the performing and visual arts through practical exercises, lateral-learning and forum theatre. Further staff training has been identified with a view of these individuals being able to have a greater understanding of the Taking Care framework and the role of self-care and how to use it in education and training settings, in order to develop compassionate and values based care on the wards.

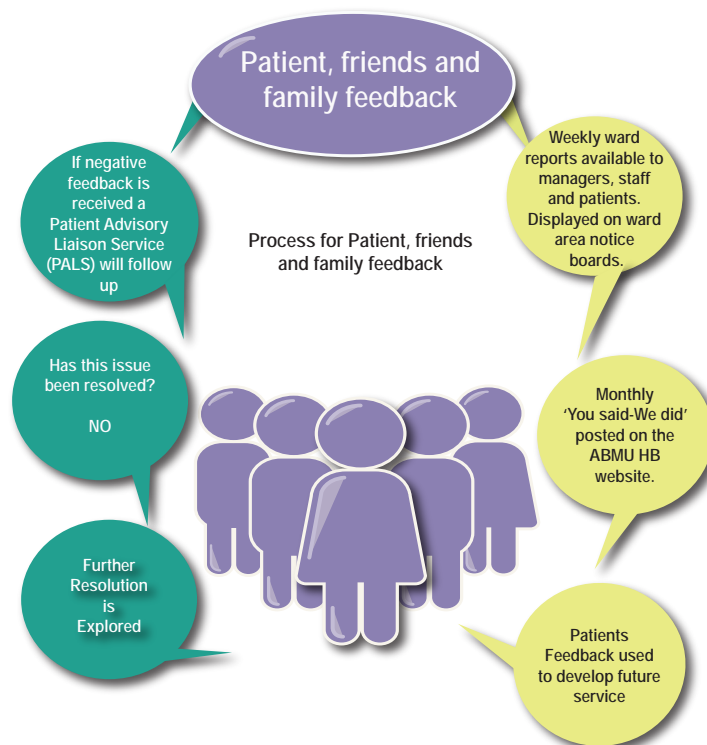
The pilot is being evaluated by a team from Swansea University. Early indications and preliminary data from the pilot has shown that engagement in the initial training days has been encouraging and very positive in relation to well-being. Staff sickness levels on the wards is considerably lower than prior to the start of the project. Full evaluation results will be available in July 2019.

Did we keep you safe when you accessed our services?

Patient Experience

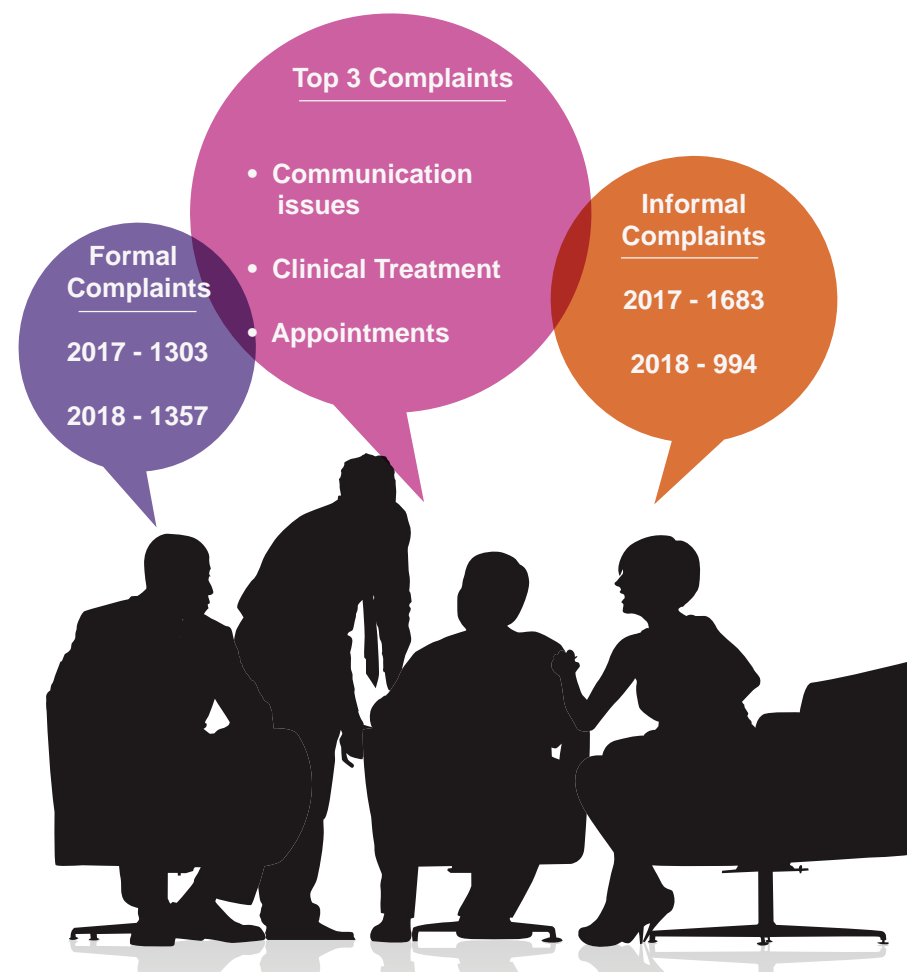
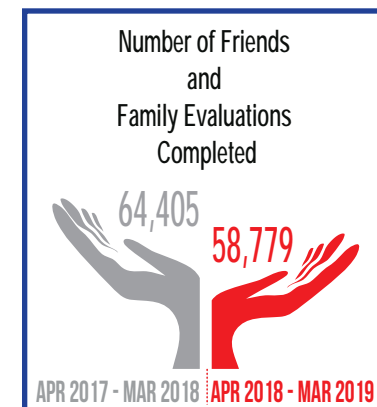
The Health Board aims to provide the very best care and treatment and regrets deeply when you have had to raise a complaint about the care received.

Complaints are always taken seriously and we take this as an opportunity to learn and improve the services we provide.

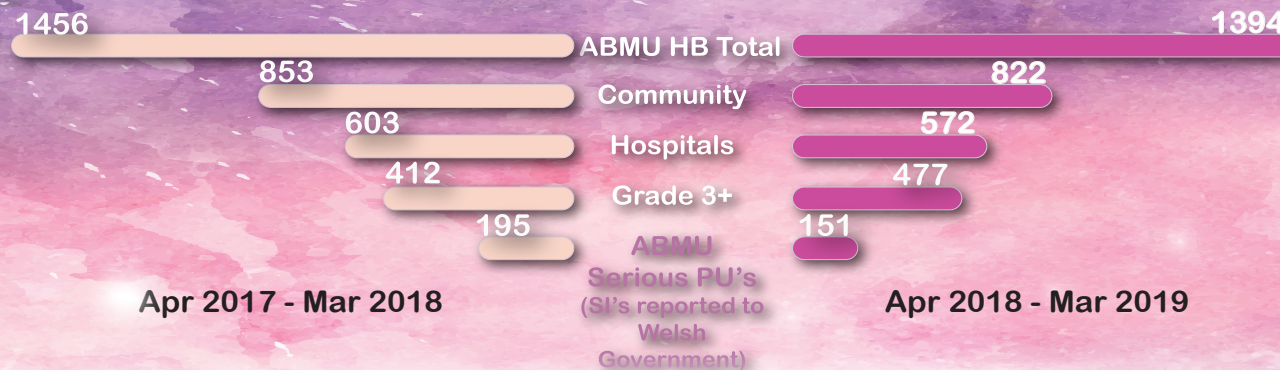


95%

of respondents in our Family and Friends survey would recommend the Health Board



Pressure Ulcers

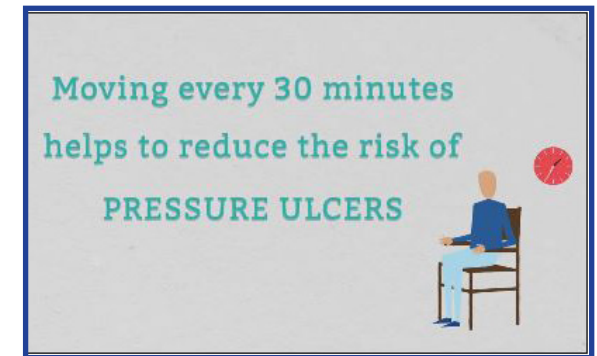


Reducing pressure ulcers is a key priority for the Health Board and as a result of improved awareness and training there has been an overall reduction in pressure ulcers developing in our care over the last year. Producing resources to inform the public and patients is an essential component of the Health Board strategy to reduce pressure ulcers. A video “Move a Little More” and has been produced to inform the public about the importance of moving to prevent pressure ulcers.

How the Pressure Ulcer Prevention and Intervention Service (PUPIS) Team Improve the Health of Patients

The service assess and provide intervention for approximately 250 patients a year. The team see on average 10 pressure ulcers per week in the community; in patient’s homes and in nursing/care homes. The service helps to reduce the considerable demand that pressure ulcers place on NHS resources by promoting faster healing times, reducing the reliance on costly nursing visits, dressings and equipment. It also avoids surgery, saves theatre time and frees outpatient slots. The avoidance of one Category 4* pressure ulcer *, can save the NHS £14,000 and is one of the Quality Priorities for the Health Board.

**the wound extends into the muscle and can extend as far down as the bone. Usually lots of dead tissue and drainage are present and there is a high possibility of infection.*



Screenshot from the film “Move a little More”

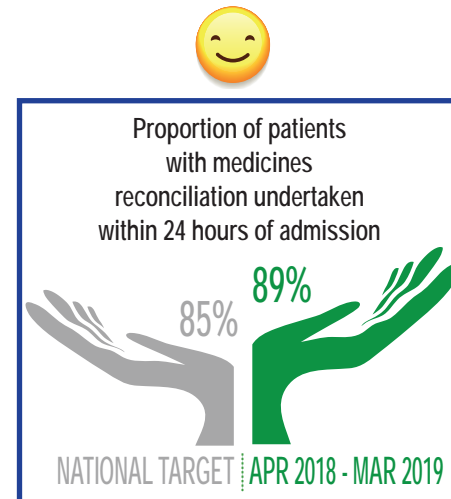


Patients and staff watching the animated film on pressure ulcers “Move a little More”

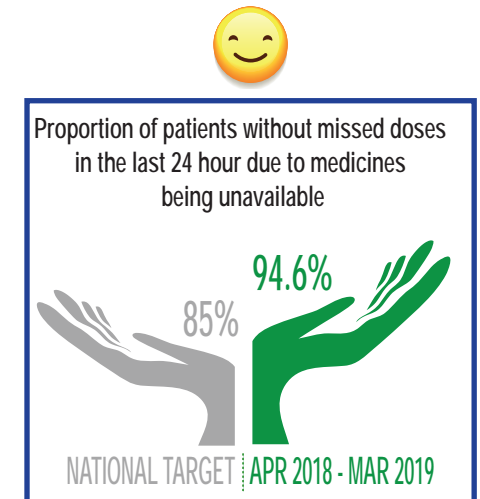
Medication Errors

The figures show a year on year decrease in the number of medication incidents reported. ABMU HB continues to actively encourage the reporting of incidents and near misses.

Incidents are reviewed and themes are shared with the medical staff to ensure that lessons are learned, to provide assurances in the safe use of medicines throughout the organisation.



Medication reconciliation means that the medicines the patient should be prescribed match those that are prescribed.



Infection Prevention and Control

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

A key element of reducing infection risks is by having good standards of hand hygiene and environmental hygiene. Our people have continued to perform well in relation to both these standards, which is demonstrated in the overall reduction in hospital acquired infections.

In June 2018, the Health Board introduced a change to the antibiotic guidelines in our hospitals, restricting the use of an antibiotic that is associated with a higher risk of *Clostridium difficile* infections (as the antibiotic can kill off many of the other healthy bacteria living in the gut, leaving the *Clostridium difficile* bacteria to multiply in the gut and cause diarrhoea). Since the new antibiotic guidelines were implemented, there has been a very significant drop in the number of cases of *Clostridium difficile* infection.

Many of the bloodstream infections occur in the community, and these patients are usually 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.

We are committed to providing safe, quality services which includes:

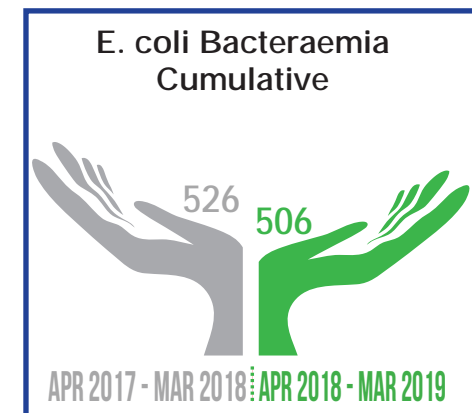
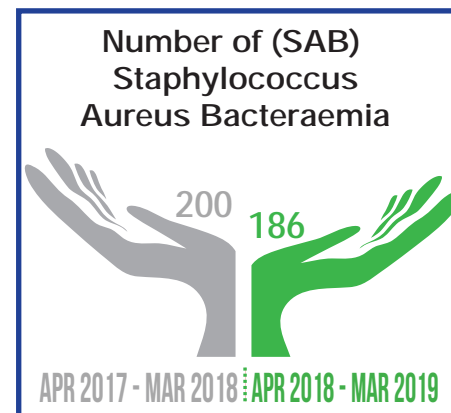
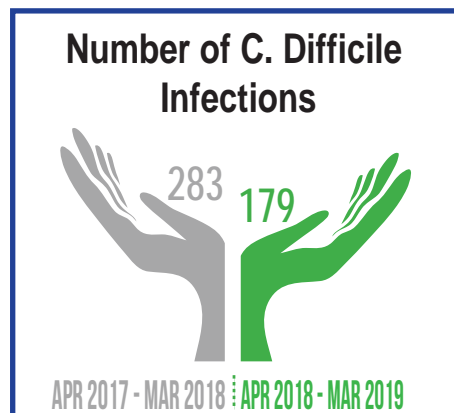
- hand hygiene
- cleaning standards and the use of cleaning technology such as Ultra Violet Cleaning (UV-C)
- Prescribing antibiotics only when needed, which will help to reduce the risk of antibiotic-resistant bacteria.
- Use of Aseptic Non Touch Technique when dealing with wounds and indwelling invasive devices, e.g. catheters, intravenous lines.



In addition, a number of quality improvement programmes continue to focus on:

- the use and care of medical devices, especially those that break the skin such as intravenous cannulae (drips), and urinary catheters. Encouraging their removal at the earliest opportunity.
- promoting good levels of hydration as a way of preventing urine infections, and consequently reducing the risk of developing E. coli bloodstream infections.
- Reinforcing the appropriate use of diagnostic testing for urinary tract infections.

In the year ahead, we will continue to strive to continually improve on key infection prevention and control standards, with our ambition of achieving excellent standards of infection prevention practice.



Never Events and Serious Incidents

The Serious Incident team was established in 2014 to investigate serious incidents resulting in permanent harm or death and never events. Welsh Government defines a never event as “Serious incidents that are wholly preventable because guidance or safety recommendations are available at a national level and should be implemented by all healthcare providers”.

Learning from incidents and inspections is a priority for ABMU HB as the consequences of not doing so can include further complications to people’s health, cause additional distress and longer stays in hospital. ABMU HB has therefore set up a learning events forum to share learning from patient safety incidents. The first was held in October 2018 and hosted by Princess of Wales Hospital and focused on learning from recent never events.

Safeguarding

We have a statutory duty under the Children Act 1989, 2004 and the Social Services & Wellbeing (Wales) Act 2014 to ensure the safety of children and adults at risk of abuse or neglect. As part of our duty we are required to report any cases of suspected abuse or neglect to local authorities. We work with a number of multi-agency partners to help keep those at risk safe. The significant number of referrals and enquiries made indicate a positive reporting culture among Health Board staff.

ABMU HB promotes a positive culture of multi-agency learning to generate and support continuous improvements in service delivery and practice. The Health Board participates and actively engages with Child, Adult or Domestic Homicide Review implementing recommendations and sharing lessons learnt and good practices with staff.



Sepsis

Sepsis often referred to as septicaemia is caused by the body's response to severe infection and can lead quickly to death if untreated. It is thought that at least 44,000 people die each year from Sepsis in the UK.

Within ABMU Health Board from April – December 2018 there has been a steady improvement over time in relation to completion of the Sepsis Six interventions from 31% to 53%.



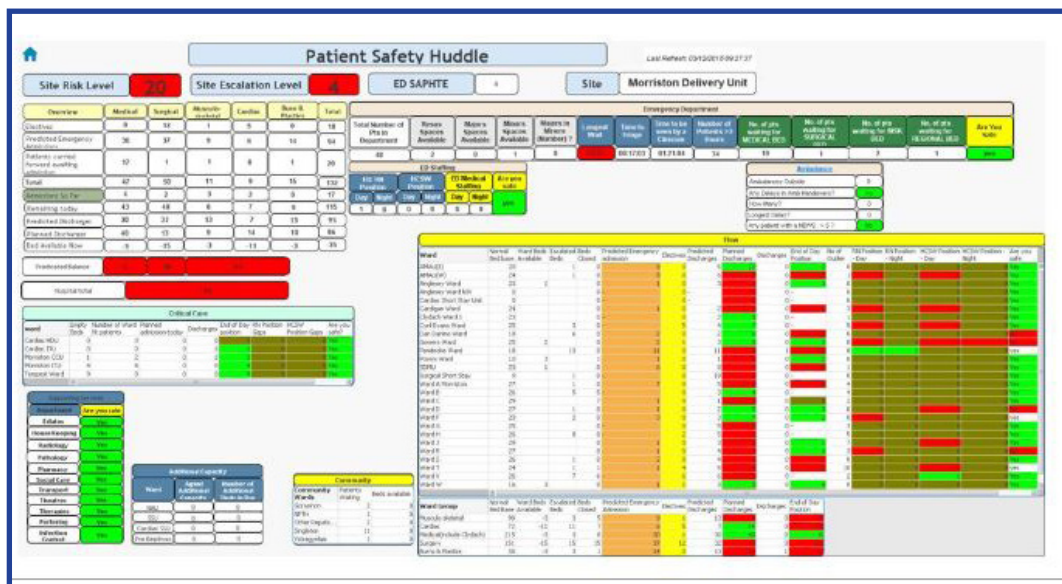
Patient Safety Huddle

A new technology system is freeing up managers and clinicians at Morriston Hospital from hours of data interpretation allowing them to concentrate on safer patient care.



A big screen is at the heart of the new Patient Safety Huddle which gives an at-a-glance helicopter view of what's going on in the hospital. Key information about patient discharges, bed numbers, staffing, numbers of patients in department etc, are gathered onto an electronic dashboard, providing an instant snapshot.

The screen, in the hospital's coordination centre, is updated every 15 minutes, so it keeps bed managers and others fully informed. Before the new system arrived in October this information was collected manually into a long document and 3 meetings a day were held, now just one daily 8.30am meeting - the Safety Huddle - is held, and with all the information in front of them, clinicians and managers can focus on what they need to do that day to provide the safest care. Staff from additional services and departments within the hospital are now able to attend - promoting teamwork - and with fewer meetings people also have more time to get on with their jobs.



Clinicians and staff across the hospital feed data into the Safety Huddle System regularly, ensuring it is kept up to date.

“Staff have really embraced the system, which is extremely positive and key to it working so well,” said Alison Gallagher, Service Group Manager for Emergency Care and Hospital Operations. The team response within Morriston Hospital has been overwhelming and is an excellent example of Morriston community working together to benefit our patients”

The bespoke Safety Huddle Dashboard was developed by ABMU’s informatics team in conjunction with Morriston staff. Nerys James, Senior Informatics Project Manager said: “It has been a pleasure to work with Morriston Service Delivery Unit and great to be part of a project that is supporting so many different areas across the hospital.”

Heidi Maggs, Pathology Services Manager said “Previously, Pathology had not been part of the daily site escalation meetings and we are excited at being included in the new Safety Huddles. Pathology is now getting an opportunity to feedback to clinical staff in person any concerns that may impact on patient flow that day. “The Huddle has opened channels of communication to the wider hospital teams such as pharmacy. It has created a positive environment that includes everyone involved in patient care, and allows sharing of information to improve pro-active patient flow.”

Dance for Health



Falling is the most frequent type of accident in people aged 65+. Falls destroy confidence and independence, they increase isolation and mortality and cost the NHS £4.6 million per day.

Over the last year we have partnered with Aesop (Arts Enterprise with a Social Purpose) a UK-wide Arts in Health organisation to deliver falls prevention dance classes that are led by professional dancers from National Dance Company Wales. The dancers have completed their training as Postural Stability Instructors, this is the same training that physiotherapists do for falls prevention and is based on the two evidence based programmes of FAME (Fitness and Mobility Exercise Programme) and OEP (Otago Exercise Programme).

Six improvement programmes have run over six months; two in Gorseinon, two in Pontardulais, one in Ysterlafera and one in Porthcawl. These groups have evolved into maintenance groups, which are led by the older people involved.

"I suffer from what they call labyrinthitis, Vertigo, and it only dawned on me when I filled out the form last week that I haven't had one episode of that in 26 weeks of coming here."

"I can walk again by myself, as long as I have something to hold on to, you know, and I hope that one day I'll be striding along."

"I'm severely sighted and there are very few places I can go but this one has welcomed me, taught me, and I've had a lot of fun and I'm feeling much fitter than when I started"

Positive Side Effects

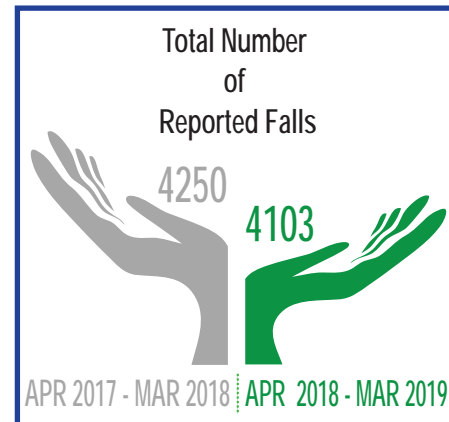
88%



% age of participants reporting that they are more physically active

95%

% age of participants reporting improvement in mental wellbeing



Patient Story development at ABMU Health Board

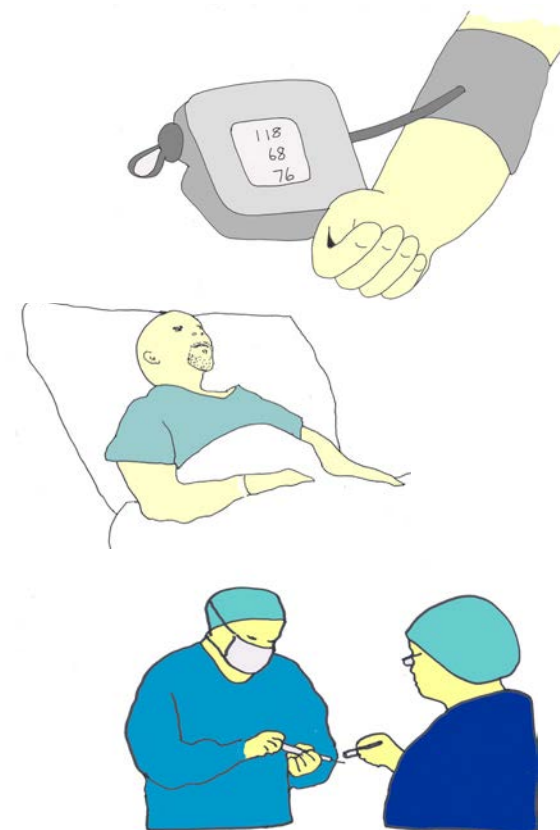
Six years ago ABMU HB appointed an Arts in Health coordinator who began to make digital patient stories. These are recorded and edited. Audios are put together with still images to make a video which is approximately 2 minutes long. Whilst we still encourage written stories, digital storytelling has now become our mainstream methodology for capturing patient stories.

People making complaints are regularly offered the opportunity to make a digital patient story as part of the Health Board listening to and learning from their experience.

Sometimes stories are about sharing best practice, then the action plan shows how the service can be developed in more areas.

Stories have:

- Prevented incidents escalating to formal complaints and reduced the number of court cases
- Transformed incident reporting
- Improved training in end of life care
- Provided patient and staff views on various issues such as perinatal mental health and visiting hours
- Stories have also shared best practice in areas such as pressure ulcer prevention,



Community Health Council



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

The Health Board works closely with the CHC on service changes and delivering engagement/consultation to the public.

Community Health Councils have a statutory right to visit hospitals, clinics and primary care establishments where NHS services are delivered. This involves GP practices, dental surgeries, opticians, pharmacists and nursing homes. Visits can be announced or unannounced.

For further information on visits undertaken by the CHC in 2018 please visit www.wales.nhs.uk/sitesplus/902/home

The Coast

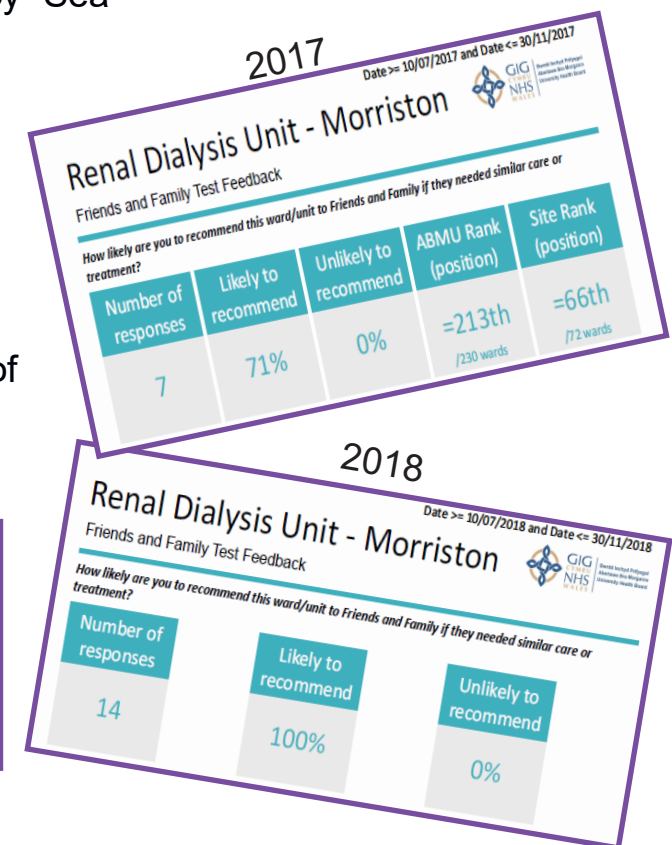
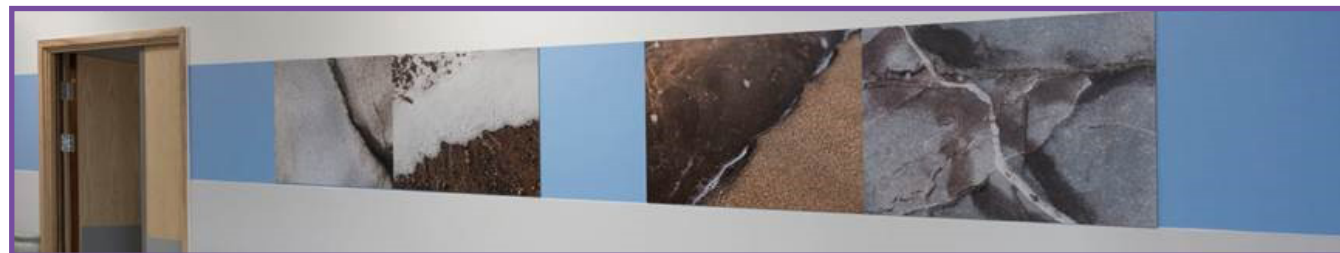
Photographic Artwork in the Liz Baker Renal Dialysis Unit

Ideas for the artwork in the Renal Unit were developed through conversations between Renal staff and Gemma Bartlett, Photographic artist. Staff wanted to create a sense of belonging and identity for the Unit; connecting to the locality, drawing on themes of nature and creating a positive atmosphere. 'The Coast' became the chosen theme.

Gemma considered 'The Coast' in relation to her artistic approach, observing and working with the variety of lines and textures seen close up. She visited beaches such as Three Cliffs Bay and Mewslade Bay on the Gower Peninsula. She also visited Ogmore-by-Sea and Southerndown beach bringing the South Wales coastline together.

In the three month following the opening of the unit the Friends & Family score for 'likely to recommend' was 100% compared with 71% for the same three months in the previous year. There was also twice the number of responses.

Following on from the opening 37 patients have been involved in a consultation to find out what other things patients would like to make their stay and management of their illness easier. The response includes more artwork in the twilight room, performances, poetry and art workshops.



Health Inspectorate Wales (HIW)



During 2018 there were 20 (HIW) reports published which covered a wide range of services provided by ABMU HB.

Dental and GP practices

Over half of the inspections covered Primary Care services which were mainly Dental and GP practices. Three of these visits resulted in immediate improvements being required.

The themes include ensuring documentation regarding certification was in place e.g. making sure the procedure to check the Emergency Trolley was followed and ensuring repairs to buildings had been undertaken. One non-compliance notice was issued by HIW which meant that one surgery room in a Dental practice was closed. Valuable lessons were shared with Dental and GP practices and the Unit Quality Assurance visiting programme has strengthened to support our monitoring processes.

Community Hospitals

During 2018 inspections were carried out at Gorseinon and Maesteg Hospitals. Both reports generated positive comments regarding the care of patients; however, there were issues to address regarding patient id bracelets, documentation and some environmental issues.

Hospitals

HIW carried out inspections in all our major Hospitals which included the Minor Injury Units in Singleton Hospitals and Neath Port Talbot Hospitals. Both visits generated improvements to Patient's Experience including updating Health Promotion Materials and highlighting improvements needed in staffing levels. HIW published two major reports on Morriston Hospital, one on the Emergency Department, and the other concentrating on the Surgical Pathway. Both were broadly well received however both visits pointed out improvements that can be made and as Princess of Wales Hospital also had a surgical Pathway inspection several issues of both good practice and learning points were widely shared.

Mental Health Services

Community Mental health Teams

HIW visited Swansea Community Mental Health Services. Recommendations included improvement to access, inclusion of users and carers in enhancing services and access to advocacy services.

Hospitals

HIW inspection team visited Tonna Hospital which is part of ABMU's services for older people, Services from psychology, physiotherapy and occupational therapy are provided on an individual patient referral basis. Many positives were fed back to the hospital about the care provided with improvements to the environment recommended.

In 2019 three reports covering ABM services have been published which are Morriston surgical services, a GP practice in Neath and Dental practice in Baglan.

Three thematic reviews which are reviews of a particular aspect of quality and/or standards are currently being prepared by HIW on Young Persons transition to adult services, Ophthalmology which is the diagnosis and treatment of eye disorders and Community Mental Health Services in Swansea for publication in the new financial year.



Many positives were fed back to the hospital about the care provided with improvements to the environment recommended.

KW

Healthcare Inspectorate Wales (HIW) has made 24 recommendations for improvement in its special review of Abertawe Bro Morgannwg University Health Board's (ABMU HB's) handling of former employee KW.

Between 2011 and 2013, three people who received care from the learning disability service made allegations of sexual abuse against KW. He was suspended from work following the abuse allegations but was still an employee of the Health Board in 2016 when he was arrested and convicted of murdering his neighbour. HIW was asked by Welsh Government to carry out an independent review of the Health Board's actions in September 2018.

Published on 29 January 2019, the review examined staff recruitment and employment, incident reporting, adult safeguarding, governance and culture, an assessment of ABMU HB's desktop review, and commissioning arrangements between Health Boards.

Chief Executive ABMU HB Tracy Myhill

"Our hearts go out to the three women who were sexually assaulted by KW while they were under our care. We again apologise sincerely to them for his abhorrent actions, and continue to offer them any ongoing support they might need. We also extend our sympathies to the family of KW's neighbour, whom he murdered while on long-term (three years) suspension from work; while his assaults were being investigated, and subsequent disciplinary proceedings were underway.

Much has changed since KW was first employed by the former Bro Morgannwg NHS Trust over 15 years ago. There are now much stricter recruitment and employment processes in place both at a local and national level. However we agree with HIW that even more can be done. The HIW report calls for improvements to The Disclosure and Barring Service (DBS) checks at an all-Wales level. While a check would not have made a difference to KW's employment, we agree that more robust DBS procedures can only improve patient safeguarding generally. In line with national practice, all our new staff with jobs involving patient contact receive DBS checks before they start work, along with staff who move internally to these roles.

We can also give assurances there have been improvements in how we deal with safeguarding incidents and concerns: improvements in how they are reported and investigated; improvements in how concerns are escalated; and a wider sharing of any lessons learnt. Patient safety is really important to us and an area in which we are continuously improving and learning. A key action has included the development and introduction of a Personal Relationships at Work policy which has been done in partnership with our staff groups and trade union representatives".

We are also putting in place three investigating officer posts to assist with any future disciplinary investigations. This is in addition to the Health Board's specially trained Serious Incident Investigation team which is already in place".

Apr 2017 - Mar 2018

Number of Ombudsman Complaints about ABMU HB	121
Number of Ombudsman Investigations against ABMU HB	37

Apr 2018 - Mar 2019

Number of Ombudsman Complaints about ABMU HB	139
Number of Ombudsman Investigations against ABMU HB	35



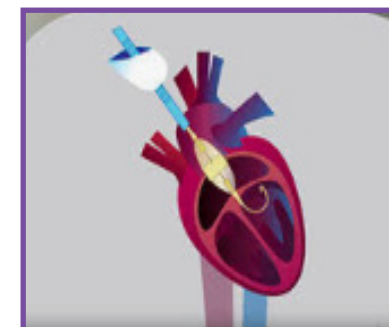
The Ombudsman has a dual role. Firstly, under the above Act, he investigates complaints by members of the public concerning maladministration, failure in a relevant service or failure to provide a relevant service by any "listed authority" in Wales. Secondly, under the Local Government Act 2000, he is responsible for policing ethical standards in local authorities.

Although there has been an overall increase in the number of Ombudsman complaints, the number of total investigations has reduced.

Transcatheter Aortic Valve Implantation (TAVI)

The Health Board has identified that the waiting lists for a heart procedure called TAVI (a keyhole procedure to treat a narrowing of one of the heart valves) were too long and this may have affected the health of some of our patients.

The Health Board has taken this matter very seriously and has made several immediate changes to the service to shorten the waiting time for the procedure. We have also asked an independent professional body, the Royal College of Physicians, to support us by reviewing the service provided. The outcome of their findings is expected in April 2019.



Joel - Patient Story

Joel is 17 years old and has Downs Syndrome. He is under the care of paediatric services. However when Joel needed a tonsillectomy he was admitted to an adult surgical ward.

We did – As Joel had not been under the care of adult services up to the date of his surgery and had a phobia of needles Joel was moved to a paediatric ward. Joels mum was pleased with the move stating she didn't think Joel would have had the surgery had he stayed on an Adult ward.

Lessons learned from Joel's care - Adult Pre assessment team and Paediatric services are working on a pathway in regard to children with additional needs over the age of 16 to be nursed in the most appropriate environment.



Church Boost to help Support Parents of Young Patients

When your child is admitted to hospital the last thing you're likely to think about is toiletries but now parents can access essential supplies to help them freshen up, thanks to Swansea churchgoers.

They have donated special packs including travel size toothbrushes and toothpaste, deodorants and tissues to Morriston Hospital Children's Wards.

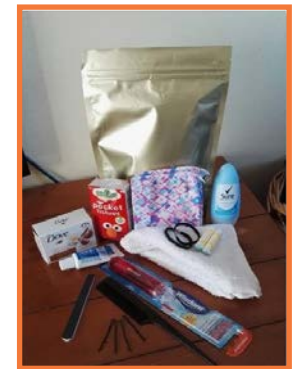
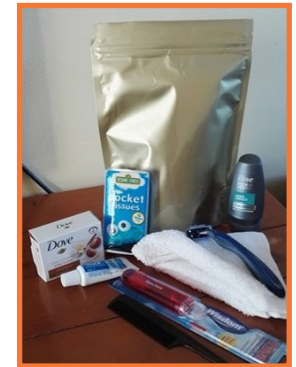


The packs were the idea of Bethan Germon, whose daughter Lydia's medical condition means she frequently has to spend time in hospital. Now Bethan and her husband David have enlisted help from the congregation at their church – Hope Church in Fforestfach – to put the packs together.

She said “we like to think that we are fairly organised parents, but it is very easy to forget about your needs when your child is ill. Often there is nowhere nearby or open where you can buy simple toiletries or you might not have the money with you to buy them. The packs are designed to take one problem away from parent when their child is in hospital.” Besides the toiletries the packs also contain a top tips list which the couple have put together based in their own experiences, it has details of where the nearest shops are, where you can get something to eat, basically a rough guide for parents on the ward. We have also put our contact details in so parents of children with a disability have somebody else in the same boat to talk to.

So far around 20 of the packs which have been designed for men and women have been distributed to parents at Morriston.

Sister Sarah James of Oakwood Ward in Morriston Hospital said “we think this is a fantastic idea and we are very grateful. It really helps us to be able to hand these packs out to parents when they are at their most worried. It is a very practical way to help other parents. We do carry a small supply of toiletries which we have to buy these out of the ward funds and then have to rely on staff to restock. These packs mean those funds can be used for patient care.” Future plans involve funding from the Health Board Charitable funds Committee.



Meaningful Day



Following on from a successful pilot project at Tonna Hosptial additional Occupational Therapists (OT) and OT technicians have been recruited to develop tailor made therapy programmes for older people with mental health needs. The team works closely with family members to find out peoples abilities and interests.

Specialist Occupational Therapist Jessica Denicola who led on the pilot group said “the families support and the information they can give us about their loved one is absolutely crucial when it comes to finding the right kind of therapy”.

All of the people the team work with, have dementia, which can result in behavioural changes which can present itself as frustration and aggression. By the end of the pilot not only was there a reduction in the number of falls among patients on the ward but also a drop in incidents of violence and aggression and a fall in staff sickness.

Encouraging activities such as catching rugby balls and engaging in simple cooking tasks help the patients to engage and relax. One patients relative commented that she was delighted to see her an improvement with her father's ability to concentrate and converse as a result of the mental stimulation the therapy provided.



End of Life Care - Patient Carers Story

Mark said “please, please get me home from here”, and I said “I promise you I will” and I spoke to the doctors but they didn’t seem to understand that Mark was dying and no-one had had a conversation with me about end of life care. So I contacted the palliative care service and a nurse came to see me and she said to me “are you telling me that you want to bring Mark home to die?” I breathed a sigh of relief and said “yes”.

It was so fantastic, everything was in place by the time he came home and the district nurses were absolutely fantastic.

Mark had lung cancer and was admitted to hospital to look for treatment due to a recent change in his condition which was confusion and reduced function. He had a high calcium level, but despite treatment he continued to deteriorate and sadly died.

After reading an article on the Health Boards intranet on the Care Decision Tool to support patients and their loved ones through the last days of life care. Jayne, Marks wife contacted the Health Board to tell us that her personal experience had been very different and a digital story was made and shared at a Health Board meeting.



Mark and Jayne

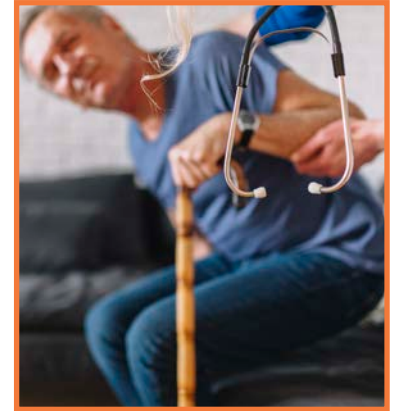
What happened?

There was a limited willingness for medical teams to accept and/or recognise that her husband was dying – when despite doing “everything” Mark continued to deteriorate. There was a lack of communication skills – lack of confidence in identifying what is important for the patient and family and to work with those priorities (where possible).

What did we do?

The experience was shared with the delivery unit – since this time changes have been made and the ward involved has moved from a 70% recommendation rate, from patient feedback to 100% recommendation, and in the last month it has topped the charts for wards across the Health Board. The video was shared with the End of Life Care Strategy group in ABMU HB with representation from all areas of the HB, raising awareness of the issues, and hopefully having an impact across all areas.

A screensaver for the intranet was made which highlighted the key activities for when you recognise when your patient is dying, to help identify the priorities for the patient, and guide conversations. This helped to focus a bid for Welsh Government funding for a project to explore delivery of end of life care across all care settings.



Expert Care Lets Patients Recover in Comfort of their own Homes

The Acute Clinical Team based at Bonymaen Clinic covers the whole of Swansea and provides short-term medical care to frail patients who would rather be treated in their own homes – providing, in effect, a hospital at home. It is an advanced nurse practitioner-led service made up of a consultant geriatrician, GPs, advanced practitioners, community sisters, staff nurses and health care support workers. The team has been helping people like 83-year-old David Randal Davies, who recovered from a serious bout of pneumonia at his home in Penclawdd, Gower.

“I had a very bad cough for weeks that just got worse and worse” David said. “The doctor said it was serious and offered me the choice of going into hospital or having treatment at home.

There was nothing they could have done in hospital that wasn't done at home, except I was in the comfort of my own bed. Being at home has a powerful psychological effect and I'm sure I recovered more quickly because of that. My being treated at home also saved my wife Margaret, who suffers from severe rheumatoid arthritis, from all the difficulties of hospital visiting." The team can call on other teams to provide treatment in the home, like physiotherapy. The team provides care between the hours of 8am and 8pm, seven days a week and 365 days a year.

GP Desiree Bensusan, of the Fforestfach Medical Centre, said: "The Acute Clinical Team (ACT) has been invaluable to the surgery and has prevented several patients being admitted to hospital by enabling them to stay at home with direct input from the ACT, whilst liaising with the doctors." There is an Acute Clinical Team service in the Neath Port Talbot area, based at Cimla Health and Social Care Centre, and another ACT team covers the Bridgend area from its base at Trem-Y-Mor Resource Centre, Bettws.

ABMU HEALTH BOARD

Older People's Charter

GIG

Gravely Road Hospital

Gravely Road

Gravely Road

Older People's Charter

YOUR RIGHTS

- 1. I have the right to be who I am.**
 Not all older people are the same. I have the right to be who I am. I am a unique person and have the right to be understood, considered and recognised as an individual. I have the right to be treated equally and without discrimination. I have the right to use the language of my choice.
- 2. I have the right to be valued.**
 Because I am a human being, I have the right to be valued. My life is significant to me and those who care about me and I have a right to live a life that has value, meaning and purpose. I matter. I am of worth and what I contribute to society throughout my life has value.
- 3. I have free will and the right to make decisions about my life.**
 I have the right to make decisions and be supported to do so if necessary. I have the right to exercise my free will and make choices. My opinion is most important when decisions are being made about me and my life. I have a right to be supported to live independently.
- 4. I have the right to decide where I live, how I live and with whom I live.**
 I have the right to decide where I live and to choose the person or people to spend my life with. I have a right to live somewhere I can call home and within the community I love.
- 5. I have the right to work, develop, participate and contribute.**
 My life does not come to an end because I have reached a certain age. I have a right to work, I have a right to full involvement in my own community. I have a right to these and to continue learning, developing and growing. I have a right to support so I can continue contributing. I have a right to explore new things.
- 6. I have a right to safety, security and justice.**
 I have a right to be taken seriously when I am ahead. I have a right to information and advice that addresses my worries and uncertainties. I need the law to protect me. I should not be treated differently because I am older. I also have the right to take risks if I want to.

OUR PLEDGE

Information and Communication

We will:

- Speak to you in a friendly and approachable manner
- Communicate with you in the language of your choice, wherever possible
- Identify any barriers to communicating with you and address these
- Talk to you, honestly and realistically about what is happening to you and what choices you have
- Use clear and appropriate language, without jargon
- Listen to you and what you tell us about your life and what's important to you
- Speak to you directly about things which affect you, not just to your carers and family
- Ask you what you want and agree with you actions we will take as a result
- Act on what we agree with you and keep you updated
- Enable you to make your own, informed decisions
- Respect your right to make these decisions, including your right to refuse things we suggest
- Make sure that all information is explained to you in a way that you can understand
- Make sure you can access an advocate if you want one
- Make sure you know what services and care is available to you
- Listen to your knowledge about your condition

We will not:

- Patronise you
- Make assumptions about you
- Assume that we know what is best for you

Family, Friends & Carers

We will:

- Recognise that your family and friends are important to you
- Talk to you about your family dynamics and circumstances and take these into account in all that we do
- Agree with you how much information should be shared with your family, friends and carer
- Support your family and carers to be supported to provide care when appropriate
- Make sure that if you are a carer for someone they are looked after whilst you are ill
- Make sure that your carer / family are involved in care and discharge planning as long as you want them to be

We will not:

- Tell you that a care home is the best place for you without having considered all the alternative options with you first

Care & Wellbeing

We will:

- Make sure you have access to the best possible care, in appropriate environments, by the right people, which takes into account all your disabilities
- Be positive when caring for you and treat you with kindness
- Take your concerns and worries seriously and help to address these
- Focus on your wellbeing, not just your illness
- Focus on your individual needs and ensure your care is holistic, not just focused on the problem of the moment
- Make sure you don't feel isolated and support you to join social activities to address this
- Recognise that you know yourself best and listen to what you tell us about how you are feeling
- Work with you to plan your care and discharge throughout your time in our care and taking account of your future needs
- Arrange for care to be provided for you out of hospital if needed, when we can at your home, or as close to your home, as is possible
- Support you to remain as independent and active as possible in all that we do
- Enable you to continue to manage your own medicines while in hospital if you are able to and want to
- Talk to you about death, and the choices you have in a positive way
- Talk to you about the varying risks around different care choices so that you can make an informed choice

We will not:

- Tell you that a care home is the best place for you without having considered all the alternative options with you first

abmu.wales.nhs.uk

The Older People's charter sets out what your rights are when using any health services. It is based on the Declaration of Rights for Older People. This information is available in other accessible formats. Please visit our website for further information.

Older People's Charter

The Older People's Charter was launched in December 2017 at an event held at the Aberavon Beach Hotel, the event also included a focus on issues of isolation in our older population. Since the event work has been undertaken to roll out the Charter across all sites of the Health Board including GP practices and Clinics.

During 2019 there will be a renewed focus on The Older People's Charter within the Health Board.

This initiative is supported by The Older People's Commissioner for Wales.



Neonatal Transitional Care Unit Singleton

Singleton has one of three neonatal intensive care units in South Wales, alongside Cardiff and Newport. Over the years it has developed a reputation for innovation and quality improvement, such as leading the UK in the fight against antibiotics resistance in newborn babies, for which it won an NHS Wales Award. Dr. Geraint Morris said “Most of our work is to provide care for babies born prematurely. We also look after babies who are full term and may have had a brain injury or problems with infection or other acute illnesses at or shortly after birth. We have a neonatal intensive care unit here. It cares for high-risk babies and critically ill babies from all over South West Wales. We receive referrals from the whole of Southwest Wales”.

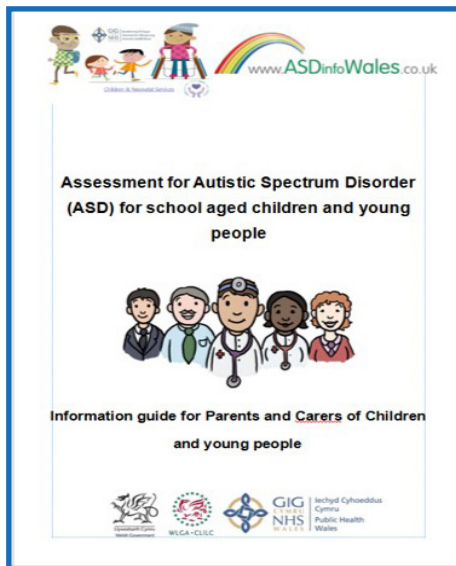


Around 450 babies are admitted to the Singleton unit every year and the number is growing. The rate of premature birth is also going up steadily.

Work on a £9.7 million upgrade of the Singleton Neonatal unit began in September 2018. The transformation will take around 18 months to complete and will be phased to avoid disruption.

A major feature of the redevelopment will be the creation of a seven bed transitional care unit. This is for babies who require more than normal postnatal care but do not require admission to the neonatal unit. It will include overnight accommodation for mums, with single rooms and en-suite facilities. Other main features of the upgrade are that a permanent 12 cot special care baby unit will be created. The neonatal high dependency unit capacity will be increased by 2 cots and the special care baby unit by 1 cot. Additional space will be created to expand the high dependency unit and plans include an additional nine special care cots.





ABMU HB Neurodevelopmental Disorders Service

The Neurodevelopmental Disorders (ND) service was launched in April 2018 in response to Welsh Government guidance on neurodevelopmental service delivery in Wales, with the purpose of providing assessment and diagnostic services to children and young people (CYP) with Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD), in addition to providing post diagnostic support for them and their families.

Since starting, the Multi Disciplinary Team has grown to 14 with core administration team members with additional Community Paediatricians and therapy colleagues providing invaluable input, in addition to other public and third sector agencies.

During the services' first 18 months the ND team have worked with stakeholders to develop effective pathways and assessment tools to ensure that all children and young people within the ABMU HB area are able to access appropriate, robust and timely assessments with specialist clinical staff. Members of the clinical team were also involved in establishing the national ND frameworks now used by ND teams across Wales.

ABMU HB has seen a steady rise in demand for paediatric ND assessments and post diagnostic support since the team was established. This increase in demand had been mirrored in ND services all across Wales, and with limited clinical capacity the teams are struggling to maintain the waiting time performance target of 26 weeks. In order to manage this increased demand the current focus is on assessment and diagnosis, with the team also providing limited direct post diagnostic support groups to CYP and families along and with signposting and literature. Plans are ongoing to enhance this service.

Patient Story - Medication on Discharge

"I was told I could go home from Hospital at 8:30 am but unable to as my medication was not ready"

What have we done to improve this?



Although there can be a number of reasons why a person's discharge is delayed, pharmacy help play their part in ensuring people get home as soon as they are well enough by :

- Pharmacists are part of the ward team which improves communication between the wards and pharmacy department
- Ward based pharmacists discuss medication with people at the bedside
- New medicines are supplied immediately, where possible labelled during their stay and stored in bedside medication lockers
- Patients' own medications are brought into hospital with them and are used during their inpatient stay and may be used at discharge



Johns Campaign

Nicci Gerrand and Julia Jones founded John's Campaign in 2014. Nicci's father John was living well with dementia at home, independent and mobile until a routine admission to treat leg ulcers turned into a five week admission, in which he rapidly deteriorated.

When Nicci shared her father's story in 'The Observer' many other carers and relatives got in touch to say they too often felt excluded from the care of their loved one, when they were admitted to hospital, inspiring the founding of the campaign. The key focus behind 'Age UK John's Campaign' is an open visiting culture for those living with additional care needs, including dementia, supporting carer access to the hospital outside of normal working visiting hours, to enable them to be with the person when they are stressed, anxious, upset or lonely.

Morrison Team Helping Older People Get Back on their Feet after a Fall

A dedicated team in Swansea is helping hundreds of older people who have suffered a fall get back on their feet without having to go into hospital. If they do have to be admitted, the Older Person's Assessment Service (OPAS) aims to ensure they can leave as quickly as possible – reducing the risk of further health issues.

Since it started in April, the OPAS team has seen 437 people.

The team is based in Morriston Hospital's Emergency Department and is made up of healthcare professionals specialising in the care of older people, this includes consultant geriatricians, clinical nurse specialists, an advanced nurse practitioner, physiotherapist, occupational therapist and others. Anyone aged over 65 who arrives at the Emergency Department after a fall is given a "front door" holistic assessment to ensure they are only admitted if they really need to be. Some people who do not need acute care but do require additional monitoring and tests may be admitted directly from the Emergency Department to Gorseinon Hospital which avoids the need for an inpatient stay in Morriston.

Morriston Hospital's lead manager for the project Gareth Barbour said "The team has delivered significant benefits to patients in a relatively short period of time. The number of elderly patients reviewed by the team who are then readmitted to hospital is much lower than we anticipated, this underlines the service's effectiveness in delivering good care. We are currently exploring opportunities to expand the service's remit and to build on the successful links with community-based care providers to better meet the needs of patients."

- Of the **437** patients seen **333** – or 76%– were **able to go home**
- Of these, **90** were followed up in a "falls clinic" in Gorseinon Hospital
- And a further **25** were followed up in Neath Port Talbot Hospital
- Only **60** were admitted to a Morriston Hospital ward
- A further **15** went to Gorseinon Hospital and **14** to Bonymaen House; **6** went to Neath Port Talbot Hospital; and **1** went to Ystradgynlais Community Hospital
- The remaining few went to a residential or care home, and the remaining were referred to trauma and orthopaedics or were referred to surgery.



Eco-Therapy Helping to Improve Mental Health of Patients

The Early Interventions in Psychosis (EIP) team at Abertawe Bro Morgannwg University Health Board have been working with the Down to Earth Project to benefit their service users. The non-profit organisation based in the Gower Peninsula, believe that relationship centred and meaningful outdoor experiences have the potential to change people's lives.

On a weekly basis, two members of the EIP team accompany service users to their eco-therapy sessions, as a means of helping them overcome a main barrier of engagement. The sessions vary from woodwork to gardening, cooking, river and sea swimming and woodland management, with a focus on team work, education and empowerment.

The team looked for a service that would help the young people work towards their goals, but without putting them in overwhelming situations, which may have contributed to a further decline in confidence or mental health. "We found that those service users involved consistently improved in confidence and well-being, the activities were educational and through these activities the service users have also obtained accreditations, which has given them a confidence boost too.

"Attending alongside the service users has also helped us as staff to develop a therapeutic relationship with them in non-clinical setting, as well as being good fun. The initial eco-therapy programme provided by the Down to Earth Project was hugely successful, and our team and service users look forward to the next programme", said Bronya James an EIP Practitioner for ABMU HB wrote an article on the project in the first edition of the Early Intervention in Psychosis Network newsletter.

Cancer Care

New Roles

With the support of Macmillan the Health Board has recruited several new specialist posts to support the delivery of key actions in the Cancer Delivery Plan.

- Advanced radiography practitioner in Computerised Tomography Colonography (CTC) which is a specialised examination of the large bowel has helped to reduce waiting times and speed up treatment for people with cancer. The new service was successful in being shortlisted for NHS Wales Award 2018



- Person Centred Care Manager who will help support Well-being of Future Generations Act 2015
- Strategic Cancer Lead Nurse to support the long term development of effective and sustainable nursing workforce.

Single Cancer Pathway

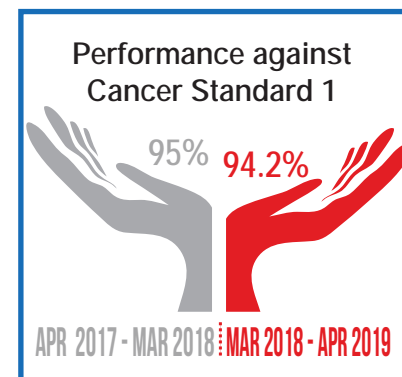
The Single Cancer Pathway (SCP) has been adopted by NHS Wales following formal agreement by the Welsh Government and announced by the Cabinet Secretary for Health and Social Services in November 2018. The (SCP) measures waiting times for all patients from the point of suspicion of cancer until treatment. The pathway aims to improve outcomes and experiences for patients. The new approach under the SCP will be more transparent to demonstrate cause of delay and highlight demand for services so we can be more responsive to changes in service need.

Rapid Diagnoses Centre (Neath Port Talbot Hospital)

GP's with concern about patients who do not present with traditional "Red Flag" signs of Cancer have been able to refer them to the centre since it opened June 2018 . People are seen in the centre within five days of referral by their GP.

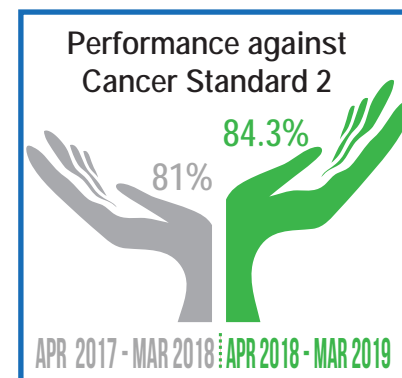
The service is funded by Wales Cancer Network and Macmillian who provided additional funding support for a clinical nurse specialist. The centres Clinical lead Briton Ferry GP Dr Heather Wilkes who became an advocate for the service after seeing one in Denmark.

Centre Coordination manager Helen Gray commented "As of the end of July 2018 we saw 258 people in the clinic where 26 cancers were diagnosed. If a person does not have cancer they are referred to a specialist team for treatment without any unnecessary delays."



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

(Unchanged from 2017 - 2018)



Standard 2 Expectation:
At least 95% of Urgent Suspected Cancer (USC) receive treatment within 62 days.

Gastroenterology – Feeding Tube Awareness Parent Film

Louise Heywood is a Paediatric Nutrition nurse for ABMU HB. Part of Louise's role is to look after the children with feeding tubes such as nasogastric tubes and gastrostomies in the Swansea and Neath Port Talbot area. Three years ago Louise decided to set up a parent support and Facebook group whereby other parents are able to give support and share important information.

The group meet once a month for coffee and a chat and it was during one of these get together Louise discovered that lots of parents had experienced some hurtful, distressing encounters with some members of the public. Some examples of this behaviour would be staring at their child's feeding tube or saying rude hurtful things.

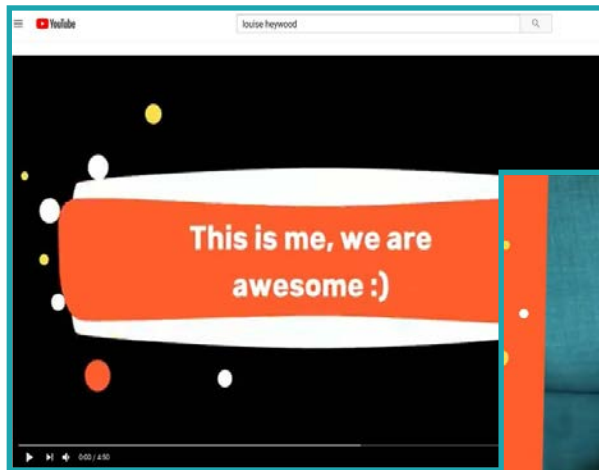
Louise heard that some of the parents in her group did not know how to cope with this and had stopped taking their children out in public.

Louise decided to make a video on feeding tube awareness and she arranged to meet at The Gnoll Park in Neath where they have a disabled park. Louise took videos and photos showing that although these children have feeding tubes, they still lead normal, active lives, loving life to the full. Parents had also sent Louise videos and photos of their children skiing and swimming etc.

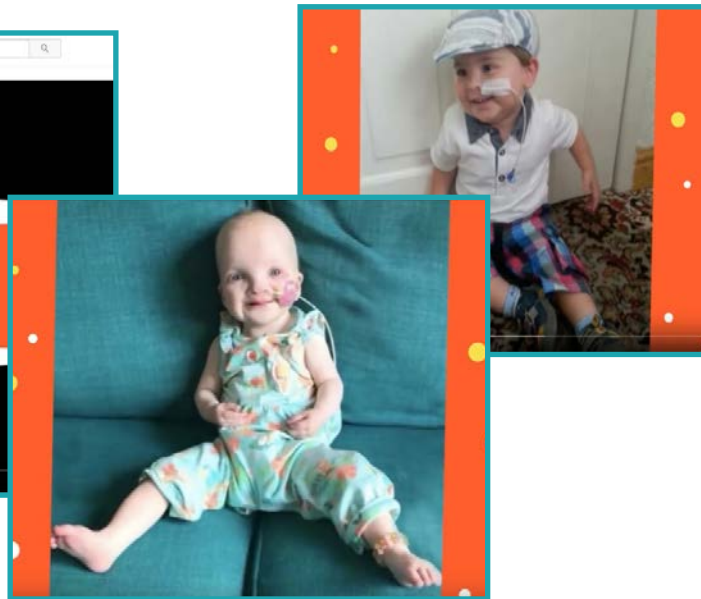
This video was shared on the intranet and the local press along with Louise and one of the coffee group parents being interviewed by ITV Welsh news, this was then shown on ITV 6 o'clock news. BBC news also approached Louise requesting photos of the children which they used in a slideshow and put that on BBC news online.

In a few days there were 42K views of this video. The aim is get as many people as possible watching the video on YOUTUBE or sharing the ITV and BBC news on Facebook to gain more understanding of what a feeding tube is and how to support families to make their lives easier and more enjoyable.

Louise has also been contacted by The Oley Foundation a non-profit foundation in USA offering support for feeding tube awareness campaign.



Screenshots from the YOUTUBE video



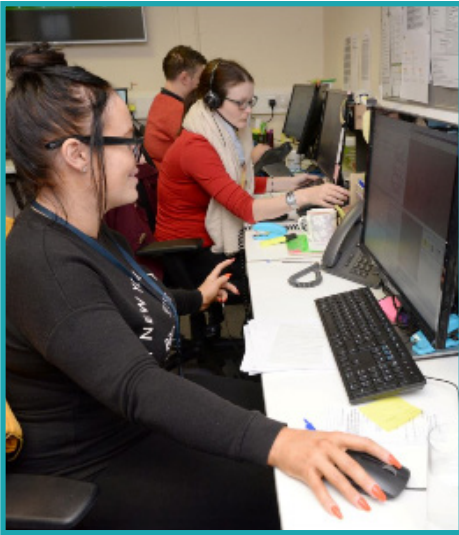
Parents and children from the group

Pioneering Phone Service Taking the Hassle out of Patients' Prescription Orders

Many surgeries don't take repeat prescription requests over the phone, which means patients having to visit their doctor's or the local pharmacy.

Elderly and disabled patients, and working people can find this difficult so they have welcomed the new Repeat Prescription Ordering Service, which means patients only have to make one phone call to get the medicines they need. It's available to patients at Pencoed Medical Centre, New Surgery Pencoed, Oaktree Surgery, Riversdale Surgery, and the now merged Ashfield and Newcastle surgeries.

Eileen Brown, from Brackla, Bridgend, says the Repeat Prescription Ordering Service has saved her a lot of time and trouble.



Eileen suffers from severe osteoarthritis and takes several different medications. She attends Riversdale Surgery where patients can phone in for a repeat prescription. “I think the new service is long overdue,” she said. “Our doctors are the best around but I don’t need the hassle over getting my prescriptions putting up my stress levels, now I just have to make one phone call to request the medicines I need and they are delivered three days later. It’s the best thing that’s ever happened as far as I’m concerned. I’ve used it several times and I find the staff friendly and very helpful.”

When the service was set up in 2017 – the first of its kind in Wales - the goal was to process at least 50 per cent of all repeat prescriptions for the GP practices, and it is well on the way to meeting that target. The call centre is handling around 800 calls a week (up from 84 in the first week) and that is expected to grow as more people become aware of the service.

Brian Back Home with Team’s Support Six months after Heart Attack and Stroke

Photographer Brian Watkins is home again and getting back on his feet just six months after suffering a heart attack followed by a devastating stroke. He had very little speech and lost all feeling and movement in his left side. He was unable to walk and had to use a wheelchair. After months being cared for in hospital followed by a stay in Plas Bryn Rhosyn, Brian is slowly getting back on his feet and, with reablement support, has been living at home full-time for the last month.

Brian said: “Without the reablement team I would still be in bed. You can tell that they’re not just doing a job and that they genuinely care. They are my friends.”

Last year the team’s work avoided **606** hospital bed days.

Since the team last expanded in 2014, admissions to residential care homes have also reduced by **44%**.





For the staff involved it's about much more than facts and figures.

Service manager Karen Wright said: "We know people deteriorate the longer they are in a hospital bed so we work hard to get them out of hospital as quickly as possible. If we weren't around, the only option would be a long-term package of care and not everybody needs one. A lot of people just need short-term intervention to help get them back to normal."

The reablement service is available to anyone aged over 18 from Neath Port Talbot who has, for a variety of reasons, lost their independence. It does care for some younger people who have a long-term condition or have had an accident or stroke. But the majority are older people – the average client age is 82 – many of whom have been in hospital.



Patients Know Best (PKB) - A New Digital Service to Empower Patients

A new digital service called Patients Know Best (PKB) is helping empower patients to be more involved in their care by securely giving them access to their own health records.

As well as having 24/7 access to their records, patients can now choose who they want to share the information with, and work much more closely and easily with clinicians to manage their future care as a team. Care plans can be created digitally with input from patients and clinicians, and videos and other media content is available to help patients better understand their condition and manage their care. By making it simpler for patients to choose who can see their information, patients can easily share it with other agencies or healthcare professionals, smoothing the way for much easier

'You said we did'

You Said

Singleton Ward 6
Patient was disappointed with lack of information in relation to home equipment on discharge

Patient Advice Liaison Service arranged for Occupational Health to visit patient on the ward and provided the patient with information on mobility aids

You Said

Morrison - OPD
Patients with weekend outpatients appointments found it difficult to find the clinics, some of which are upstairs and help desks are usually closed then

We arranged for signs to be put up on weekend clinic days so as to help patients find the clinics more easily.

We did

We did

They can also share the information with relatives and carers. PKB also allows clinicians to conduct virtual clinics, so patients don't always need to attend an outpatients clinic, and the app can connect to devices like ones used to monitor blood sugar levels.

Following a successful pilot in three departments in Morriston, Singleton and Neath Port Talbot hospitals, a growing number of outpatients in the Princess of Wales Hospital in Bridgend are now being offered PKB access to their personal online health record.



Cardiac outpatient Deborah Isidoro from Pencoed, started using PKB after suffering a heart attack in 2016, aged just 49, she was one of the first cardiology patients offered PKB when it was launched in the Princess of Wales Hospital in July 2018. She said "I like the way that I am now able to see my results online, so I'm better prepared ahead of an appointment. I'm able to think about the questions I want to ask ahead of speaking to my nurse. It gives me more understanding of what's going on – it is empowering in a way. Before, I'd go to an appointment and be told about my results and it might not have been until afterwards that I'd have thought of something I'd like to have asked. Now I am much better prepared."

Forward plans

Urology teams across Swansea Bay have embraced PKB and are inviting patients to urology open days to set out how PKB can support a more digitally included service. Over 300 urology patients have signed up to use PKB via patient open days and new registrations continue. Other services across Swansea Bay will be offering similar patient open days including the Inflammatory Bowel Disease (IBD) team in Singleton and Morriston Hospitals who are running patient workshops from June 2019 and Breast Services who have set up a patient focus group to support the embedding of the new service.

Plans to extend the functionality offered to patients are underway, from Summer 2019 patients will be able to view their appointment details and clinic letters via PKB further empowering patients to proactively manage their care. Patients will also be able to complete questionnaires before and after treatment to inform their care moving forward. 10 services across Swansea Bay are now offering this service to their patients and over 700 patients, their carers and clinicians are using the service.

Our Volunteers

During 2018 over 600 individuals engaged in over 78,000 hours of volunteering across 60 wards or departments within the Health Board. Bringing added value, volunteers complement the work of our employed workforce in a way that permeates through all levels of each Delivery Unit. Volunteers provide a positive impact on the experience of our patients, their family and friends, visitors, the wider NHS, our local communities and the engaged citizen.

Our volunteers support in a variety of roles across our four acute hospital sites, Community hospitals, a Resource Centre and also as valued members of our Stakeholder and Disability Reference Groups. 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. Volunteer roles include Meet and Greet support, Chaplaincy, Outpatient, Ward, Patient experience, Day Centre, Drivers, Gardeners, Tea Bar and Hospital shop to name a few. 14 New volunteer roles developed in 2018 include Flu Champion, Therapy Gardening group volunteer and Breast feeding support volunteer.

Angelina Jenkins has volunteered every Thursday at a palliative care day centre in Bridgend for the last 15 years and despite turning 90 she has no intentions of slowing down anytime soon.

Angelina has become a listening ear for patients during her time volunteering at Y Bwythyn Newydd in Princess of Wales Hospital. She said “I have often thought about finishing, but I just can’t bear the thought of not coming to the centre and chatting to the patients here. You really get to know people.” Service Director Jan Worthing said: “Angelina is brilliant with the patients and such an asset to the centre. They really bond with her and look forward to seeing her on a Thursday.”



Pictured left: Volunteers Yvonne Brown, Angelina Jenkins and Helen Berron - celebrating Angelina's 90th birthday at Y Bwythyn Newydd. A combined 44 years of volunteering for ABMU Health Board.

This year has been extra special with the NHS celebrating its 70th anniversary. It has been important for both staff and the community we serve for us to recognise and celebrate this milestone and importantly our dedicated people and roles you play to enable our services to continuously evolve and develop, 70 years on from when the NHS was established.

There have been many wonderful celebrations throughout the year, including:

- ABMU@70 – 70 images of the 213 staff combining individuals & teams that took part
- Symbolic Miners Lamp Relay – 69 staff members took part covering a total of 96.4 miles
- 14 Music Festivals for both staff and patients/clients to enjoy, coinciding with our lamp relay
- ABMU Chairman's VIP Awards and NHS@70 Celebration
- Time Capsule - incorporating the ideas and key memorabilia from staff that capture the essence of ABMU as an organisation
- In May 2018 the 'Lighting the Future' celebration event saw around 200 nursing staff and midwives from across the Health Board unite to learn and discuss nursing achievements as well as how the profession can develop for the future.



Chairman's VIP awards 2018

Individuals and teams who have gone above and beyond to develop services and conduct research improving the lives of patients were recognised at the Chairman's VIP (Values Into Practice) Awards on Thursday the 5th July 2018 to coincide with NHS 70th Anniversary.

A total of 225 nominations from friends and family were received. There were 1,792 individuals casting a total of 9,083 votes out of 11 categories. In total there were 11 winners & 23 were highly commended. The guests also raised £1,122.06 for Golau charity on the night.



Patient Choice Awards 2018

Our Patient Choice Award gives patients, carers, relatives and visitors the opportunity to have their say and nominate a member of staff, who they feel has made a real difference, and gone above and beyond their duty.

We had a total of 5 events across 5 sites:

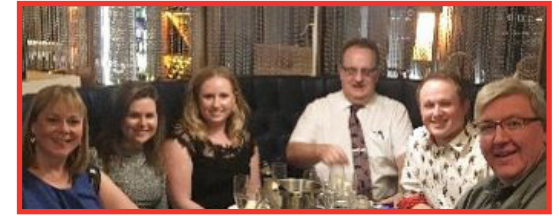
- 148 individuals were recognised
- 45 teams were recognised
- 84 patients nominated





Maternity Teaching Team Commended with Top Award

A Swansea obstetrics and gynaecology teaching team has been commended for their excellent work with a Maternity and Midwifery Festival Team Award.



Their method of working, which was honoured at the South West and Wales Maternity and Midwifery Festival Awards - encourages all allied health professional students to work together to help prepare a health workforce that is best prepared to respond to local health needs.

Formed of two consultants; Mr Euan Kevelighan and Mr Jeremy Gasson, teaching registrars; Dr Ceiros Jones and Dr Khadija and midwife clinical lecturer Suzy Rees, the Singleton Hospital-based team successfully worked together to introduce inter-professional sessions. Known as inter-professional student obstetric emergencies simulation sessions, they were an opportunity for medical students to work alongside midwifery students, student physician associates and paramedics in a supportive learning environment.

Feedback from students was overwhelmingly positive following the introduction of the sessions, resulting in a dramatic improvement in awareness of obstetric emergencies and a deeper understanding and insight into the roles and responsibilities within the multi-disciplinary team. Students also saw an increase in their confidence when working within their chosen professional teams in the future and really enjoyed the opportunity to learn together.

Commenting on the award win, Suzy added: "We are thrilled and immensely proud that our hard work and passion for teaching has been recognised in this way. It is a true reflection of the high level of clinical teaching, not only from our teaching team, but all the maternity and women's health clinical staff in ABMU HB as a whole. We are a highly motivated, dedicated and passionate teaching team and we will endeavour to continue to deliver the highest possible standards of clinical teaching at all times."

Our Organisational Values Staff survey 2018

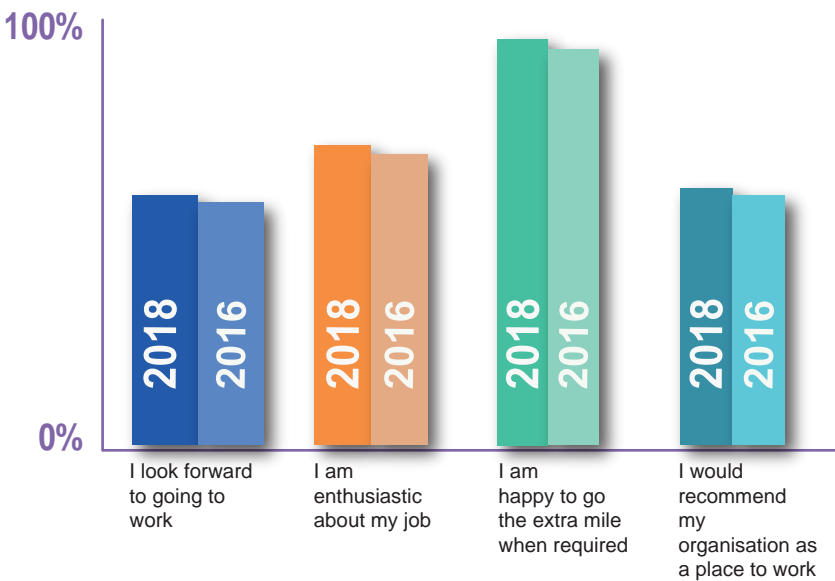
caring for each other	working together	always improving
<p>In every human contact in all of our communities and each of our hospitals.</p> <p>We are friendly, helpful and attentive. We welcome others with a smile.</p> <p>We see people as individuals. We do the right thing for every person and treat everyone 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>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>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>

The NHS Wales Staff Survey is endorsed by Welsh Government and National Partnership Forum and is the principal measurement of staff experience and staff engagement across NHS Wales.

It enables benchmarking across organisations and allows individual Health Boards and Trusts to identify areas of good practice and areas for development. The direct correlation between patient experience and staff experience is well documented and this survey provides important feedback from our workforce so that we continually listen, learn and improve. It also provides an opportunity to evaluate the Health Board values and how they embed into the core working practices.

Highlights of the survey:

- **27%** staff members taking the time to fill out the survey, with plans to improve on these for our next staff survey.
- Overall positive improvements in most areas, which follow closely with NHS Wales overall results.

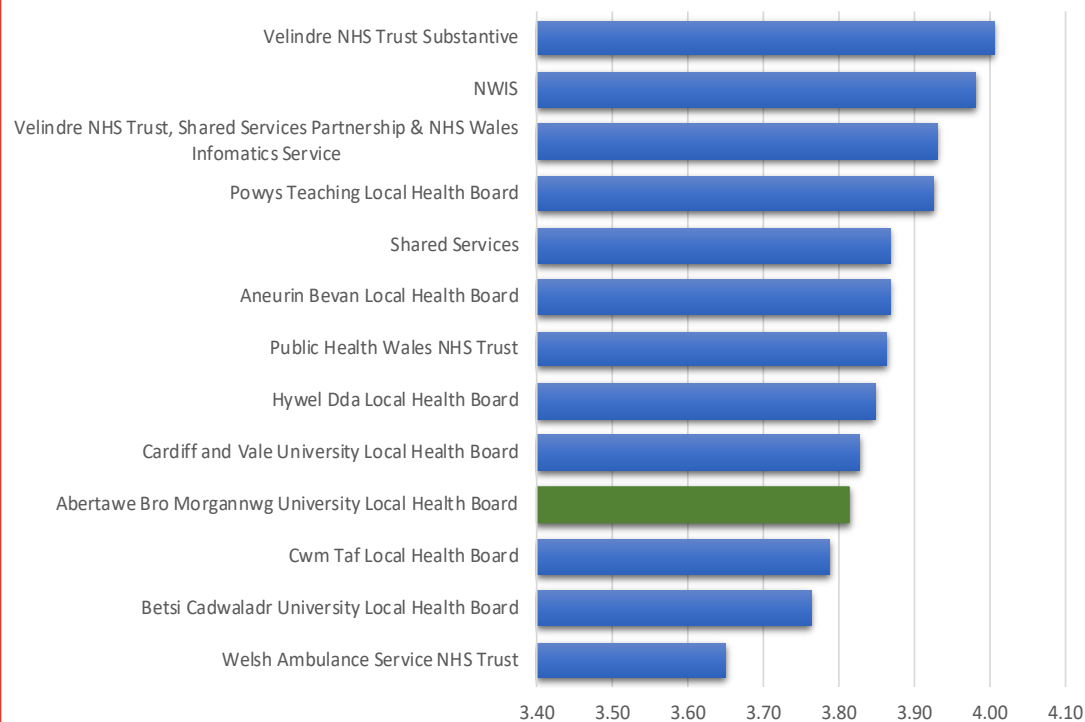


The employee engagement index measures how committed and engaged staff are based on the favourable responses to a number of questions.

all-Wales Response
Average 3.82%



Staff Engagement Index - NHS Wales



Our results continue to show positive improvement and we recognise that there are still areas where we need to improve.

3 Focus areas for the Health Board:

- Healthy workplaces and wellbeing
- Great leaders and great managers
- Innovation, learning and development

For example, since November line managers have had the opportunity to take part in a new People Management Skills training. The morning is delivered by The Advisory, Conciliation and Arbitration Service (ACAS) and the afternoon focuses on supporting managers with the roll out of the new policy Managing Attendance at Work.

- Staff (medical and non-medical) undertaking performance appraisal April – February 2019 **66.7 %**, reflecting a month on month improvement
- Percentage compliance for all completed level one competencies within statutory and mandatory core skills training framework **75 %**, reflecting a month on month improvement
- Full time days equivalent (FTE) staff lost to sickness and absence over 12 months April - March 2019 **5.92 %**

New Hair Salon is a Real Highlight for Dementia Patients

Female dementia patients can visit their very own hair salon before enjoying afternoon tea or popping to the pub.

Innovative staff at Swansea's Cefn Coed Hospital's Onnen Ward have recreated a hair salon and tearoom, called Serenity, in a bid to enhance the care given to their patients. Visits to the facilities often help calm patients and help bring back memories.



The move comes after colleagues on the neighbouring Derwen Ward set up a pub for their all-male patients and it is hoped that the ladies will be able to share those facilities, under supervision, in the future.

Clinical lead Deborah Morgan said: "The reason we have done this is for the ladies to think that they are actually going out for an appointment to have their hair done. We based it upon an old fashioned design, and there is also a tearoom opposite so they can go and have tea and cake afterwards. The staff do their hair and nails as part of our activities, it's all part of their personal care, but we also have a hairdresser who is based in Cefn Coed and she uses the salon to cut hair now."

The tearoom in particular has proved a real resource in enhancing patient care.

Deborah said: "If they do get distressed over anything, instead of giving them extra medication, a visit to the salon and tearoom can help calm them down. We also had a husband and wife visit the tearoom for a meal. She is a patient who wasn't eating very well so we asked her husband to come along and we made it appear that they were going out for a meal together. It worked as she ate a lot better with him sitting with her."

Swansea Sound radio presenter and pantomime star Kev Johns, who cut the ribbon at Serenity's official opening, said: "What a fantastic idea. I think it's wonderful and the staff here are amazing, everybody is happy and it's a beautiful environment with a fine afternoon tea."



Jonathan Wins Award for 3D Printing Project to Support Wheelchair Users

A trainee clinical scientist has used his background in engineering to support wheelchair users, using the latest 3D printing technology. Jonathan Howard has played a key part in the manufacturing of 3D printed bespoke head supports for patients using wheelchairs. The project, part of Jonathan's Master's degree in clinical science, saw him win best presentation at the 2018 All-Wales Medical Physics and Clinical Engineering Meeting.

Jonathan, who is based in Morriston Hospital, collaborated with both PDR at Cardiff Metropolitan University and the College of Engineering at Swansea University on this new approach.

Jonathan said: "As a trainee clinical scientist, I am in a unique position where I can apply my background of engineering to real-world clinical problems to make a real difference to people. For me, the award represents important recognition from other healthcare professionals of how technological advances can be successfully and safely implemented to modernise healthcare. This excites me about the future possibilities that can be created by embracing technology in transforming the services we provide."

Unlike commercial versions, the 3D printed head supports are designed to fit the exact requirements of the patient, enabling the shape to be tailored to each individual's complex needs. There are also potential advantages with the strength compared to current commercial products, which can require regular visits by clinicians to reshape the support.

Mechanical testing of the 3D printed supports has been performed to international standards using facilities at Swansea University to confirm their safety.

The head supports are next due to be trialled with a small number of patients to receive feedback.



LOOKING FORWARD 2019 - 2020

Looking Forward 2019 - 2020

As a Health Board we are committed to delivering our three wellbeing objectives as outlined in our Clinical Services Plan 2019-2024

1. Giving every child the best start in life
2. Connecting communities with services and facilities
3. Maintaining health, independence and resilience of individuals community's and families

In delivering our clinical service ambitions our organisational values of caring for each other, working together and always improving, are embedded in the care we provide now and moving forward as Swansea Bay Health Board.

Helping us to decide

How did we do this?

We listen to people who use our services

Patient surveys, patient complaints

We listened to our staff

Staff surveys

We looked at the findings of external reports / inspections and key issues we need to improve

HIW reports, Community Health Council

We take into consideration what is happening nationally and look at the key themes

Older peoples commission

We looked at our own self-assessment standards

Health and Care standards, quality and safety meeting

We Will Aim to

Looking Forward 2019 - 2020

STAYING HEALTHY

- Improve the uptake of immunisation and vaccination programmes to patients and staff
- Work with your community pharmacist to provide you with support to help you stop smoking
- Continue to improve the time you have to wait to see <26 weeks to commence psychological therapies in specialist Mental Health Services
- Continue to improve local services for children that require specialist mental health services (CAMHs)

SAFE CARE

- Implement a multi professional foetal monitoring interpretation training programme to reduce the number of avoidable stillbirths
- Continue to reduce the number of inpatient falls
- Continue to reduce the number of hospital acquired infections
- Continue to reduce the number of avoidable pressure ulcers

EFFECTIVE CARE

- Continue to listen and learn from your experiences through concerns, incidents and individual feedback that you give us regarding your care
- Maintain a proactive recruitment programme encouraging staff to join our Health Board

DIGNIFIED CARE

- Continue to implement our End of life Care delivery plan ensuring people have dignified end of life care
- In collaboration with Primary Care and Action for Elders, we will implement a project to reduce loneliness, social isolation and associated health issues in older people
- Commence our new Integrated Autism service (IAS)

TIMELY CARE

- Reduce the length of stay in hospital and the associated risks that can occur to a person's health i.e. deconditioning falls and hospital acquired infections.
- Introduce Single Cancer Pathway which will reduce overall waiting times, early cancer diagnosis and improved patient experience.
- Continuing to improve the number of people waiting over 36 weeks for treatment

INDIVIDUAL CARE

- Continue to build on the progress made in embedding an Integrated Cluster approach to Primary Care, supporting people to develop healthier lifestyles
- Continue to improve access to dental services in both routine and urgent dental care

OUR STAFF

- In response to the staff survey of 2018, we will launch and evaluate the 'Guardian Service' which provides independent, confidential and non-judgemental support to staff who raise concerns regarding any worry or risk in the workplace, including patient safety.
- Continue to build on our improved compliance with staff appraisals as well as sustained improvement in Statutory and Mandatory training
- Roll-out our leadership development programme for both junior and senior staff
- Develop a management pathway to meet the needs of individual staff

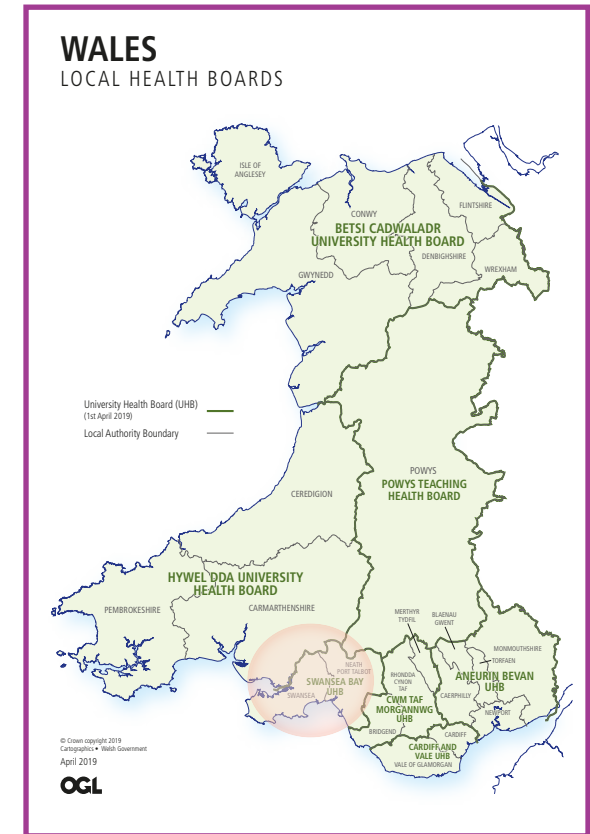


Swansea Bay University Health Board

Abertawe Bro Morgannwg University Health Board (ABMU HB) will become Swansea Bay University Health Board as from 1st April 2019 with transfer of providing healthcare services in the Bridgend County Borough Council area passed from ABMU to the new Cwm Taf Morgannwg University Health Board

Swansea Bay UHB will cover a population of around 390,000 in the Neath Port Talbot and Swansea areas and will have a budget of around £1bn. The Health Board will employ approximately 12,500 staff. It will have three major hospitals providing a range of services: Morriston and Singleton in Swansea, and Neath Port Talbot Hospital in Baglan, Port Talbot. It will also have a community hospital and primary care resource centres which will provide clinical services outside the main hospitals.

Primary care independent contractors will play an essential role in the care of our population and the Health Board will commission services from GPs, opticians, pharmacists and dentists across the area.



Swansea Bay University Health Board will have 49 GP practices, 72 dental practices including orthodontists, 31 optometry practices and 92 community pharmacies. Mental health and learning disabilities services are provided both in hospital and community settings.

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 - <https://swanseabay.nhs.wales/>

AESOP (Arts Enterprise with a social Purpose) - <https://ae-sop.org/>

ARCH - www.arch.wales

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

Cancer Delivery Plan for Wales 2016-2020 - www.walescanet.wales.nhs.uk/opendoc/299783

Cancer (Single) Pathway - www.walescanet.wales.nhs.uk/single-cancer-pathway

Children`s Act 1989 - www.legislation.gov.uk

Children`s Charter Survey Links - If you are a child (7-12 years) who would like to share your views and experiences on health services in Bridgend, Neath Port-Talbot or Swansea, you can participate in the survey clicking on this link:

<https://www.surveymonkey.co.uk/r/chcr2018>

If you are a young person (13-17 years) who would like to share your views and experiences on health services in Bridgend, Neath Port-Talbot or Swansea, you can participate in the survey clicking on this link:

<https://www.surveymonkey.co.uk/r/ypcr2018>

Clinical Service Plan (2019-2024) - <https://swanseabay.nhs.wales/>

Community Health Council - www.wales.nhs.uk/sitesplus/902/home

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

End of Life Care Delivery plan 2018/2019 - <https://www.mariecurie.org.uk/professionals/commissioning-our-services/wales>

Flexible Visiting Times - <http://howis.wales.nhs.uk/sites3/docopen.cfm?orgid=743&id=395886&uuid=DBE10FAD-9DFB>
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Health Inspectorate Wales - <http://hiw.org.uk/splash?orig=/>

Health and Care Standards Wales — www.wales.nhs.uk/governance-emanual/health-and-care-standards

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

Healthier Wales Plan - <https://phw.nhs.wales/>

Hafal - www.hafal.org

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

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

John`s Campaign - <https://johnscampaign.org.uk/index.html>

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

Move a little More - https://ehdm.screenlight.tv/shares/HBXAI0QWXttD2Its20kgNiwqB18XexPq?_=1525873378841

NHS Wales Informatics Service (NWIS) – <https://nwis.nhs.wales/>

Ombudsman - <https://www.ombudsman.wales>

Patient Knows Best - <https://www.patientsknowbest.com/abmu.html>

Pennies From Heaven - www.penniesfromheaven.co.uk

Public Health Wales - 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>

Seren - <http://www.cypdiabetesnetwork.nhs.uk/regional-pages/wales/network-projects/seren-structured-education-programme>

Sepsis - www.nhs.uk/conditions/sepsis/

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

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 Health Board - <https://sbuhb.nhs.wales/about-us1/swansea-bay-uhb/>

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

Talk to Me 2 Suicide and Self-Harm Prevention Strategy 2015 to 2020 - <https://gov.wales/suicide-and-self-harm-prevention-strategy-2015-2020>

The World Health Organisation's 5 moments of care - http://www.who.int/gpsc/tools/Five_moments/en/

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

Together for Mental Health: A Strategy for Mental Health and Wellbeing in Wales - www.wales.nhs.uk/healthtopics/conditions/mentalhealth

Together for Mental Health Delivery Plan 2016-19 - <https://gweddill.gov.wales/docs/dhss/publications/161026easy-read-delivery-plan-en.pdf>

Wales for Africa - <https://gov.wales/wales-africa>

Wales Applied Risk Research Network (WARRN) - www.warrn.co.uk

Welsh Ambulance - [http:// www.ambulance.wales.nhs.uk/](http://www.ambulance.wales.nhs.uk/)

Welsh Centre for Action and Dependency on Addiction (WCADA) - [http:// www.wcada.org/](http://www.wcada.org/)

Welsh Health Specialised Services Committee - [http:// www.whssc.wales.nhs.uk/home](http://www.whssc.wales.nhs.uk/home)

Western Bay Population Assessments Mental health - www.westernbaypopulationassessment.org/wp-content/uploads/2017/03/Intro-PDF-2.pdf

Western Bay - www.westernbay.org.uk/

Western Bay Safeguarding Board - www.westernbay.org.uk/western-bay-safeguarding-boards

Well-being of Future Generations Act 2015 - <https://futuregenerations.wales/about-us/future-generations-act>

15 Step Challenge - [http:// www.healthissuescentre.org.au/images/uploads/resources/15-steps-challenge-toolkit.pdf](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](http://www.nhs.uk/NHSEngland/AboutNHSservices/Emergencyandurgentcareservices/Pages/NHS-111.aspx)

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.

Autistic Spectrum disorder - (ASD) is a developmental disorder that affects communication and behaviour

Attention Deficit Hyperactivity Disorder (ADHD) - is a behavioural disorder that includes symptoms such as inattentiveness, hyperactivity and impulsiveness.

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.

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

Charitable Funds Committee - Intended to provide those additional amenities that will improve the condition under which patients are cared for and treated, or the conditions under which staff work, and to further education and research.

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

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.

Downs Syndrome - Down's syndrome is a genetic disorder caused by an extra chromosome in a baby's cells.

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

End of Life - The term 'end of life' usually refers to the last year of life

Escherichia coli (E.Coli) - type of bacteria that normally live in the intestines of people and animals.

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

Gastrostomies - Surgical construction of a permanent opening from the external surface of the abdominal wall into the stomach, usually for inserting a feeding tube.

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.

Medicines management - ensuring medicines are used correctly and safely.

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

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

Nasogastric tubes - a nasogastric tube – a tube passed through your nose and down into your stomach

NICE - National Institute for Health and Care Excellence.

Obstetrics - relating to the care and treatment of women in childbirth and during the period before and after delivery.

Osteoarthritis - disease of the joints.

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

Pathology – study of the causes and effects of disease or injury.

Patient Flow - is the movement of patients through services

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.

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”. A grade 4 pressure ulcer is the most severe type of pressure ulcer. The skin is severely damaged and the surrounding tissue

begins to die (tissue necrosis). The underlying muscles or bone may also be damaged. People with grade 4 pressure ulcers have a high risk of developing a life-threatening infection.

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.

Protocols - the official procedure or system of rules

Psychoses - is a mental health problem that causes people to perceive or interpret things differently from those around them.

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.

Safeguarding - is concerned with protecting those at risk of abuse/harm from suffering abuse or neglect.

(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.

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.

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.

Tonsillectomy – an operation to remove the tonsils which are glands found at the sides and towards the back of the throat which help to fight infection.

Transitional care - refers to the coordination and continuity of health care from one healthcare setting to another

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.

WHAT DO YOU THINK ABOUT THE ANNUAL QUALITY STATEMENT?

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

Please <https://tinyurl.com/y4wr8zwo> and answer our short survey about how we can improve on next year's Annual Quality Statement

You can contact us on:



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