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NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	24 September 2020	Agenda Item	4.4
Report Title	Annual Quality Statement		
Report Author	Nigel Downes, Head of Quality & Safety		
Report Sponsors	Cathy Dowling, Deputy Director of Nursing & Patient Experience Christine Williams, Director of Nursing & Patient Experience		
Presented by	Christine Williams, Director of Nursing & Patient Experience		
Freedom of Information	Open		
Purpose of the Report	Present the Annual Quality Statement (AQS), for the Board to review and approve the AQS, and provide any comments, if required.		
Key Issues	<ul style="list-style-type: none"> • AQS is part of the annual reporting process (WHC/2019/042). • WG confirmed in May 2020 that the AQS would be required, however submission was to be delayed until September 2020. • Due to implications of COVID-19 there has been interruption in our ability to engage in a manner that we would normally. • Current work is ongoing on an easy-read version of the AQS. • A welsh language version of the AQS will be produced after the AQS has been formally approved by the Board. • The AQS is an iterative document and is being updated following presentation at each of the committees and groups outlined in paragraph 2 below. 		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Approval
			<input checked="" type="checkbox"/>
Recommendations	Members are asked to: <ul style="list-style-type: none"> • APPROVE the AQS 		

ANNUAL QUALITY STATEMENT

1. INTRODUCTION

The Annual Quality Statement (AQS) provides an opportunity for organisations to 'tell the story' of good practice and initiatives being taken forward, as well as confirming what went well and what not so well and the actions being taken as a result. All NHS organisations are required to publish an AQS, as part of the annual reporting process (WHC/2019/042).

The AQS is for the resident population of Swansea Bay Health Board and provides an opportunity to let the public know, in an open and honest way, how we are doing to ensure our services are addressing local need and meeting high standards.

The AQS brings together a summary highlighting what has been done to improve the quality of the services we provide and commission, in order to drive both improvements in population health and the quality and safety of our healthcare services.

The AQS should enable the health board to:

- provide an assessment of how well we are doing across all services, across the patient pathway, including social care and the third sector;
- promote good practice to share and spread more widely;
- confirm any areas which need improvement;
- build on the previous year's AQS, report on progress, year on year;
- account to our public and other stakeholders on the quality of our services; and
- engage the public on the quality of services received from the Health board to help inform the AQS content.

2. BACKGROUND

On 23rd December 2019 – a Welsh Health Circular (WHC/2019/042) was issued outlining the AQS Guidance for 2019/2020. The WHC confirmed that the English AQS was to be completed by 29 May 2020.

The WHC confirmed that the AQS needs to encompass all key themes in line with the *Health and Care Standards for Wales* and the *NHS Wales Outcome and Delivery Framework*. It should also provide the opportunity to reflect improvements being made to services in line with the expectations set out in *A Healthier Wales*, the Social Services and Well-being (Wales) Act 2014 and the Well-being of Future Generations (Wales) Act 2015.

The AQS should be presented in a way that can be understood by those who use our services, written in plain English, jargon-free, and use visual graphics to underline key messages. To ensure national consistency in approach, a template with more detailed advice is also provided within the WHC.

Unfortunately, the Stakeholder Reference Group that was due to be held on 5 March 2020 was cancelled. Due to implications of COVID-19 there has been interruption in our ability to engage with the public/groups in a manner in which we would normally.

On 19 March, the health board received an email that, given the consequences of COVID-19, the AQS was likely to be delayed for a minimum of 2 months. This was clarified further on 8 April, again via email, that the AQS would be delayed until end of September 2020.

On 27 May Welsh Government issued a letter confirming the AQS would be delayed until 30 September.

The health board has also received confirmation that due to the boundary changes, with Bridgend moving over to Cwm Taf Morgannwg UHB, we would only need to present our current data. We should, however, provide an explanation that due to the boundary changes the current data is not comparable.

On 18th August, the AQS was presented at the Stakeholder Reference Group and we are currently working with the Group to produce an easy-read version of the AQS.

A welsh language version of the AQS will be produced after the AQS has been formally approved by the Board.

The AQS has been reviewed by Internal Audit and also at the following group and committee meetings. Comments have been noted and have been/are being included within the document:

2nd September Informal Executives meeting

9th September Quality & Safety Governance Group meeting

9th September Formal Executives meeting

10th September Audit Committee meeting

The AQS is also being reviewed at the following committee and Board meetings:

22nd September Quality & Safety Committee meeting

24th September will go to the SBUHB Board meeting

Final submission to Welsh Government and publication of the AQS will take place prior to 30 September 2020.

3. GOVERNANCE AND RISK ISSUES

The Board is accountable for the AQS and must assure itself, through internal assurance mechanisms, including internal audit, that the information published is both an accurate and representative picture of the quality of services it provides and the improvements it is committing to.

The AQS is a public document and in order to be accessible to all, will be available in an easy-read form. A bilingual AQS will also be published electronically on the health board's website, with hard copies being made available on request.

As noted above, due to implications of COVID-19 there has been interruption in our ability to engage with the public/groups in a manner in which we would normally.

4. FINANCIAL IMPLICATIONS

There are no financial implications arising from this report.

5. RECOMMENDATION

Members are asked to:

- **APPROVE** the AQS

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
<p>The AQS provides the health board's resident population and provides an opportunity to let the public know, in an open and honest way, how it is doing to ensure its services are addressing local need and meeting high standards.</p> <p>The AQS also provides a summary highlighting what has been done to improve the quality of the services, in order to drive both improvements in population health and the quality and safety of healthcare services.</p>		
Financial Implications		
There are no financial implications arising from this report.		
Legal Implications (including equality and diversity assessment)		
There are none discussed in the report.		
Staffing Implications		
None discussed in the report.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
<p>The AQS includes accounts of work which is aimed at supporting a healthier, more equal population, and which supports community cohesion.</p> <p>The AQS aims to engage with the health board's population and public to prioritise services for the future.</p>		
Report History		
Appendices	Appendix 1 – Draft Annual Quality Statement	

Swansea Bay University Health Board

ANNUAL QUALITY STATEMENT



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Bae Abertawe
Swansea Bay University
Health Board

2019 - 2020



Thank you
Swansea Bay University Health Board

When everything's dark, and you feel alone
Too scared to talk or pick up the phone
When it feels all is lost and you just want to run
It won't rain forever, just wait for the sun
The storm always passes the sky will turn blue
So wait for the sun, and your dreams may come true
You're never alone, no matter what you've done
So just ride the wave, and wait for the sun

Strange things we remember, and other forget
Life is a patchwork of joy and regret
It can be tough there is no doubt
But hope is the thing we can't do without
So let's look forward, and make life a blast
With sadness and pain a ghost of the past

Business Manager, Corporate Nursing Quality
Safety & Business Team
Swansea Bay University Health Board



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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.

This year's AQS is slightly different as this is our first year as Swansea Bay University Health Board, this means any comparisons we provide from last year will not be an accurate statistic as they would include data from services which now fall under Cwym Taf University Health Board.

To avoid any misrepresentation, we are providing you with the last year's figures only. Next year we will go back to providing year on year data.

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



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Chief Executive (CEO): Tracy Myhill



Interim Chairman: Emma Woollett

FOREWORD

We are delighted to present our first annual quality statement for our newly formed Bae A bertawe/Swansea Bay University Health Board. With the Bridgend boundary changes having taken place on 1st April 2019, there has been a real sense of excitement as we have developed our future plans and ambitions for Swansea and Neath Port Talbot. Of course, we ended the year at a significantly challenging time not just for the Health Board, Wales or the UK, but on a global-basis, where the world continues to respond to the Covid-19 pandemic. We are grateful for the commitment and response we have seen from our staff as the pandemic has heightened. Our staff have been truly incredible, and is testament to the hard work and commitment our people bring to their roles every day. We also recognise that this is an extremely anxious and worrying time for all, and we still do not know what the future is going to bring. However, we are clear that we must take every opportunity to learn from the significant changes we have made and 'lock-in' improvements wherever we can. Over the last year, we have also continued to make progress in terms of improving patient care and developing our strategy: Better Health, Better Care, Better Lives. We continued with our determination to put health and wellbeing at the forefront of our delivery for the population we serve. A 'whole systems' approach is enabling each of our GP clusters to lead an integrated health and social care system for their area; made up of voluntary services, GP practices and integrated health and social care team managers,

delivering a range of primary care and wellbeing services through your GP. Delivering Better Health, Better Care, Better Lives could not be achieved without the support, challenge and commitment of our partners, particularly Neath Port Talbot and Swansea local authorities, our local charities, Swansea University and Welsh Government.

Following the boundary change, our regional partnership board was renamed the West Glamorgan Regional Partnership Board, and it is through this collaboration that we have developed not only our primary care and 'Hospital to Home' services but also a new approach to child and adolescent mental health services (CAMHS), along with our framework for adult mental health services.

One of our aims is to have happy, well trained, and motivated staff, which will ensure that staff are able to give our patients the highest standard of quality of care and experience. Two key developments were the commencement of our programme of leadership summits, providing up to date thinking in leadership best practice, and the pilot for the Guardian Service, which provides an independent service for staff to speak out.

In November 2019, we were delighted to have one of our nurses, Jean Saunders, named as the Royal College of Nursing Wales 'Nurse of the Year' for her work to support asylum seekers in her care. This wonderful achievement demonstrates the importance we place on patient care and experience, as well as equality and diversity.

This year has been challenging in that our unscheduled care performance, whilst improvements were evident, was below where it needed to be. Although the number of emergency admissions was not significantly higher than before, those who were admitted had higher complexity of conditions, with longer stays in hospital, and created significant operational pressures. These factors, combined with the fact that we were unable to reduce our cost base following the Bridgend transfer, meant that we were unable to deliver the breakeven position we had hoped for at the start of the year. To overcome these issues, we worked on a comprehensive plan for the winter, with 'Hospital to Home' a key component, and we did start to see sustainable improvements after Christmas.

Finally, we thank our staff, volunteers, patients, partners, and local communities for their generous donations and for supporting us to continue to provide care to our patients and improve the health of our local population, especially during the difficult period since the beginning of Covid-19.

We wish you all well and stay safe in these difficult times.

Health & Care Standards

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

Staying Healthy

Supporting People to manage their own Health and Wellbeing

Page 19

Safe Care

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

Page 29

Effective Care

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

Page 37

"All health services in Wales need to demonstrate that they are doing the right thing, in the right way, in the right place, at the right time and with the right staff."

Health and Care Standards
April 2015



Dignified Care

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

Page 49

Timely Care

Giving people timely access to services based on clinical need.

Page 55

Individual Care

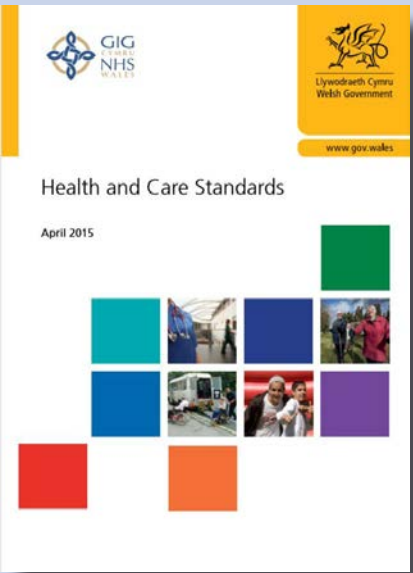
Treating everyone as an individual, ensuring that their care meets their own needs and responsibilities

Page 63

Our Staff and Resources

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

Page 69



An Introduction to Your Health Board

Please note !

From March 2020, activity has been affected across all sites due to the preparation for COVID 19

During 2019 - 2020 Swansea Bay University Health Board (SB UHB) provided:

Maternity Admissions - 15, 141

Emergency Dept. & Medical
Investigative Unit Attendances (MIU) -
122,807

Day Cases - 35,324

New out-patient attendances - 175,460

Follow up out-patient attendances - 333,637

Births - 3,631

7

Regular Day Attendances - 16,137

8

In-patient admissions - 60,941

SB UHB Covers a population of 390,000

SB UHB Manages a budget of £1 Billion

SB UHB employs approx. 12,500 staff

SB UHB has 49 GP practices,
72 dental practices, 31 optometry
practices and 92 community
pharmacies.

Hello!

An Introduction to Swansea Bay University Health Board (SB UHB)



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Bae Abertawe

Swansea Bay University
Health Board

On 1st April 2019, Abertawe Bro Morgannwg University Health Board changed its name to Swansea Bay University Health Board (SB UHB).

The new name reflects our new geographical area, covering Swansea and Neath Port Talbot. This is because the responsibility for healthcare services for people in the Bridgend County Borough area has now moved to Cwm Taf Morgannwg University Health Board.

The change in boundary is an administrative change and will not affect the way patient care is delivered. No services are being reduced or lost and patients will continue to travel to the same place as they do now to receive their care.

In June 2018 the Minister for Health and Social Services Vaughan Gething announced that responsibility for providing healthcare to the Bridgend population would transfer from Abertawe Bro Morgannwg UHB to Cwm Taf UHB in order to strengthen partnerships arrangements for Bridgend County Borough Council.

Like ourselves, Cwm Taf has also changed its name to reflect this change, to Cwm Taf Morgannwg UHB.

Primary care independent contractors play an essential role in the care of our population and the health board commissions services from GPs, opticians, pharmacists and dentists across the area.

Mental health and learning disabilities services are provided both in hospital and community settings.

The Welsh Centre for Burns and Plastic Surgery at Morriston Hospital covers not only south and mid Wales, but the south west of England. Morriston also delivers one of two cardiac surgery services in Wales.

Other specialist services provided by the health board included cleft lip and palate, renal, fertility and bariatric (obesity).

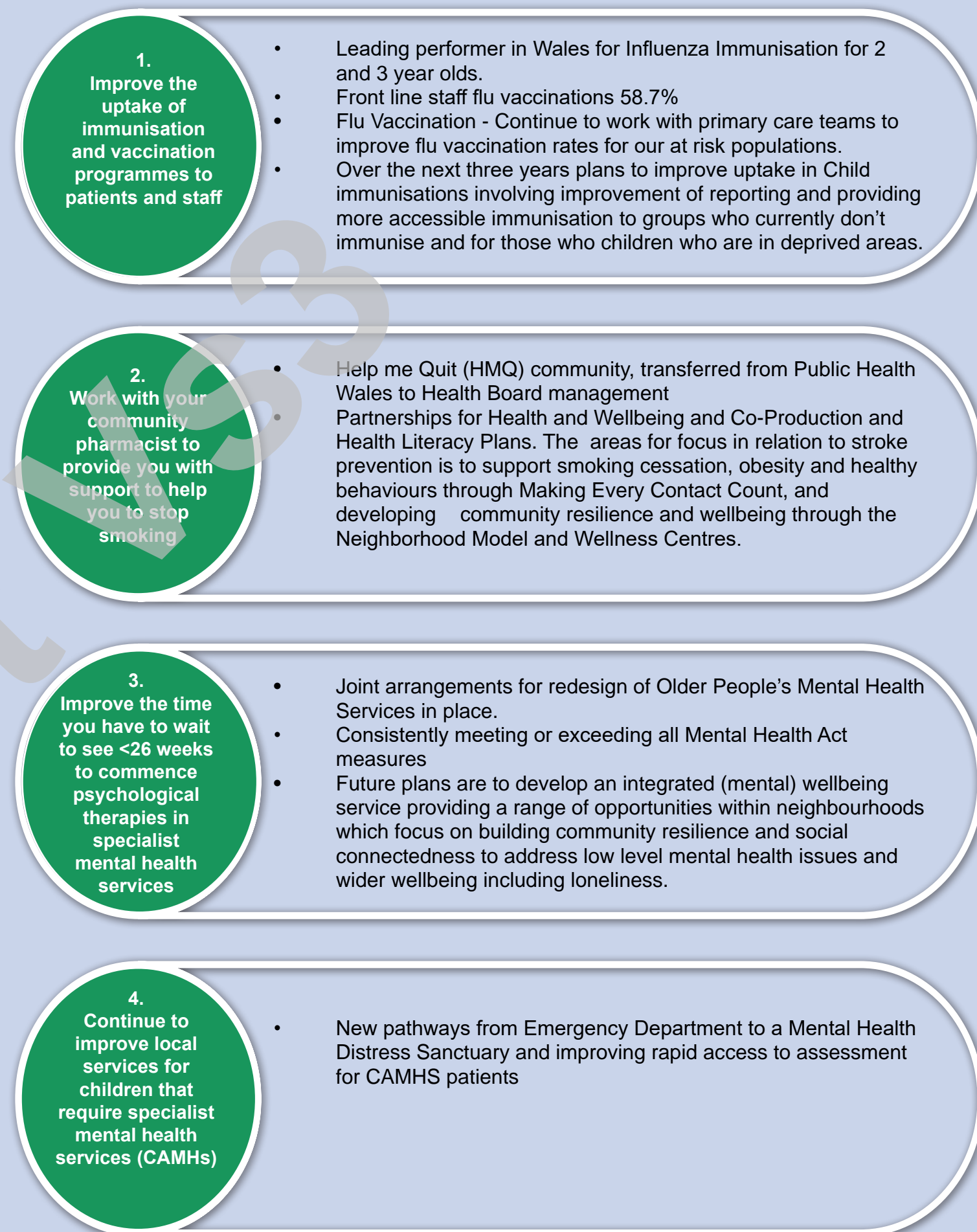
Forensic mental health services are provided to a wider community which extends across the whole of South Wales.

Chief Executive, Tracy Myhill, said "This transition presents us with many opportunities. Our Health Board is smaller than we were as ABM UHB serving a population that is 28% smaller in fact. This presents an opportunity to work more closely and strengthen our cohesion across what is still a large organisation despite being smaller than we were.

We can also be more focused in our partnership arrangements, particularly with Hywel Dda Health Board, with Swansea and Neath Port Talbot local authorities, and with the universities in South West Wales.

Making our brand name - Swansea Bay University Health Board – synonymous with improving population health and wellbeing, great quality care, services, people, and innovation is very much part of our ambition for this health board and I look forward to the support of everyone as we enter this new chapter."





- Funding is currently being sourced for a Foetal Surveillance Midwife post
- Plans include the implementation of central monitoring to safely monitor babies' wellbeing in labour and to identify any need for clinical changes to birth plans.
- Plans for early intervention and prevention to ensure high quality and accessible neonatal and critical care after birth are in place.
- Completing the new Neonatal Transitional Care Unit Hospital ensuring appropriate capacity across the region implementing the recommendations of the South Wales Programme.

- Care At Home and Keep Me At Home – to keep people at home
- Supporting the Joint Falls Response service as well as continuing to support the roll out of the 'I Stumble' and 'I Fell Down' falls assessment toolkits across all Residential and Nursing Homes in 2020/21.
- A Falls lead has now been appointed nationally who will work with the Health Board to further develop the model and plans for the Level 2 response in our area.

- HB continues to focus on reducing Healthcare Acquired Infections, delivering our Hospital to home service and rolling out our Cluster Transformation model across the Swansea Bay area.
- During the last reporting period (2018/19) our Health Board improved in 40 of the 67 themes within the Welsh Government performance measures, and fully met the target in 19 of the measures.
- There has been significant decrease during 2018/19 in the number of Healthcare Acquired Infections.

- The Health Board achieved a 7% reduction in reported pressure areas this year; significantly there was been a reduction in serious pressure ulcers (reported to Welsh Government) of 23%. This was largely achieved through raising awareness with carers, patients and staff of the importance of movement in reducing risk of skin damage from pressure areas.

- A transparent approach to ensure that we learn from feedback from our patients and families that comes via complaints and concerns processes.
- Monthly audits on closed complaint responses through the work of the Concerns, Redress and Assurance Group.
- A new 'Serious Incident Toolkit' to help reduce variation of approach investigating and responding to serious incidents is specifically designed to maximise staff and patient/family engagement.
- Developed a patient & staff story toolkit to share experience to help improve services with Digital storytelling is creating real change.

- Plans in place to recruit ED consultants, Acute Care Physicians, multi-disciplinary teams, therapists, theatre staff, HCSW and radiographers via a number of service initiatives and care planning
- Support the expansion of Advanced Paramedic Practitioners via WAST
- Plans to develop the H2H service which includes the expansion on community therapists , aligned to University leavers timeline
- Redesign the Acute Care Teams within resources
- Continue active nurse recruitment to ensure safe and compliant staffing levels as described in NSA

- We will be working to improve End of Life care to offer a better choice to people who wish to die at home, to improve the quality of end of life and reduce the number of people (an average age of 30 per week), who spend their final days in our hospitals.
- End of life care including provisions for the child to die in their own home, access to support from Ty Hafan and ensure bereavement support for the family during and following the child's death.

- Plans to develop an integrated (mental) wellbeing service
- Supporting the ambition of 'A Healthier Wales' through our West Glamorgan partnership arrangements.
- Successful implementation of Our Neighbourhood Approach should reduce the cost of admissions to hospital, primary care and residential placements
- Care At Home and Keep Me At Home - which enhance care delivery in or close to the patient's home where clinically safe and appropriate
- Working with the Welsh Ambulance Service Trust (WAST) to deliver improvements in the quality of care and timeliness of 999 responses, and handover at our front door.

- Over the next three years we will seek to address two areas to improve services for people with learning disabilities. We will work to reduce health inequalities through consolidation of specialist pathways including autism.
- Integrated Services and Children and Young People. The Area Plan focuses on the following five themed chapters where regional working has been identified as adding the most value; including Learning Disabilities and Autism.

- Providing the best bed based care when needed, these are; good hospital care through efficiency and quality, timely access to emergency or urgent care and improving timeliness of discharge.
- Through Older People's programme improve quality by planning to improve Orthogeriatrics and surgical liaison to reduce length of stay and improve outcomes for older people.
- Implementation of the Nurse staffing Act has reduced the amount of falls, complaints, pressure damage and medication errors due to improvement in quality of care.
- Review criteria, use and skill mix for our rehabilitation inpatient capacity through partnership arrangements for longer term residential care.

15. Introduce Single Cancer Pathway which will reduce overall waiting times, early cancer diagnosis and improved patient experience

- The Health Board is the one of two Health Boards that deliver the whole pathways of cancer care. Within the Cancer Whole System plan our priorities are to deliver the Single Cancer Pathway, improve our performance and to implement optimal pathways through quality improvement approaches with particular focus on breast and lung cancer pathways. Our vision is to “provide the best possible cancer care for the people of South West Wales”.
- Our patients, health professionals and service planners will have access to appropriate information to help them make informed decisions about care and treatment as well as the ability to routinely access patient information about cancer presentation, access to treatment and outcomes.

16. Build on the progress made embedding an integrated cluster approach to primary care, supporting people to develop healthier lifestyles

- Successful in securing funding to implement the Primary Care Model for Wales through our Primary Care Clusters, and we are the only Health Board in Wales to be doing this across all of our population area.
- Working closely with our Local Authority and other partners to improve our service delivery.
- Continuing to improve our delivery of the Wellbeing of Future Generations FG Champions and sustainable travel.

17. Continue to improve access to dental services in both routine and urgent dental care

- Contract reform in dental, community pharmacy and general medical services is helping the move from a “reimbursement for treatment” to a “reimbursement for prevention” model, in turn, incentivising better value healthcare.
- Continuing with ongoing work of pushing the boundaries of the current General Dental Service's contract through a range of new approaches which are included in our Oral Health Delivery Plan.
- Further develop oral health pathway and continue to deliver on the transfer of services from hospitals to primary care settings to improve access for the most vulnerable patients within our population.

18. 'Guardian Service' to provide support to staff who raise concerns regarding any worry or risk in the workplace, including patient safety.

- Listening and Supporting Staff to Raise Concerns - These include the commissioning of ACAS to run workshops for managers, HR and Trade Unions in addressing inappropriate behaviours at work, including bullying.
- 24/7, 365 days per year Guardian Service provides independent, confidential and non-judgmental support to staff raising concerns focussing on working with individuals and the organisation to reach a resolution. This can be in relation to any worry or risk in the workplace, and/or patient safety. Available to all employees, the service compliments all other staff support services such as Trade Unions, HR, Chaplaincy and Wellbeing Services

19. Build on our improved compliance with staff appraisals as well as sustained improvement in statutory and mandatory training.

- Maintained PADR compliance at 69% - all clinical areas now at Welsh average status or above, Statutory and Mandatory compliance 81%
- The overall percentage of PADR's recorded within ESR for the Health Board is 72.03% for January 2020. This is an increase on April's figure of 63.79%.
- PADR training will be mandatory for all new managers who have people management responsibility.
- A research project is being undertaken which will make recommendations to improve future compliance.

20. Roll-out our leadership development programme for both junior and senior staff

- The development of core people management skills will continue at pace to ensure that all new and existing managers have the skills to effectively manage individuals, teams and services, underpinned by our organisational values. We have delivered our Footprints leadership development programme which is aimed at band 4-7 staff to over 1000 managers
- We developed our programme Bridges for senior managers. 100 senior managers have attended so far. We also launched a programme in 2019 the Managers Pathway which supports new managers to undertake their roles efficiently and effectively.

**21.
Develop a
management
pathway to meet
the needs of
individual staff**

- Widening access through diverse talent pathways – award winning Apprenticeship Academy
- Support the development of the Innovation Management Pathway.

The flag of Bhutan is shown within the outline of the country. It features a white triangle on the left containing a red five-pointed star with a golden wheel in the center. The rest of the flag consists of horizontal stripes of yellow, red, and black.

17

The flag of Ethiopia is displayed within the outline of the country. It features a green triangle at the top, a yellow triangle in the middle, and a red triangle at the bottom. In the center is a blue circle containing a yellow eight-pointed star.

18



Nicola Ryder, personal assistant, Christopher Stevens, events volunteer, and The Rally social media expert, Ben Lahouel

Rallying call for men to look after their wellbeing

A new support group for men in Swansea Bay concerned with their mental health is attracting huge interest from across the region.



The group, which was initiated by Mo Sykes, the Llansamlet ward councillor for Swansea, alongside a group of dedicated volunteers, meets weekly and has attracted more than 1,400 followers on its Facebook page.

Known as The Rally, it offers a safe place for men to meet and offer peer to peer support as well as access to counsellors if requested. There are also advanced plans to set up a similar group for women.

Mo said “It’s beginning to be spoken about more, particularly with men. The more people we open up to and reach out to, the more obvious it is that this and services like it are needed. Anything that anyone can do to improve the quality of connections between people in communities is really important. We do a variety of things, we have a safe space for the guys to come and have a chat and a bit of mutual support, and we have experienced counsellors there, so if anyone needs individual support we can provide it.

Our age range at the moment goes from mid 20s to over 60. We average around a dozen people but we also have a Facebook group which sees more than 1,400 people engaging on social media. They have a mixture of loneliness, isolation and depression, some may have suicidal thoughts, post-traumatic stress disorder, absolutely anything at all related to mental health and wellbeing.”



Mo Sykes

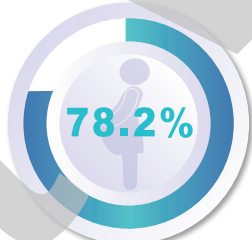
The group is being supported by the Cwmtawe Cluster, a group of three GP surgeries in the Lower Swansea Valley. Dr Iestyn Davies, Cwmtawe Cluster lead, said “Thankfully there is a growing awareness of the delicate subject of mental health issues, especially amongst men, and people are more prepared to speak out and ask for help.”

Fight against Flu



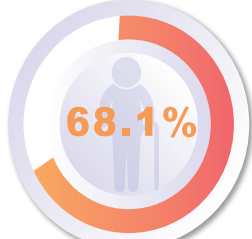
The King of the North joined the ranks of the Swansea Bay University Health Board flu fighters this year. Instead of rallying support against the Night King and the White Walkers, our hero encouraged everyone to mount a fight against flu by ensuring they have the vaccination.

The professional Jon Snow lookalike, pictured above, starred in a series of short, social media videos and on posters that capitalised on the popularity of the epic Game of Thrones TV series and the heroic character's catchphrase "Winter is coming".



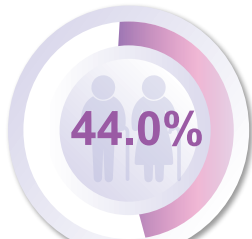
*% Uptake Flu Vaccine
in Pregnant Women*

Maternity services continue to offer Flu vaccination to all pregnant women. Our Point of Delivery audit showed that 92.7% of all women questioned could recall being offered Flu vaccine. We continue to remind women at antenatal visits and by using social media to increase awareness of the importance of Flu vaccine.



% Uptake of Flu Vaccine in over 65's

Uptake of flu vaccine in patients over 65 years fell short of National target set by Welsh Government.



% Uptake of Flu Vaccine in under 65's in at risk groups

Uptake of flu vaccine in patients under 65 year's in at risk group fell short of National target.



Members of staff who have been working on the project, with a patient, in Morrilton hospital

It's a problem which can delay rehabilitation, cause pain and even endanger lives. Staff at Swansea Bay University Health Board (SBUHB) have taken part in a successful drive to reduce the chances of patients with limited mobility developing pressure ulcers.

Now they have been nominated for an NHS Wales Award.

Pressure ulcers – sometimes misleadingly known as bed sores – are often preventable, but can cause patients unnecessary discomfort, and can even endanger life if they become infected, sometimes leading to claims of negligence. To address the issue, SBUHB has teamed up with the Welsh Risk Pool (WRP), which supports health bodies in Wales to improve patient safety.

The results have led to the nomination in the Providing Services in Partnership category of the NHS Wales Awards 2019. Through working in partnership with the WRP and health care professionals, SBUHB has ensured it looked at the topic with a fresh pair of eyes.

The aims of the partnership were to:

- Better understand the issues contributing to pressure ulcers
- To identify causal factors leading to pressure damage
- To work with the tissue viability teams across Wales to identify good practice and areas for development
- To share learning across both organisations
- To improve patient safety and outcomes
- To develop a strategic quality improvement plan for the organisation which could be replicated in other health boards
- To reduce the incidence of healthcare acquired pressure damage occurring within SBUHB by at least 10% across both the in-patient and community population.

A special task force was set up to implement change. Unit Nurse Director Lesley Jenkins said “We established the Pressure Ulcer Prevention Strategic Group (PUPSG) after recognising that pressure damage prevention cannot be achieved in isolation by nursing staff. PUPSG is a multi-disciplinary collaboration with representatives from the service delivery units within the health board, including representatives from specialist tissue viability nurses (TVNs), physiotherapy, occupational therapy, dietetics, safeguarding, corporate nursing and serious incident team representatives. To help keep the impact on patients at the forefront of our minds PUPSG meetings are started with a patient story.”

The results have been extremely positive so far.

Lesley said “The organisation has seen a reduction in pressure damage across the Health Board with some acute hospital sites seeing a significant improvement in the number of incidents reported. This highlights the steady and sustained reduction in serious pressure ulcers during the lifecycle of the project to date.”

The lessons learned from the study will now be shared throughout the Health Board and NHS across Wales.

Pressure Ulcer Figures from April 2019 - March 2020

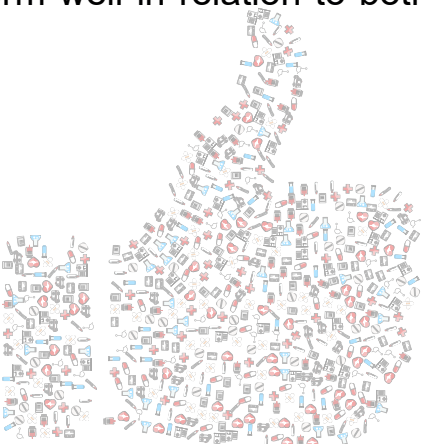
Community	354
Hospital	283
Total Number of Pressure Ulcers - 637	
Grade 3+ (Serious PU's - SI's reported to Welsh Government)	178


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 staff have continued to perform well in relation to both these standards.

Unfortunately, the last year has been an extremely challenging one for the Health Board in relation to a number of infections, in particular *Clostridium difficile* infection and *Staph. aureus* bloodstream infections.

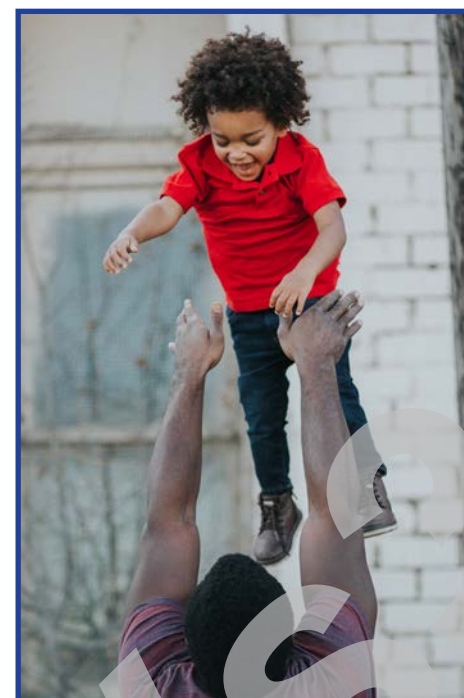




E.coli
bacteraemia
317

Staph.aureus
bacteraemia
133

The NHS in Wales is committed to protecting and safeguarding the welfare of vulnerable adults and children. NHS Wales has an essential role in ensuring that all adults and children receive the care, support and services they need in order to promote a healthy, safer and fairer Wales. Safeguarding both adults and children is everybody's business from the Board to frontline staff both within the organisation and contracted services. We work with multi-agency partners, the West Glamorgan Safeguarding Board and support the Service Delivery Units within the Health Board to ensure their staff are trained and supported appropriately to keep those at risk safe.



SBUHB promotes a positive culture of multi-agency learning to generate and support continuous improvements in service delivery and practice.

Effective Care • Effective Care • Effective Care • Effective Care Effective Care • Effective Care • Effective Care • Effective Care Effective Care • Effective Care • Effective Care • Effective Care Effective Care • Effective Care • Effective Care • Effective Care Effective

Without the prescriptions being validated by pharmacists, there isn't an alternative method of supply but our pharmacists' time is best placed at the bedside, making that clinical intervention and in a clinical setting – where they make the most of their experience.”

A shortlist of specialist companies was drawn up. Following a rigorous selection process, UK-based human+ was selected as automation partner.

Mr Morgan said: “We decided to look at rheumatology, partly because it is by far the largest specialty for this type of medicines supply and also because we have pharmacy teams embedded within rheumatology. We designed what is known as a process definition document that clearly detailed exactly what the pharmacist does and therefore what we expected the bot to do because the bot would purely mimic the role of the pharmacist.

We know the bot doesn't have the years of experience and the qualifications the pharmacists have in order to clinically check these prescriptions. But using the process definition, it was able to check and either validate the prescriptions or not validate them, with an explanation of why not. Every prescription checked by the robot, the pharmacist also checked just to ensure all policies and procedures were adhered to and ensure the bot was doing exactly what we asked of it.”



Medicines Homecare team manager Reuben Morgan while the software runs on-screen in the background

RPA was used over a three-month period ending in October. Mr Morgan said proof of value was demonstrated, with RPA taking a third of the time to check prescriptions as a pharmacist would. Mr Morgan said “It has demonstrated to us that there are so many other processes we can use RPA on, one of which we are investigating further. Hopefully we can roll that out over the next few months.”

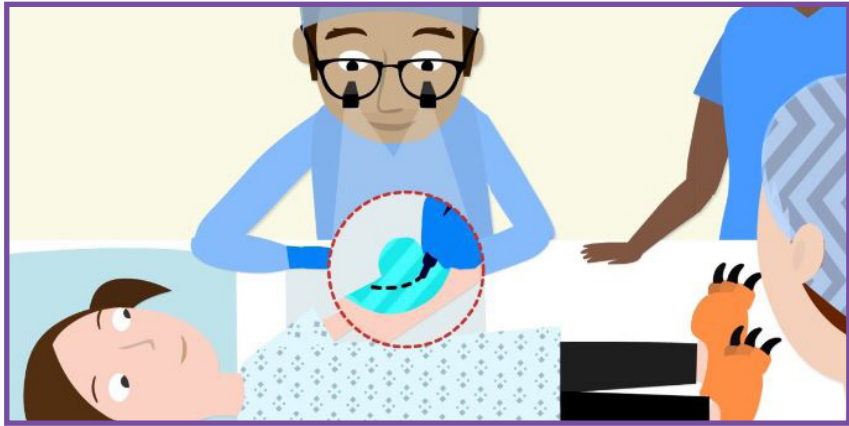
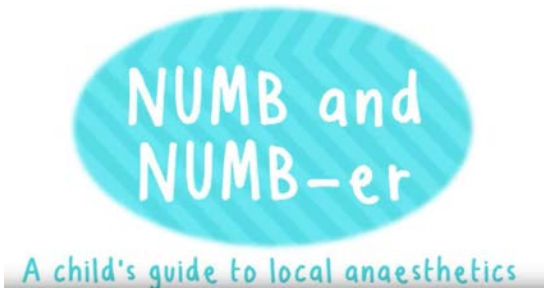
Cartoon will put young patients at ease

Plastic surgeons in Swansea have joined forces with a BAFTA winning animator to help children recover faster from minor surgery.

They have produced a cartoon called Numb and Numb-er, which shows young patients the benefits of opting for a local anaesthetic over a general anaesthetic where suitable.



Plastic surgery registrar Richard Thomson



Screenshot from Numb and Number

These include being able to watch cartoons, listen to music and even ask the surgeon questions while they're on the operating table. Most importantly, children who have a local anesthetic recover and leave hospital much quicker.

“We are so delighted with the new film that could make such a significant difference to children locally and worldwide,” said Nick Wilson-Jones, Consultant Paediatric Plastic and Reconstructive Surgeon at the Welsh Centre for Burns and Plastic Surgery in Morriston Hospital. “It is one of those rare situations when we can improve patient care and experience at the same time as reducing costs. Local anaesthetic is often suitable for children having surgery on minor lumps, bumps and injuries, but not always taken up.”

Nick and plastic surgery registrar Richard Thomson called in Emma Lazenby of ForMed Films to help them convey the message because of her proven track record with their target audience. Over the years she has worked on the popular CBeebies cartoon Charlie and Lola as well as for the world famous Aardman Animations, the makers of Wallace and Gromit, and Disney. In 2010 Emma also won the BAFTA for Best Short Animation for her touching film Mother of Many, about the work of a midwife.

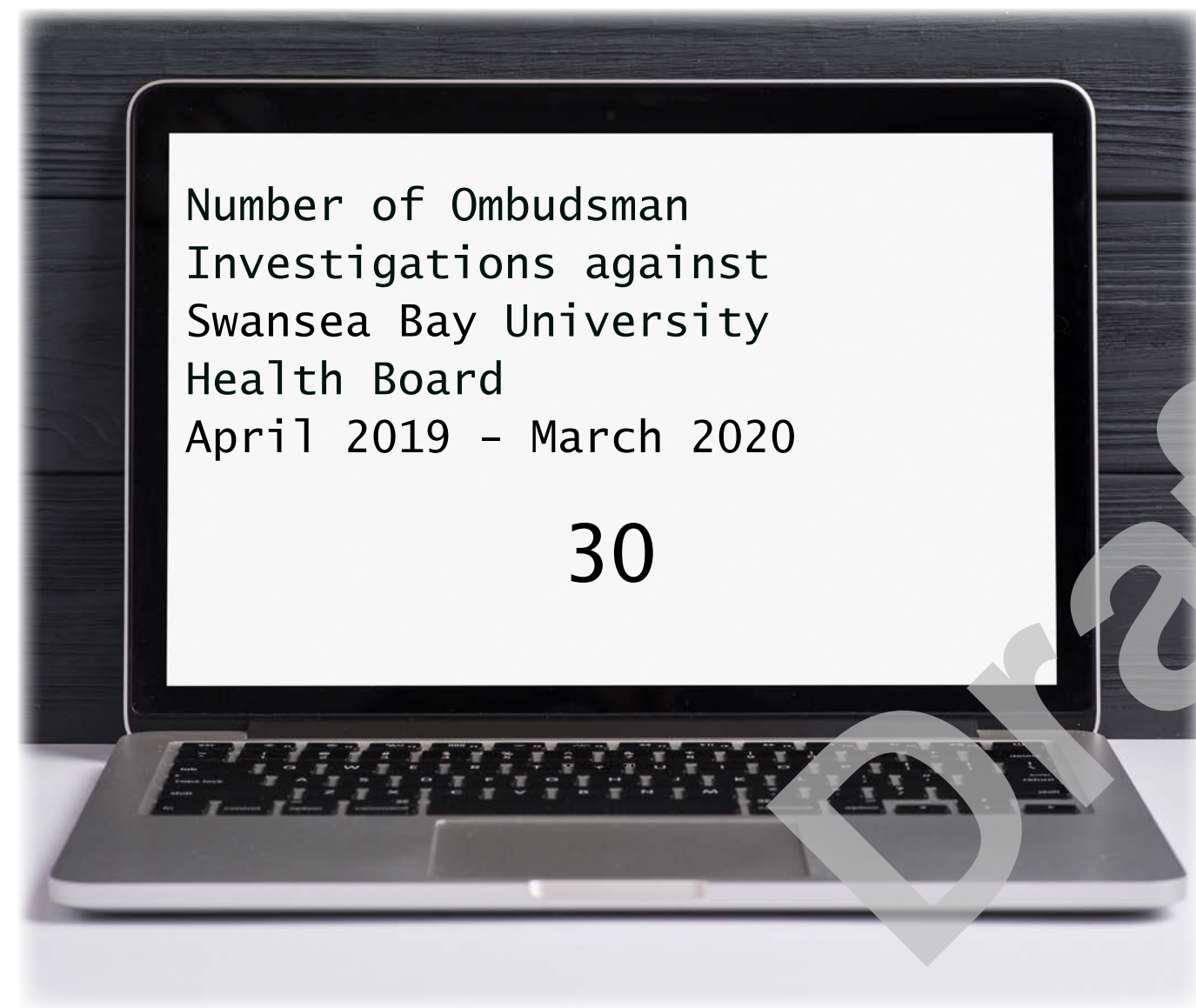
She shadowed Nick and Richard during their working day, recording actual conversations with patients, the patients themselves and the real sounds of the operating theatre to incorporate into the three-minute cartoon, which has been paid for by charitable funds.

“It takes a lot of research and just working out what are the key things that need to be said and what children need to know,” said Emma. “Shadowing the surgeons and talking to the children before and after their surgery helps me to understand and convey what it's really like. I'm really interested to see what difference Numb and Numb-er will make.”

As well as featuring real doctor-patient conversations, Numb and Numb-er follows a patient called Megan who opts to have a local anaesthetic.

It shows how her dad is able to accompany her into the operating theatre and sit with her throughout the procedure. It also shows that she can't feel any pain thanks to the special numbing cream and medicine which inspired the title.

Ombudsman



From the 1st April 2019 – 31st March 2020, the Health Board received 30 new Ombudsman investigation. During the same period, we also received 29 final reports. Out of the 29 reports, 8 were not upheld, 17 partly and 4 upheld.

The top themes from upheld Ombudsman complaints are communication, documentation and complaint handling.

During this period the Health Board received one Section 16 (*The type of report is issued when the Ombudsman believes that the investigation report contains matters of public interest. The body concerned is obliged to give publicity to such a report at its own expense*) report which relates to the failure to take prompt and appropriate action to assess and treat the patient's stroke symptoms and manage the fluid and nutrition requirements. The Ombudsman further found that the Health Board's documentation was poor. The Ombudsman also partially upheld that Health Board failed to take appropriate action to refer the patient to relevant specialities. The Ombudsman concluded that the failures identified in this case presented a wider learning opportunity for all Health Board's across Wales..

At present (as of the 11th August 2020) the Health Board has 34 open Ombudsman investigations.

Health Inspectorate Wales (HIW)



During the period 2019 - March 2020, there were 10 HIW reports published, which covered a wide range of services provided by Swansea Bay Health Board. There were three further inspections which took place within the timeframe considered, however the Health Board still awaits publication of these reports.

In addition to the above, the Health Board was also made part of an All Wales Maternity Review which HIW are currently undertaking. HIW requested a great deal of documentation from the Health Board, which has been provided to them for review. HIW due to attend the Health Board Headquarters in April 2020, to continue their review and interview key members of staff. The interviews have since been postponed due to the coronavirus pandemic and will be re-arranged at a later date.

Dental and GP Practices

The majority of the reports published during this period were for GP and Dental Surgeries, which are covered by Primary Care. The GP Surgeries were all deemed to be providing safe and effective care to their patients. Recommended improvements made following two of the inspections these were in relation to the safe recruitment of staff and the process of ensuring staff have the appropriate Hepatitis B immunity.

Dental Surgeries were also deemed to be providing safe and effective care, with no immediate concerns or improvements to be addressed. General improvements were required for example, more information should be provided for patients to show how their feedback has improved the service.

The practices respond to HIW with their own improvement plans and do not currently have assistance from the Health Board. The Health Board's processes mean that the inspections are all recorded and regular updates are obtained, via Primary Care, in relation to any improvement plans submitted to HIW.

Community Hospitals

There were no Community Hospitals inspected between 2019 – March 2020.

Hospitals

HIW carried out inspections at all of the Health Board's major hospital sites.



Six inspections were carried out altogether between 2019 – March 2020, however only three reports have so far been published.

Reports were published in relation to Surgical Trauma and Orthopaedic services at Morriston Hospital, the Birthing Centre at Neath Port Talbot Hospital and Maternity Services at Singleton Hospital. HIW reported that they had received very positive feedback from patients during their inspections. There were limited immediate concerns and immediate improvements to be addressed, however all visits did generate improvement plans to ensure improvements were made in different areas.

One theme noted throughout the improvement plans is the need for improving staff morale, this was in relation to staffing issues and their working environment, which needed to be addressed.

The Health Board returned all improvement plans with information as to how we intended to improve on each point. All improvement plans were accepted by HIW as sufficient assurance the Health Board was working to improve where necessary. The learning has been widely shared with the Health Board's Executive Board and is regularly discussed at the Health Board's Quality and Safety Meetings.

The three reports which are awaiting publication relate to inspections of Paediatric Services (covered by Singleton Service Delivery Unit), Radiology Services (covered by Morriston Service Delivery Unit) and Morriston Hospital Emergency Department and Acute Medical Assessment Unit.

There were immediate concerns which needed to be addressed in relation to Paediatric Services and the Emergency Department and Acute Medical Assessment Unit. The Health Board's plans for immediate improvement have all be accepted by HIW.

Mental Health Services

HIW has published a report following an inspection of the Tawe Clinic at Cefn Coed Hospital. HIW reported that staff and patient interaction was good, however the layout of Cefn Coed Hospital was deemed to be out-dated and as a result it impacts negatively on patients and provides a difficult working environment for staff.

A concern was identified in relation to resuscitation equipment but no immediate improvement was required. HIW did however indicate a lot of improvement were required and the Health Board's improvement plan was accepted by HIW as sufficient assurance that the improvements will be undertaken.

HIW was due to carry out an inspection in relation to the Community Mental Health Team, however this has now been postponed due to the coronavirus pandemic.

Penclawdd Health Centre reopens

The new-look Penclawdd Health Centre reopened in 2019 after closing spring 2018 for an extensive refurbishment.

Five new consultation rooms have been created, along with two new treatment rooms. There is also an interview room which can be used by GPs and for community services and the offices have been refurbished to provide a fully accessible reception. The waiting room has also been updated and includes new seating and GP information and booking screens.



Checking out the new facilities. L-r: Dr Kannan Muthuvairavan, Sharon Miller, practice manager Barry Matthews and Swansea Bay primary care estates manager Jonathan Parker

New accessible public and staff toilets have also be created as part of the refurbishment, which was funded by the Welsh Government and carried out by Swansea Bay University Health Board.

GP Dr Kannan Muthuvairavan said “We are very pleased to be able to work again in the newly-refurbished Penclawdd Health Centre. The work has transformed the building into a new modern centre that will benefit the community for many years to come.”

The health centre, a branch surgery of the Estuary Group Practice, was built in 1975. It provided 20 GP surgeries a week, was used by health visitors, and offered regular sessions run by district nursing and podiatry teams. There was also a weekly GP baby clinic.



However, use of the centre was not what it should have been because of the condition of the building. It closed last April 2018 for its long-awaited refurbishment.

Dr Muthuvairavan said “Existing GP surgeries from doctors at the Estuary Group Practices will relocate to Penclawdd, as will nurse clinics. We will introduce more nurse appointments to monitor those patients with chronic diseases such as diabetes, asthma, COPD, and coronary heart disease. As there are now more consulting rooms, we will gradually introduce new services to the health centre. Podiatry and phlebotomy services will all return to Penclawdd too.”

There will be a wide range of GP and community services that will operate from the centre, in what is a now a modern and pleasant facility for patients and carers.



GIG
CYMRU
NHS
WALES

Tim Gwasanaethau Iechyd
Arbenigol Cymru
Welsh Health Specialised
Services Team

Welsh Health Specialised Services Committee
(WHSSC)

Specialised services support people with a range of rare and complex conditions which are provided in relatively few hospitals accessed by comparatively small numbers of people. 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.

The quality of care that patients and their families receive, and their experience is central to the commissioning of specialised services driving quality assurance and improvement. One of the key features of the quality assurance framework is the strengthening of the relationships between Health Boards and the role of their Quality & Patient Safety Committee. This is core to ensuring that each Health Board is assured regarding the quality of the services commissioned for their population but also to facilitate shared learning.

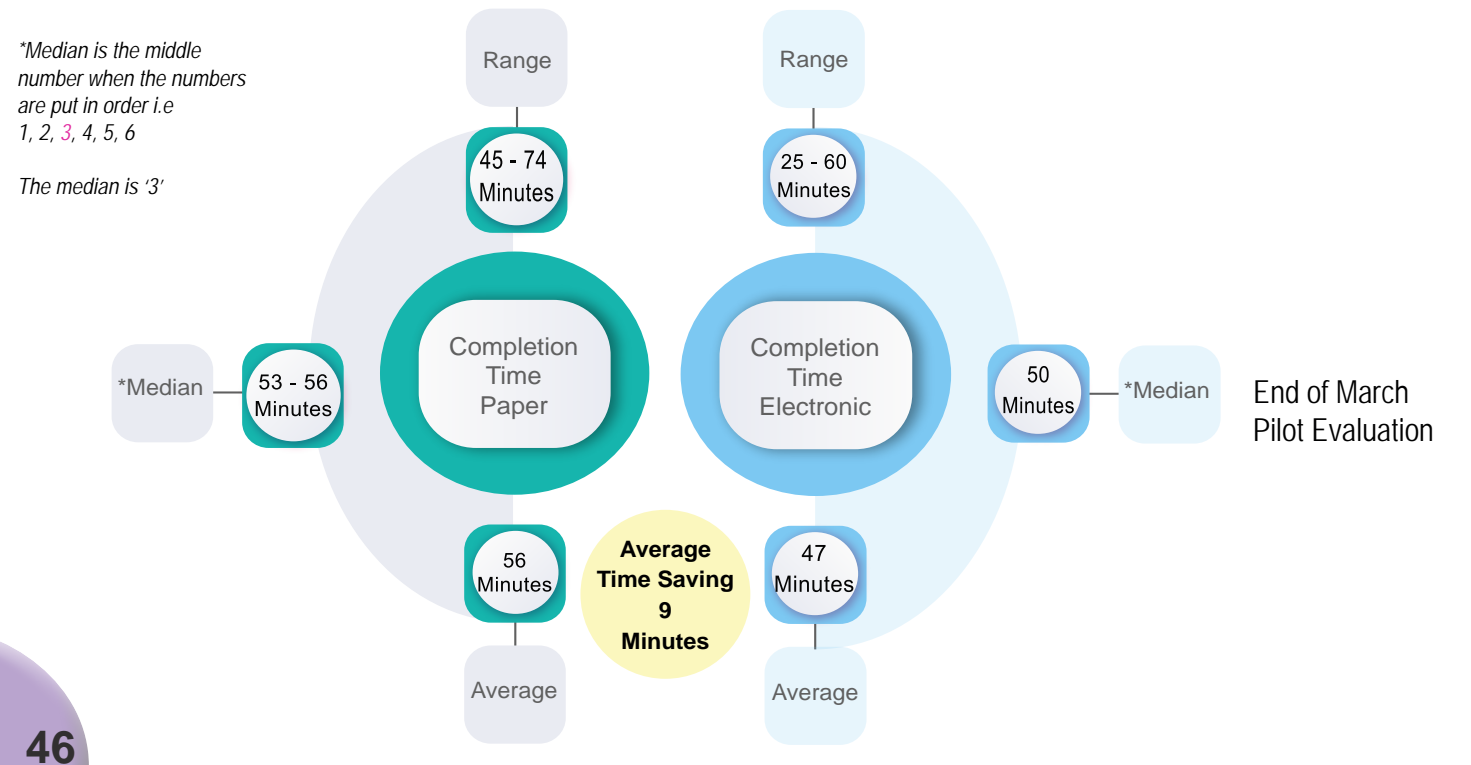


Nursing records go digital

The Welsh Nursing Care Record (WNCR) has been launched in several Health Boards across Wales. The project is transforming nursing documentation by standardising forms, and turning them digital.

Nurses will see new formats available in both paper and digital, for documents including risk assessments and adult inpatient assessments. The digital versions of the forms mean nurses will be able to complete assessments at the patient bedside on tablet computers, or other handheld devices.

Piloted on several wards throughout February and March, in locations across Wales with other Health Boards being launched at a later date. Nurses and multidisciplinary colleagues from every Health Board have been involved in the programme and have been working together for over two years to standardise the forms and create the digital process. A Clinical Nursing Lead is employed in each Health Board and leading on the introduction of the new documents.



Hospital Electronic Prescribing and Medicines Administration (HEPMA)

Swansea Bay UHB is the first Health Board in Wales to implement (HEPMA) for inpatients following investment from Welsh Government. SBUHB undertook to act as a trailblazer for electronic prescribing in NHS Wales, enabling other organisations to learn from our experience in readiness for the all-Wales Hospital E-Prescribing, Pharmacy and Medicines Administration (WHEPPMA) project. WHEPPMA will provide a national electronic prescribing solution to all hospitals in Wales.

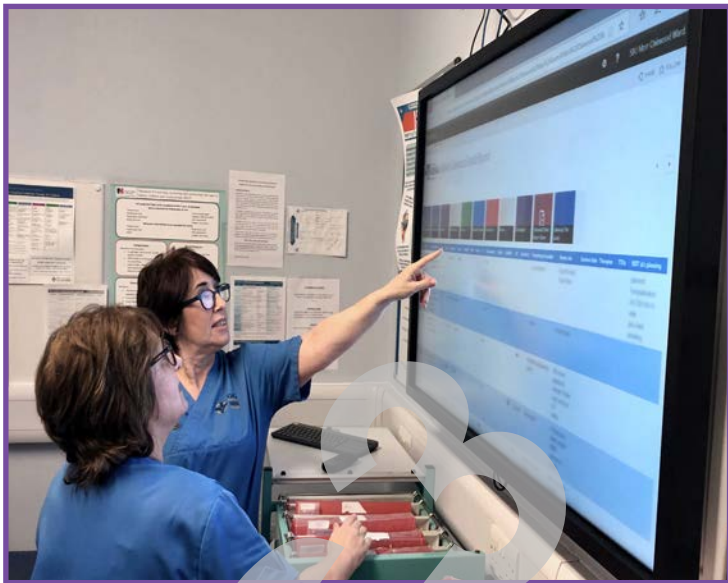


Hospital Electronic Prescribing and Medicines Administration (HEPMA) supports improved prescribing and administration processes by eliminating paper inpatient medication charts from wards, enabling the prescribing, administration and supply of medicines to be undertaken digitally using a range of devices including laptops on trolleys and computers on wheels.

Digital inpatient medication charts ensure legible, complete prescriptions, robust audit trails and are underpinned by clinical decision support at the point of prescribing indicating interactions between medications prescribed and those contraindicated due to patient allergies. HEPMA is also integrated with the Welsh Clinical Portal to populate patients' discharge advice letters (DALs) with discharge medications, removing the requirement to transcribe medications from paper charts onto a discharge summary.

Inpatient medication charts can be accessed away from the ward allowing for the continuation of prescribing, and for medication reviews to be undertaken remotely where appropriate. This functionality has been invaluable during COVID-19 by reducing footfall to the ward areas where possible.

Immediate plans are for HEPMA to be implemented across five wards at Neath Port Talbot Hospital during 2020 with further expansion into Singleton and Morriston Hospitals over the next few years.



SIGNAL

Hospital wards in Swansea Bay have replaced whiteboards and paper handovers with a digital solution called SIGNAL.

SIGNAL allows ward staff, nurses, doctors and MDT staff to share patient information in real-time across hospital wards.

The solution is now widely used across Singleton, Morriston, and Neath Port Talbot Hospitals.

How has SIGNAL helped ease the pressures in our acute hospitals? Colleagues are spending less time on handover, and chasing information from multiple sources, which means there is more time available for patient care.

“This is fantastic, and makes my job that little less stressful.” Ross, an Emergency Co-Ordinator in Morriston Hospital has been using a digital whiteboard, to help with triaging patients in need of the most urgent care.

Live patient tracking and standardised continuity of information is available as patients transfer between beds, wards, and hospitals improving patient flow and discharge.

There is also improved communication between colleagues and wards, meaning that no information is lost over time, improving patient safety significantly.



“I haven’t got to remember so much anymore...
SIGNAL remembers it all for me!”

Anne, Patient Flow Coordinator



A photograph of a family of five. A man with short brown hair and a mustache is smiling on the left, wearing a dark red and white shirt. A woman with blonde hair is smiling on the right, wearing a brown jacket. Between them are three children: a young girl with blonde hair in a grey shirt, a boy in a white shirt with a red and black graphic, and a younger child in a yellow shirt. They are all looking towards the camera in front of a large window with a wooden frame.

50

After engaging with the team, these young parents were also more likely to remain with their children. There were also health improvements: high levels of smoking cessation, alcohol abstinence, longer breastfeeding duration and better diets.

Staff also took the young parents to food banks, provided advice on employment, education, housing or universal credit issues, leaving them feeling more supported and better prepared to be a parent. Safe space was also provided to discuss healthy relationships between parents and challenging topics such as abusive behaviour, stressful situations, arguments and disagreements, and exercises specifically for young fathers to challenge gender stereotypes and negative behaviour.

A woman with dark hair, wearing a white t-shirt, is smiling and holding two young children. The child on the left is a boy with light brown hair, wearing a green t-shirt and blue jeans, holding a small red and white striped object. The child on the right is a girl with dark hair and bangs, wearing a pink t-shirt and grey pants, also holding a small red and white striped object. They are all smiling and looking towards the camera. The background is a red and white patterned carpet.

Elliot King, Cabinet Member for Children's Services Early Years at Swansea Council, said "The real successes of Jig-So are in the opportunities for young families, their children and their wider family groups to grow up together, healthier, happier and more optimistic."

Part of the Health Board's Clinical Services Plan is 'My Home First' this involves implementing pathways in primary care which enhances care delivery in or close to the patient's home where clinically safe and appropriate, and reducing unnecessary hospital attendance.

A close-up photograph of an elderly man with a friendly expression, wearing a dark suit, white shirt, and red tie. He is holding a small, detailed model of a yellow house with green shutters and a brown roof. A large, semi-transparent, stylized 'V' watermark is overlaid diagonally across the image.

- Admissions for respiratory diseases are a major driver of demand in the SBUHB unscheduled care system. We are continuing to implement improved pathways for respiratory (starting with COPD), heart failure and diabetes care through the CSP Clinical Redesign Groups and the Health-Board wide Primary Care Cluster Model.

A key workstream of our Older People's Programme of work is the 'Keep Me at Home' programme which includes a review of the existing services and aims to standardise our model and maximise the capacity for rapid response in the community. We will continue working with the Welsh Ambulance Service Trust (WAST) to deliver improvements in the quality of care and timeliness of 999 responses, and handover at our front door. Plans are to double the number of Advanced Paramedic Practitioners in our area and supporting the Joint Falls Response service as well as continuing to support the roll out of the 'I Stumble' and 'I Fell Down' falls assessment toolkits across all Residential and Nursing Homes in 2020/21.

The Health Board is committed to the All-Wales stroke care pathway and our priorities for 2020/21-22/23 are aligned to the national Stroke Delivery plan.



All KDC for patients presenting with vague
 symptoms suspicious of cancer in p
 reduces time to diagnosis and
 excellent value for money
 >80% capacity.

The Plastic Surgery Treatment Centre is the latest development at the regional unit, which is a world leader in the care of burns patients and those needing reconstructive plastic surgery following trauma, cancer, or birth defects. It also carries out hand and nerve surgery.

Eye Care in the community remains a priority within Primary and Community Services. The Low Vision Service Wales (LVSU) is a Primary Care rehabilitation service for both adults and children with a vision impairment.

Over two thirds of patients seen within the LVSWS are over 80 years old. 16 of the 32 (50%) of our optometry practices are now accredited to provide the service which assesses people with poor vision and provides them with appropriate aids to help their daily living, reducing risks associated with loss of independence, medicines management, falls and social isolation.

The Eye Health Examination Wales (EHEW) service supports patients through provision of the following three types of service:

- Investigation of acute eye care or annual check for patients at risk of developing eye disease
- Further informing referrals to the hospital eye service, e.g. pre-cataract assessment
- Review of patient following post-operative cataract monitoring and other procedures.



Health Board Waiting Times

The Health Board is operating in challenging circumstances with increasing pressures on service delivery and sustainability. While there has been evidence of action to improve performance and efficiency, this has not yet secured the scale of improvement needed. Despite these pressures we have achieved the following outcomes:

- 22% less patients waiting longer than 36 weeks for treatment
- No patients waiting over 14 weeks for therapies
- No patients waiting over 8 weeks for all non-cardiology diagnostics and sustained position in Endoscopy
- Longest waiting patients reduced by over a third



Virtual appointments helping with service demand as Lockdown commences



Virtual appointments are helping Swansea Bay University Health Board clinicians maintain services.

With social isolation in full swing and the need to reduce footfall in our hospitals and clinics, video chats are proving to be the answer, with patients now able to keep their appointments from the safety of their own homes via Windows, Android and Apple devices.

The initiative is being guided by Swansea Bay's Digital Services team and so far is proving to be a really useful and timely resource.

Matt John, Associate Director of Digital Services, said: “SBUHB clinicians are using the internet to provide critical clinical support to patients in these times of uncertainty. This means our staff have been able to video link with patients via Windows, Android and Apple devices.

The main advantage is that by using the patient's email address an invite can be sent to the patient who is then able to join the call via their mobile phone or other device equipped with a camera."

Currently over 200 users with the likes of South West Wales Cancer Centre, Burns and Plastics, Children's Services Group, Psychology, as well as individuals, already signed up to the service with more expected as the pandemic hits it's peak.

Morriston Hospital plastic surgery matron Vikki Davies said “We are extremely grateful to receive such a generous gift. The money will be used to purchase some much-needed patient equipment, which will benefit patients from all over Wales. As a team we are delighted to see Aneurin doing so well.”

The hydrotherapy proved very successful and enjoyable. Dad was up and about, walking almost normally, in no time. From diagnosis, everyone made it their mission to ensure he was in the best place to walk me down the aisle.”

As a direct result of his efforts, Swansea University has pledged to train every nursing student as a learning disability champion.

February - March 2020

23/03/2020



Lockdown came into effect

These are unprecedented times and our staff's resolve to support us to prepare for what is coming and their commitment and compassion in caring for those who rely on us has been unwavering. My continued thanks to them all in what are hugely challenging circumstances."



Targeted Areas for Improvement

Essential Services COVID 19 Pandemic

Transforming Care



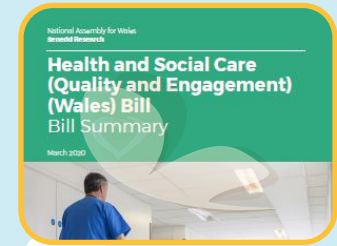
Targeted Areas for Improvement



Quality Impact Assessment Tool for Reintroduction of S	
	Specific Service Area (to be reintroduced)
	Scheme Savings Value
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Transforming Care



- 
- Digitalisation**
- Developing New Models of Care**
- Co-producing with Patients**
- Working in Partnership**
- PREMS & PROMS**
- Workforce**

REFERENCES
LINKS TO WEB SITES, REPORTS AND DOCUMENTS

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

	<u>Swansea Bay University Health Board</u>
	<u>A Healthier Wales</u>
	<u>Apprenticeship Academy</u>
	<u>Arch</u>
	<u>Arts in Health</u>
	<u>Clinical Service Plan (2019-2024)</u>
	<u>Cancer Delivery Plan for Wales 2016-2020</u>
	<u>Child and Adolescent Mental Health Services</u>
	<u>COVID-19</u>
	<u>Cwm Taf Morgannwg University Health Board</u>

	<u>Dementia Friendly</u>
	<u>Estuary Group Practice</u>
	<u>Eye Health Examination Wales</u>
	<u>Family First</u>
	<u>Flying Start</u>
	<u>Formed Films</u>
	<u>Friends and Family</u>
	<u>Health Inspectorate Wales</u>
	<u>Health and Care Standards Wales</u>
	<u>Health and Care Standards Indicators</u>
	<u>Healthy Eating Wales Strategy</u>
	<u>Help Me Quit</u>



[Human +](#)



[Hywel Dda University Health Board](#)



[The Guardian Service](#)



[Low Vision Service Wales](#)



[Interburns](#)



[JigSo](#)



[Learning Disabilities – NHS](#)



[Learning Disability Care Bundle](#)



[Macmillan Cancer Support](#)



[Making Every Contact Count \(MECC\)](#)



[Neonatal Transitional Care](#)



[NHS Wales Informatics Service \(NWIS\)](#)



[Numb and Number](#)



[Nurse Staffing Level Wales Act](#)



[Older Peoples Commissioner for Wales](#)



[Older People's Mental Health Services](#)



[Ombudsman](#)



[Paul Ridd Foundation](#)



[Primary Care Clusters](#)



[Public Health Wales](#)



[Royal College of Psychiatrists Wales](#)



[SAFER Board Rounds](#)



[Singleton Hospital Fire](#)



[Social Services & Wellbeing Act](#)



[Stop Smoking Wales](#)



[Swansea Council](#)



[Swansea University](#)



[Talk to Me 2 Suicide and Self-Harm Prevention Strategy 2015 to 2020](#)



[The Rally](#)



[UNICEF](#)



[University of South Wales](#)



[Wales for Africa](#)



[Wellbeing of Future Generations Act](#)



[Welsh Ambulance](#)



[Welsh Centre for Burns and Plastic Surgery](#)



[Welsh Government Pathfinder Programme](#)



[Welsh Health Specialised Services Committee](#)



[Welsh Nursing Care Record](#)

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.

Atrial Fibrillation - a heart condition that causes an irregular and often abnormally fast heart rate.

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.

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.

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.

Magseed marker (Magnetic Lesion Localisation) - The Magseed marker is a small radiation-free seed that is easily placed by the radiologist in soft tissue with no restrictions on implantation time

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.

Postmenopausal bleeding (PMB) - is defined for practical purposes as vaginal bleeding occurring after twelve months of amenorrhoea, in a woman of the age where the menopause can be expected

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

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.

Raman test - Raman spectroscopy; is a spectroscopic technique typically used to determine vibrational modes of molecules, although rotational and other low-frequency modes of systems may also be observed. Raman spectroscopy is commonly used in chemistry to provide a structural fingerprint by which molecules can be identified.

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.

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

Triage - The assignment of degrees of urgency to wounds or illnesses to decide the order of treatment of a large number of patients or casualties.

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.

WHAT DO YOU THINK ABOUT THE ANNUAL QUALITY STATEMENT?

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

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