



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 fire, 't Life is a patchwork of joy and regr. + 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



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 up day 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.

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.



CONTENTS

- 12 Acknowledgements
- ¶4 Foreword
- 15 Health & Care Standards
- 17 Introduction to your Health Board
- Looking Back 2019
- Promoting Good Health / Staying Healthy
- 29 Safe Care
- **27** Effective Care
- Dignified Care
- 55 Timely Care
- Individual Care
- Our Staff & Resources
- Looking Forward 2020 2021
- References & Glossary



Chief Executive (CEO): Tracy Myhill

Tracy Myhill



nterim Chairman: Emma Woollett



FOREWORD

We are delighted to present our first annual quality statement for our newly formed Bae Abertawe/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 an. 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 CP clusters to lead an integrated health and social care system for their area; made up of voluntary services, CP 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

Partnership Board, and it is through this collaboration that we have developed not only our primary care and 'Hospita 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



GIG Lynochemit Lynox Weth Government write god walks. 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

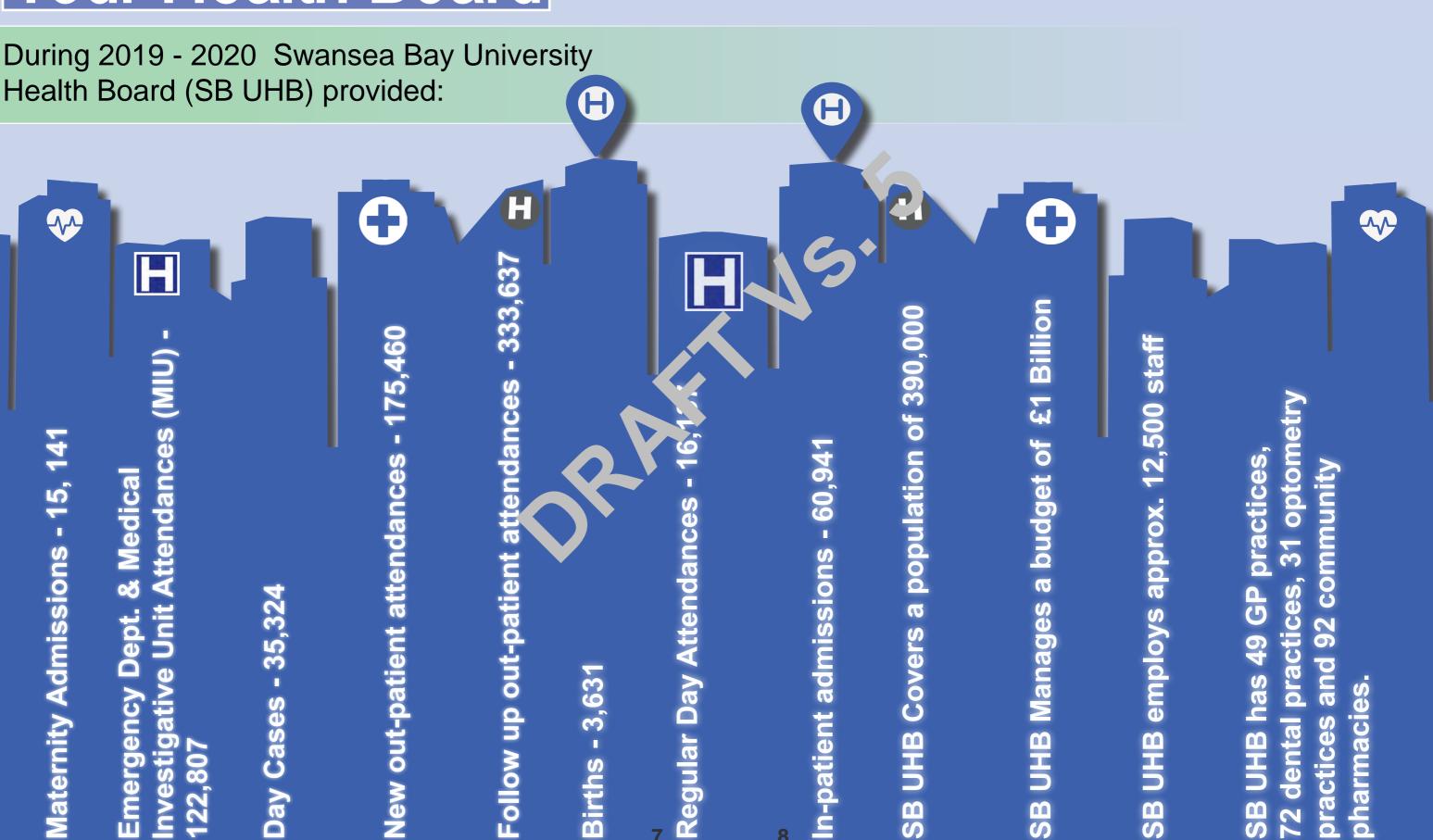
Providing information about how we manage our own resources and make careful use of them

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



Hello!

An Introduction to

Swansea Bay University Health Board (SB UHB)



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 Neati. Port Talbot. This is because the responsibility for healthcare services for process in the Bridgend County Borough area has now moved to Cwm Taf Morgan wg University Health Board.

The change in boundary is an administrative change and will rot an of the way patient care is delivered. No services are being reduced or lost and ratients will continue to travel to the same place as they do now to receive the 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 partnership 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 carr' ac surgery services in Wales.

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

Fore sic mental health services are provided to a wider community which excess the whole of South Wales.

Chief Executive, Tracy Myhill, said "This transition presents us with many population. 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.

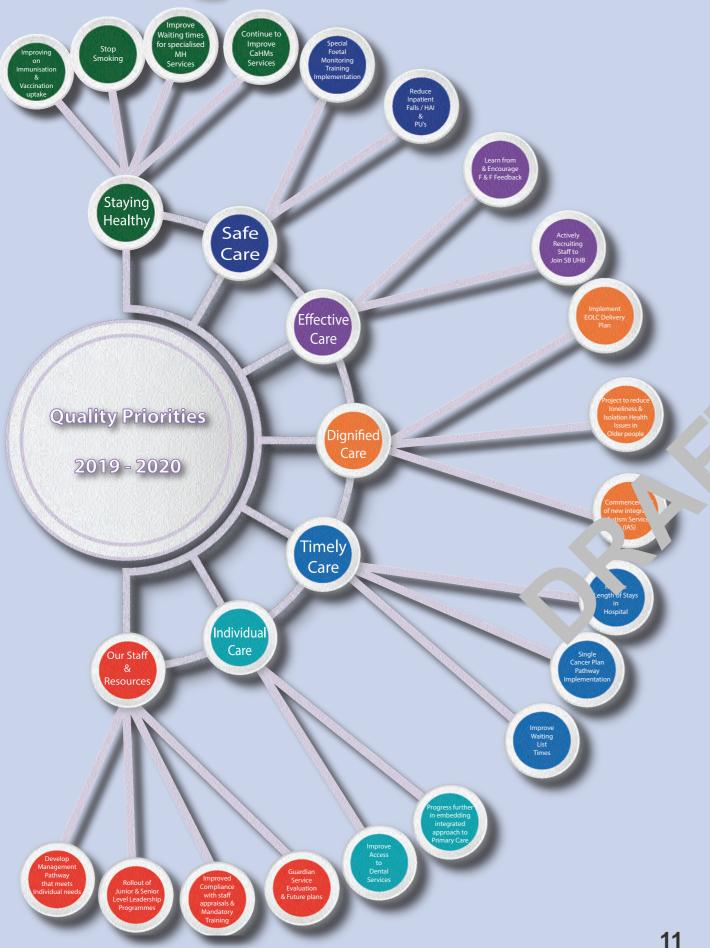
We can also be more focused in our partnership arrangements, particularly with Hywel Dda Health Board, with Swansea and Neath Port Talbot local authorities, and with the universities in South West Wales.

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."



ick • Looking Back •

Looking Back 2019 - 2020



1.
Improve the uptake of immunisation and vaccination programmes to patients and staff

- Leading performer in Wales for Influenza Immunisation for 2 and 3 year olds.
- Front line staff flu vaccinations 58.7%
- Flu Vaccination Continue to work with primary care teams to improve flu vaccination rates for our at risk populations.
- Over the next three years plans to improve uptake in Child immunisations involving improvement of reporting and providing more accessible immunisation to groups who currently don't immunise and for those who children who are in deprived areas.

2.
Work with your community pharmacist to provide you with upper to lelp out stop moking

- Help me Quit (HMQ) community, transferred from Public Health Wales to Health Board management
- Partnerships for Health and Wellbeing along with Co-Production and Health Literacy Plans. The areas for focus in relation to stroke prevention is to support smoking cessation, obesity and healthy behaviours through Making Every Contact Count, and developing community resilience and wellbeing through the Neighborhood Model and Wellness Centres.
- 3.
 Improve the time you have to wait to see <26 weeks to commence psychological therapies in specialist mental health services
- Joint arrangements for redesign of Older People's Mental Health Services in place.
- Consistently meeting or exceeding all Mental Health Act measures
- Future plans are to develop an integrated (mental) wellbeing service providing a range of opportunities within neighbourhoods which focus on building community resilience and social connectedness to address low level mental health issues and wider wellbeing including loneliness.

Continue to improve local services for children that require specialist mental health services (CAMHs)

New pathways from Emergency Department to a Mental Health Distress Sanctuary and improving rapid access to assessment for CAMHS patients

12

.ooking Back • Looking Back • Lookin

Implement a multi professional foetal monitoring interpretation training programme

- 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.

Continue to reduce the number of inpatient falls

- 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.

Continue to reduce the number of hospital acquired infections

- 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
- There has been significant decrease during 2018/19 in the number of Healthcare Acquired Infections.

Continue to reduce the number of avoidable pressure ulcers

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

9. **Continue to listen** and learn from your experiences through concerns, incidents and individual feedback that you give us

- 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.

10. Maintain a proactive recruitment programme encouraging staff to join our Health **Board**

- 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

Continue to implement our End of Life Care delivery plan ensuring pec .e have dignified of life care

- 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.

Work with nary care and act. for elders, we will implement a project to reduce Ioneliness, social isolation and associated health issues in older people

- 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.

13. Commence our new integrated autism service (IAS)

- 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.

14. Reduce the length of stay in hospital and the associated risks that can occur in a person's health i.e. deconditioning falls and hospital acquired infections

- 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.

14

- 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 pathway 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 continuing with ongoing work of pushing the boundaries of the continuing with ongoing work of pushing the boundaries of the continuing with ongoing work of pushing the boundaries of the continuing with ongoing work of pushing the boundaries of the continuing with ongoing work of pushing the boundaries of the continuing with ongoing work of pushing the boundaries of the continuing with ongoing work of pushing the boundaries of the continuing with ongoing work of pushing the boundaries of the continuing with ongoing work of pushing the boundaries of the continuing with ongoing work of pushing the boundaries of the continuing with ongoing work of pushing the boundaries of the continuing with one continuing with the co General Dental Service's contract through a range of new approa which are included in our Oral Health Delivery Plan.
- Further develop oral health pathway and continue to develop transfer of services from hospitals to primary care servings 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 Personal Development Review (PADR) compliance at 69% - all clinical areas now at Welsh average status or above, Statutory and Mandatory compliance
- The overall percentage of PADR's recorded within Electronic Staff Record 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

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.

15



Swansea Bay duo deliver maternity training in Africa



Two Swansea Bay University Health Board employees have helped develop maternity training in Africa. Consultant obstetrician Myriam Bonduelle (above third from right front row) and consultant midwife Victoria Owens (second from left front row) have spent time in Zimbabwe as part of the Welsh Government's Wales

for Africa programme, which supports learning and the exchange of skills.

The aim was to promote the respectful maternity care (RMC) recommended by the World Health Organization as part of a positive childbirth experience which protects women's dignity and their rights, ensures freedom from harm and mistreatment and highlights the important of choice. The visit, to Harare, was arranged in conjunction with the White Ribbon Alliance, which promotes quality maternity care for girls and women across the world.



Victoria Owens said "We feel very humbled to have had the opportunity to have travelled to Zimbabwe as a part of the Wales for Africa programme. Man vol. on in Zimbabwe choose to birth miles away from health facilities with unland to the attendants and no means of transport if it is required. From the women's own stories, we learnt that many make this choice due to fear of disresper a care in health facilities, where women may be forced to birth alone or forbidden by their carer to move or make noise during birth."

This was Myriam Bonduelle's second visit to Zimbabwe, having held a workshop aimed at obstetricians and midwives last year, and she was pleased to see that the work was beginning to make a difference. She said "This year we were thrilled to meet back up with the champions from last year's workshop to help develop an educational toolkit that they can then use to train other staff in their organisation around RMC and it was great to see such enthusiasm amongst the champions as they shared their stories of how the training has changed them and the care they provide."

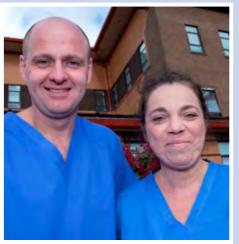
The workshop also focused on birth positions and the importance of mobilisation during labour and birth, along with women's right to have a trusted birth companion. They also arrived bearing gifts. Myriam said "We introduced birthing balls to the programme and midwives couldn't wait to use them in their workplace!"

Now the pair are hoping that their experiences can help improve services closer to home. Victoria said "Swansea Bay University Health Board, supported by Wales for Africa, is impacting on the global agenda of maternal and infant health and we are privileged to be a part of this vital work. We hope to continue to develop links and are thinking about the different ways in which we can take the principles of RMC to improve our own services."

Nurse takes leave to help out in Africa

Dominique Poto ar a operating theatre nurse, at The Welsh Centre for Paris and Plastic Surgery in Morriston Hospital, has just marked her tenth year of helping Interburis ar international volunteer network of expert hea h care rofessionals who specialise in burns care, "th mission to Africa.

The mother of two, whose husband former Morriston burns consultant Professor Tom Potokar OBE is a co-founder of Interburns, was joined on the 10-day trip by colleagues Dave Johnston, a health care assistant in the Dave Johnston and Dominique Potokar burns centre, and two former nurses, Charlie Leach and



Danni Mehrez. Having previously volunteered in Bangladesh, India, Ghana, Nepal, Palestine and Ivory Coast, Dominique's latest mission saw her help deliver specialist training in Addis Ababa, the capital city of Ethiopia.



Dominique said: "Interburns is an international group of health care professionals. People volunteer from the UK to India across to Africa, it's more of a network than an organisation, we just work together under the same goal, trying to improve burns care in developing countries. We held the course within a hospital which has a burns unit and it was quite a shock for David because he had never seen

conditions quite like it. The standard of burns care was quite poor but there has been some progress and the Ethiopian Government has just made it a priority and is working with Interburns and other organisations to improve their burns care, they still need a lot of help. It's like almost anywhere else in the world, burns is always the last cause for people to be interested in because it's difficult work. Despite the sometimes difficult conditions there were plenty of rewards. I feel that it gives me a balance. We treat people in the UK and we have a lot of means, yet you hear negative comments on how the NHS is run. It makes you realise that we are so lucky."

Staying Healthy & Promoting Good Health

Healthy lifestyle lessons for cardiac patients

People waiting for treatment for a cardiac condition are getting healthy life lessons through a pioneering course run at Morriston Hospital.

Atrial fibrillation, AF, is one of the most common forms of arrhythmia, or abnormal heart rhythm. A number of treatments are available, ranging from medication to a catheter ablation, which uses heat or freezing on the area of the heart that is causing the abnormal rhythm.

However, there is now increasing evidence that controlling cardiac risk factors such as weight, blood pressure and diabetes can have a huge impact on managing symptoms and improving quality of life.

Uniquely, Morriston offers a course which educates people with AF about these risk factors so they can take charge of their own care.



Main photo above shows (I-r) Gail Dixon, Richard Francombe, Pamela Edwards, Hannah Goss (arrhythmia clinical nurse specialist, Victor Morgan, Michael Edmunds and Karen Snowdon.

Around two per cent of the population has AF which, while more common in the over-60s, can affect all ages. Many patients experience symptoms including palpitations, tiredness or shortness of breath. Some can feel low in mood and depressed.

If they do not have any symptoms linked to AF, the abnormal rhythm, or arrhythmia, may go undetected.



AF is a major cause of stroke. So patients are assessed to see whether they would benefit from anti-coagulant drugs to help reduce the risk of clots being formed in the heart and causing a stroke.

The AF risk factor programme, for patients with more troubling symptoms, is run by specialist nurses Hannah Goss and Sarah Evans who have worked in the cardiac centre for many years but joined the arrhythmia team to introduce the programme last year.

Hannah said: "This is a pioneering project. We believe it's the first in Wales, if not the UK. Educating patients and their families around the risk factors associated with AF allows them to take charge of their own care. We regularly see patients becoming more confident and less stressed about their rhythm problems, and getting fitter."

Patients waiting for AF ablation are invited to weekly group education sessions over the five-week programme. Each week, a topic or risk factor is explained and patients can share their experiences and learn from each other.

The programme is currently running as a pilot project but Hannah and Sarah hope the benefits to patients will lead to it continuing in the longer term.

They said they enjoyed running the programme, and patients had given it the thumbs-up too.

One of them, Gail Dixon, said "Being able to ask questions of specialist cardiac nurses and meet others with the same condition was so helpful."

"The course explained so much of why I was feeling as I was, and the best way I could deal with things."



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 that 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 satisfact for the guys to come and have a chat and a bit of mutual support, and that experienced counsellors there, so if anyone needs individual support we contact the provident.

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."

The group is being supported by the Cwmtawe
Cluster, a group of thee 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."



Mo Sykes

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 incouraged 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 vide as and on posters that capitalised on the popularity of the epic Game of Thrones TV series and he 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

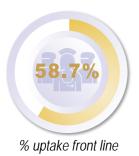
Uptake of flu vaccine in patients over 65 years fell short of National target set by Welsh Government.



% 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.

Immunisation & Vaccinations



The staff flu vaccination campaign was a huge team effort across the Health Board. We are really pleased to see the number of staff receiving their flu vaccines during the 2019-20 campaign.

There were a number of changes to the campaign this year, with a refreshed communications campaign with the theme of 'Winter is coming'. Also this year the staff flu immunisation coordinator trained physiotherapists and pharmacists to support the nursing staff to administer the flu vaccine to their colleagues.



Primary Care and community staff continue to work together to actively promote the importance of childhood immunisations at every contact. The Health Visiting service was involved with the Summer Community events in Swansea and Neath Port Talbot during 2019 where the importance of immunisations were promoted.



% uptake of MMR 5 Yrs (2 dose)

Swansea & NPT Suicide and Self-Harm Prevention Works

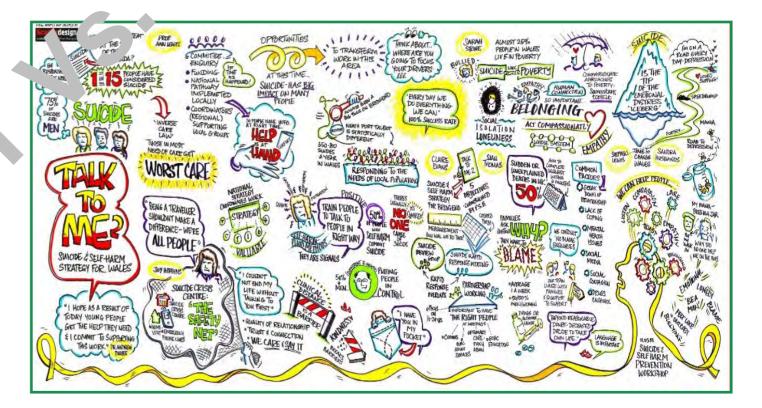
A workshop was held in the Spring of 2019 at Baglan Community Church which was attended by more than 70 people. The delegates were represented nearly 40 different organisations and agencies from across different sectors and interest groups, including those with experience of mental health issues.

The workshops focussed on the six strategic objectives within the 'Talk to Me too (2)' strategy for Wales. The aim was to establish what was already taking place across the region, what further work was required and where efforts should be focussed. The key messages from each workshop are explained and depicted in the infographic on the next page.



- Awareness and understanding of suicide
- Appropriate and timely responses to crises, early intervention and management
- Care and support for those bereaved or affected by suicide
- Working with and supporting the media
 - Reducing access to means of suicide
- Supporting research, data collection and monitoring

Since the event both Swansea and Neath Port Talbot Public Service Boards have endorsed the work and have provided their commitment to support the progression of the suicide and self-harm prevention strategy. The work has been further supported at a Joint Public Services Board meeting between Swansea and Neath Port Talbot, and was discussed by the West Glamorgan Mental Health and Wellbeing Board. This highlights the common ment that there is from a wide range of agencies to progress this agenda and achieve positive outcomes for the people in our communities.







West Glamorgan Regional **Partnership**

Help me Quit - Smoking Cessation

In 2019/20 we have been working on implementing the integrated Help me quit smoking cessation system in Swansea Bay in line with the approach in Wales and other Health Boards.

Our smoking cessation services have now been brought together into a single brand 'Help Me quit', and managed through the Health Boards Primary and Community Care Services Directorate. We have been working to remodel the approach to smoking cessation



across Swansea Bay, and helping to give the maximum number of smokers in our area the best chance to quit.



Y dewis gorau all ysmygwyr ei wneud i'w helpu i stopio ysmygu. Ewch i **helpafiistopio.cymru** neu tecstiwch **HMQ i 80818**, neu ffoniwch **0800 085 2219**

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

Visit helpmequit.wales or text HMQ to 80818, or call 0800 085 2219

0800 085 2219

nearly 2000 smokers to give up smoking, by providing specials, behavioural support and free nicotine replacement her by to clients to support their har accempt. We have been york, who and GPs, Practice nurse, and centists, to use when having conversa, as with smokers.

During 2019/20 our 'Help me quit'

community settings including

services that operate in hospital and

community pharmacies, have he ed

training health professionals such as midwives, GPs, Practice nurse, and centists, to use very brief advice behaviour change approaches when having conversa, as with smokers, and increase referrals to the services.

Healthy Weight

2019/20 saw the launch of Welsh Government's first Healthy Weight Healthy Wales Strategy. We supported the development of this strategy and led the consultation process of the draft strategy with our partners across Swansea Bay.





A component part of this strategy is to have an Obesity Pathway in place. Led by the Director of Public Health a multiagency steering group was established to oversee the Swansea Bay Obesity Pathway Delivery review. An engagement workshop was held as a component part of the review, with over 60 stakeholders from a range of partner organisations, professional backgrounds and across the levels of the pathway being able to input and contribute.

This work has helped to identify how well the obesity pathway is working and where we need to make improvements in service provision across the pathway from prevention and early intervention for obesity, to provision of specialist weight management services.

Our Children & Young People's Obesity steering group has been implementing the multiagency action for 2019/20. This has included dietetics training for school nursing service health care support team; nutrition sessions being offered in schools by the school nursing service, and partnership working to enhance the support provided in primary care for collidren that are identified as not being a healthy weight as part of the child as cement programme.

Making Every Contact Count (MECC)

Making changes such as stopping smoking, improving diet, increasing physical activity, losing weight and reducing alcohol consumption can help people to improve their wellbeing and reduce their risk of poor



health. People with low health literacy tend to have below average lifestyles and health outcomes which contributes to the health inequality already present in our area.

A lot of health information both spoken and in written format from different sources can be inconsistent and confusing. Being able to judge what is credible can be hard. Making Every Contact Count (MECC) supports behaviour change by enabling staff to have the confidence, knowledge, skills and tools to have conversations with patients and colleagues about their wellbeing. The Local Public Health Team has been working with other teams in the Health Board to support projects on health literacy and MECC.

Health Visiting

The Health Visiting Service has high levels of motivation and opportunity to support families to make changes to their lifestyle, within the service it is mandatory for staff to complete the MECC E-learning. Health Visitors already regularly discuss healthy lifestyles with clients. Some things such as fear of upsetting families, more pressing issues and time constraints can make this difficult.

The training programme was delivered over 9 sessions with a total of 214 people trained. Expected outcomes were:

- to be more confident in how to raise the issue and to raise the issue more
- to use resources
- to reflect on and use the motivational interviewing skills more.

50% of respondents had taken action to improve their lifestyle since the training post training there were four skills based sessions that took place involving 177 people. At the skills sessions participants reflected on experience and practiced the skills. Healthy lifestyle conversations are happening often or very often within the framework of the Healthy Child Wales Programme and supportive management. The Health Visiting staff facilitate weekly Buggy push and baby massage sessions, providing an opportunity to discuss health topics such as physical activity, nutrition and positive mental health.

Physical activity

Regular physical activity is good for our physical and mental health. Guidance on the amount and type of physical activity people should do to improve their health was recently updated. This now includes guidelines for being active during pregnancy and after giving birth, and for disabled adults.

In Swansea Bay University Health Board just over half (53%) of adults meet these guidelines, for children aged 11-16 years this is much lower at 22.6% for boys and 13.4% for girls. We also know that in Swansea and Neath Port Talbot just over a thin of reception class children are not reaching their physical developmental milestone by the age of 4.

It is important for children to develop the physical skills they need to be p' vsically active throughout life. Local projects to support this include Welsh Government Fathfinder programme which will fund delivery of the SKIP programme in our F' valta, Schools Pre School Scheme settings and registered early year's settings.



In addition Swansea Bay Healthy Schools Preschool Scheme has been working in partnership with the Physical Activity Support Service in Neath Port Talbot to deliver a 6 week multi skills programme in childcare settings. Staff are trained and for each setting they are provided with an equipment bag, and also a shared bag for parents to encourage physical multi- skills activities at home.

Five applications were submitted to the Healthy and Active Fund joint funded by Public Health Wales, Sports Wales and Welsh Government. Two were successful. Sporting Memories which aims to improve mental wellbeing, reduce isolation and get older people physically active again; and Balanced Lives which helps older people in care homes to be active and to enhance their wellbeing.

The Physical Activity Alliance chaired by the Director of Public Health has been re- established. York is ongoing with partners to update the current strategy and develop actions to create environments and opportunities to support us all to be more active.

Self-Harm in Children and Young People Training

Throught insight work with schools & partners a need was identified for a training programme to raise awareness of and identify self-harm. A rolling training programme has been developed in partnership with CAMH specialists.

The programme is available to secondary school staff - teaching and non-teaching, and partners working with children and young people extending to teams in school based counselling, educational psychology, wellbeing, school health nursing, police schools liaison and the Youth Service.



The delivery of the training began in Bridgend in 2018/19, and started being rolled out across Neath Port Talbot in summer 2019, and will continue into Swansea. 117 professionals were trained in Neath Port Talbot, and 78% rated the training as excellent.

Safe Care

Did we keep you safe when you accessed our Services?









Inpatient Falls

op three areas of concern



Appointments

- Eye Surgery
- Orthapaedic Surgery
- General Surgery



Admissions

- Eye Surgery
- Orthopaedic Surgery
- General Surgery



Communication Issues (Including Language)

- Insufficient Information
- Incorrect Information
- Unable to Contact

All-Wales Survey Data April 2019 - March 2020

Total Responses • 2 199

Overall satisfaction • 82%

Dignity • 96%

Communication • 92%

Privacy • 93%

Cleanliness • 90%



End of Year Patient Experience Report

Friends and Family Survey Respondants who would Recommend the Health Board Never

Events

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."

There were 7 Never Events reported in 2019/2020:

- Retained Swab (theatre)
- Wrong tooth extraction
- Wrong site surgery (ophthalmology)
- Wrong implant (Patient safety alert)
- Wrong tooth extraction
- Wrong site surgery (Toe Theatres)
- Wrong site surgery (Hip block theatres).

Appropriate recommendations and actions have been taken in all these events.

Serious Incidents

The Health Board reported 217 Serious Incidents to Welsh Government between 1st April 2019 - 31st March 2020. A breakdown of 5 of the most reported incident related to type is below:



Re-launching SAFER – the tried and tested way to improve patient flow

What if we told you there was a tried and tested way to both improve patient care and also make the workplace less stressful for staff?

The SAFER patient flow guidance has been implemented by staff in some of our wards. Detailed below is a selection of their feedback:

"How important it is that one short space of time in the day when all the Multi disciplinary teams (MDT) are together talking about patient are together talking about patient are session can be session

"Safer is a smarter way of working. It's smarter for the wards, it's smarter for people to work in. People feel less stress, there's less duplication. Ultimately it's a lot safer for your patients."

"Where SAFER has been introduced in our Health Board it's made a phenomenal difference. It's been very effective."



Good patient flow is key to the smooth operations of our hospitals, and when flow is poor it manifests as visible signs like ambulances queueing up outside the Emergency Department waiting to offload patients and breaches in waiting times. Poor flow also means some patients are spending longer than they need to in hospital. This is not good for their general wellbeing. It can lead to reduced mobility and an increased risk of being exposed to hospital acquired infections and harm through deconditioning.

Team's nomination for tackling real pressure point



Members of staff who have been working on the project, with a patient, in Morriston 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 issigning the 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 Partner of the NHS Wales Awards 2019. Through working in partnership with and health care professionals, SBUHB has ensured it looked at the top of the tresh 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—uring the lifecycle of the project to date."

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

Pres ure alc r Figures from April 2019 - March 2020

Conn. anity	359	
Hospital	267	
Total Number of Pressure Ulcers - 626		
Grade 3+ (Serious PU's - SI's reported	Community	178
to Welsh Government)	Hospital	97
Total Number of Pressure Ulcers - 275		

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 Health Board is committed to improving this situation and has already funded additional environmental decontamination technologies for the three acute sites, which can be utilised in community based hospitals also if required. The Health Board has approved additional investment for 2020/21 to:

- Increase further the number of cleaning hours for Morriston and Singleton Hospitals,
- Enhance infection prevention and control services to support preventative programmes in Primary Care and Community Services (where many patients develop the bloodstream infections that require admission to hospital).

The worldwide emergence of the novel Coronavirus, COVID-19 (SARS-CoV-2) begar to impact Health Board services during March 2020. The number of confirmed case, in our hospitals and in our community will continue to increase for the immediate future, and probably well into the year ahead. It is not possible to predict the impact that this novel infection will have on other key infections over the coming year.

The Health Board is committing resources to support the UK and Welch Covernment programmes in relation to this infection and to doing all that we can to constant those who have and will have COVID-19 infections, and to keep our patients, so affind population as safe as possible.

Safeguarding

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.



During 2019/2020 Health Board staff have made:

1361 Child at Risk Referrals/Reports to Local Authorities.

424 Adult at Risk Reports/Referrals were made. **174** of these were managed by the Health Board as the alleged abuse occurred on Health Board premises or the alleged abuser was Health Board Staff.

From 3rd February 2020, all Adult at Risk Reports/ Referrals have been submitted to the relevant Local Authority as per the Wales Safeguarding Procedures. Since this change the Local Authority have requested that we conduct internal enquiries for **4** cases.

These significant numbers of referrals and enquiries indicate a positive reporting culture amor gill Health Board staff due to increasing awareness of the legal ment to report since the implementation of the Social Services and Well-being Act 2. 4.

The Health Board has a broad Safeguarding agenda that includes duties required under other legislation. As part of this, we have:

- Participated in completion of the National Safeguarding Team (NHS Wales)
 Safeguarding Maturity Matrix, a self-assessment tool that enables the collation of Safeguarding data
- Commenced implementation of the Identification and Referral to Improve Safety (intervention) (IRISi) project to improve support available via Primary Care for victims and perpetrators of domestic abuse.
- Implemented an action plan to improve compliance with the requirements of the Mental Capacity Act Deprivation of Liberty Safeguards (DoLS) to ensure the protection of patients who are considered to be deprived of their liberty whilst in an inpatient hospital setting.

Safeguarding Supervision and support is an essential component of clinical governance. In addition all Health Boards have a responsibility to ensure staff feel supported in their Safeguarding role.

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

Effective Care

Hospital 2 Home

A new scheme designed to reduce the length of time older people spend in hospital is being rolled-out across Neath Port Talbot and Swansea from November. The 'Hospital 2 Home' service will support people over 65 to return home as soon as they are well enough, allowing them to recover in more familiar surroundings.

Evidence shows that the longer a person stays in hospital, the harder it becomes for them to regain their independence after being discharged. It's not unusual for a patient to remain in hospital even though they have been deemed 'medically fit' as service providers carry out assessments and put care arrangements in place before a person can be discharged.

'Hospital 2 Home' introduces a new 'trusted assessment' model, which will enable ward staff to link in with an individual lead who will be responsible for supporting a patient to return



home as early as possible. This will also enable an assessment of an individual's longer-term support needs to then be carried out in their own home, rather than in hospital. This assessment will take place within 24 hours of them being

discharged, and will provide a better understanding of how a person is able to manage safely at home.

Gareth Howells, Director of Nursing and Patient Experience said "The 'Hospital 2 Home' service builds on the good person-centred approach to the care we provide, cutting out unnecessary delays and allowing far more flexibility in how patients are cared for.

This will ultimately enable them to settle back into a familiar setting and a regular routine, which we know plays a significant role in their recovery. It will also further develop the closer working links between health and social care services, and its success will rely on effective partnership working."



Pharmacists can spend more time on wards thanks to robotic technology

Robotic technology is being harnessed to free up hospital pharmacists to spend more time where they are needed most - on the wards.

Based at Morriston Hospital, the team manages outpatient prescriptions for people with chronic conditions.



Medicines Homecare Pictured are, from left: Medicines Homecare Manager Reuben Morgan, Medicines Homecare Manager; higher clerical officers Pauline Williams, Riley Martin, Dane Davies and Catrin James; team leader Claire David; higher clerical officers Barbara Jenkins and Lynette Brown.

These prescriptions can only be written by hospital clinicians, and used for conditions ranging from cancer to rheumatology.

The team manages the prescriptions from the moment they are written, all the way through delivery to the patient's door. Each prescription has to be validated – checked – by hospital pharmacists to ensure they meet all the criteria.

With the service having more than 3,400 patients on its books, that adds up to a lot of prescriptions. And while undeniably important, the process is time-consuming, labour-intensive and monotonous. This does not make best use of the time, skills and experience of these highly-trained pharmacists.

The team successfully applied to Innovate to Save, which supports the potential for innovation in public services in Wales, for a research and development project.

Part of this included a "proof of value" model using Robotic Process Automation, or RPA, to make more efficient use of pharmacists' time. Team manager Reuben Morgan explained "The medicines are for chronic, severe, life-debilitating diseases.

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



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

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."

RPA was used over a three-month pericending in October. Mr Morgan said proof of value was demonstrated, with RP is ing third of the time to check prescrip in a pharmacist would. Mr Morgan in it has demonstrated to us that the area o many other processes we can use investigating further. Hopefully we can roll that out over the next few months."

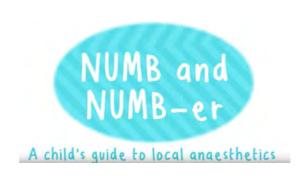
Cartoon will put young patients at ease

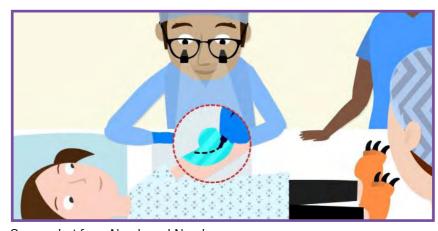
Plastic surgeons in Swansea have joined forces with a BAFTA winning animator to help children recover faster from minor surgery.

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 in the cartoons 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 inaccious at the Welsh Centre for Burns and Plastic Surgery in Marris and Hospital. "It is one of those rare situations when we can improve patient care and environment 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.

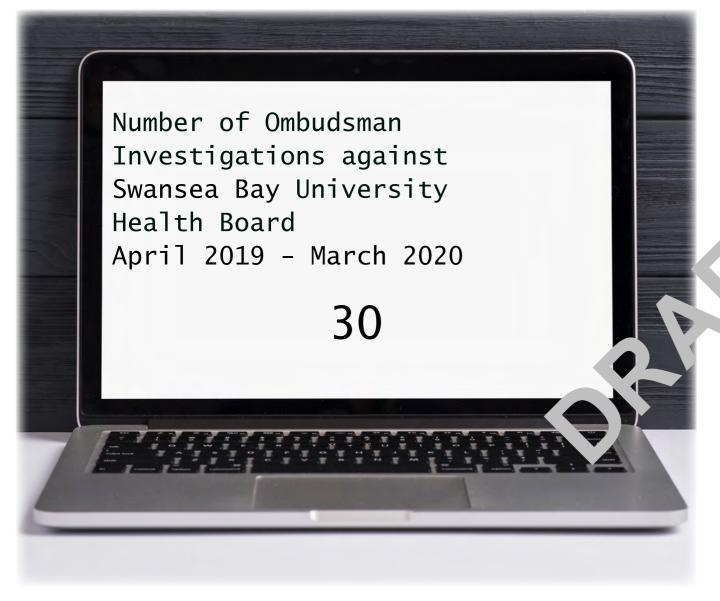
"It takes a lot of research and just working out what are the key things that need to be said and what children need to know," said Emma. "Shadowing the surgeons and talking to the children before and after their surgery helps me to understand and convey what it's really like. I'm really interested to 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 investigations. 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 1 th August 2020) the Health Board has 34 open Ombudsman investigations.

Health increctorate 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 is 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 con 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 a proving 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 Heath 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 Baro improvement plan was accepted by HIW as sufficient assurance that the improvement will be undertaken.

HIW was don't carry out an inspection in relation to the Community Mental Health Team, however this has now been postponed due to the coronavirus pandemic.

Penciawdd 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 car is.



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.



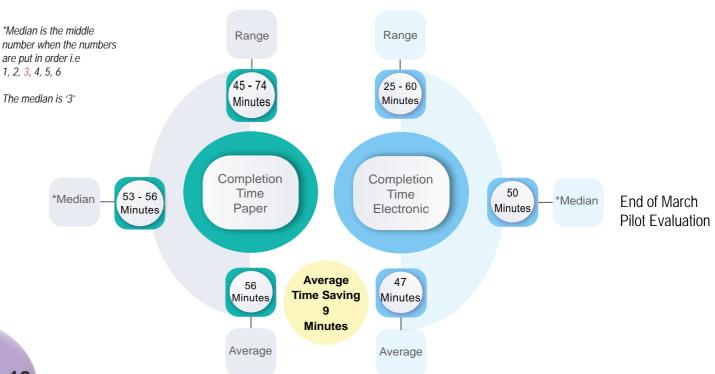
Nursing records go digital

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

ass ssments and adult inpatient assessments. The digital versions of the forms mean swill 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 runc ely vinere appropriate. This functionality has been invaluable during COVID-19 by recontinuation 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 the same available for patient care.

Co-Organator 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.

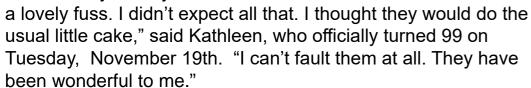


Dignified Care

Staff surprise patient with 99th birthday party

An inspirational 99-year-old who regained her independence after a serious accident has been rewarded with a surprise birthday party.

Staff at Gorseinon Hospital in Swansea organised the bash for Kathleen Davies after being astounded by her recovery. "They've made such



Kathleen, who worked for the Food Office, which oversaw rationing during the Second World War, broke her left knee cap in the summer after tripping over at home. The accident left her immobile as her leg was put in a full cast. After a month in Gorseinon Hospital she was discharged and joined the strength and balance class in the hospital's day centre, through which she has now regained full use of her knee and her mobility.

Physiotherapist Catrin Treharne said: "She was so stoical really. She just was determined to be as independent as she could be. She does everything for herself. And that's exactly what she wanted to do, to be able to get back to how she was living

before.

'It's just a day of celebration really of not just Kath and her birthday but the fact she has achieved so much in so little

time. We have been privileged to see that week by week."

Kathleen was thrilled with her party, but has now moved on to making plans for next year. "I am looking forward to my 100th and I have invited everyone to a dance," she said.







Jig-So's success with Swansea families

A dedicated team has been praised for transforming the lives of hundreds of young Swansea families over the last three years.

Jig-So is an early intervention project comprising midwives, family facilitators, nursery nurses and early language development workers. They support young or vulnerable expectant parents aged 16-24 from 17 weeks of pregnancy and throughout the child's infant years.



Ashley and Danielle Rix with children Skyla-Mae, Harvey-Jae and Delilah-Fae

Ashley and Danielle Rix, who have three children, became involved with Jig-So because they wanted to improve their parenting skills. Not only have they found it has made a massive difference, but it has helped Ashley into work.

"We didn't really want to go at first because we thought people would be judgemental but until you go you don't realise what it's like, it's actually just about improving yourself and improving the way you parent" said Ashley. "No one is a perfect parent at the end of the day, but there are steps you can take to be a better parent."

Jig-So, a collaborative project between Swansea Bay University Health Board and Swansea Council, is part of the Welsh Government's Flying Start and Families First programmes. It was launched in May 2016 as the successor to Teen Start, which was mainly for pregnant teenagers and only available in parts of Swansea. As part of the service's ongoing evaluation, a year-long study by a Swansea University team was commissioned, funded by the Wales School for Social Care Research. The researchers found the close collaborative working led to a high level of communication to meet the sometimes complex needs of service users - creating a team or "family" around the young parents.



The Jig-So Team at the Swansea Event

This led to better outcomes. For example, many of those referred by the local authority no longer needed social services involvement or were removed from the 'at risk' register.

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 abstention, longer breastfeeding duration and better diets.

Young parents formed positive relationships with the team, finding them to be supportive, friendly, empathetic, reliable and non-judgemental. Programmes of support included healthcare information and support through one-on-one work, family group classes and forums.

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.

The report described Jig-So staff as a particularly committed group of people who have formed a responsive and flexible team. The report concluded with "Their working environment, their can-do attitude and their ability to work under pressure to provide

non-judgemental care and support to very vulnerable young people, while maintaining and developing their own professional skills, is impressive."

The findings were presented at an event in Swansea's Marriott Hotel, attended by representatives of the partner agencies, Jig-So staff, and dozens of young parents and their families. Some of them also featured in videos highlighting the difference the team has made to their lives, which were screened on the day.

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."



Caitlin Fish with her children Isabella and Oliver

Care At Home and 'Keep Me At Home'

Part of the Health Board's Clinical Services Plan is 'My Home First' this involes 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.



Our plans are based on our achievements over the last two years and the national approach to address the five national priorities which are:

- Falls
- · Breathing difficulties
- Chest Pain
- Health Care Professional Falls
- Mental Health

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.

Through the cluster approach we will also be implementing various approaches to avoid risk to vulnerable people so that they care able to remain at home with the appropriate levels of care and support.

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.

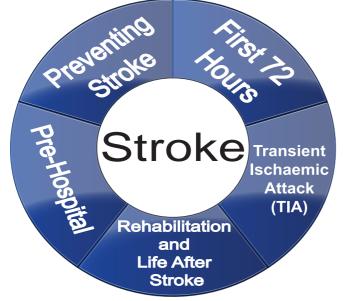
Stroke Care

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.

Our Local Stroke Delivery Plan will continue to focus on working towards delivering the refreshed All Wales stroke care pathway priorities in conjunction with partner organisations.

Our overall aim in this plan is to achieve improvement with the NHS Wales Outcomes Measures for improved access to care and support for patients across the stroke pathway and to deliver better patient outcomes. A key element of achieving improvements across the whole stroke pathway is our plans to prepare for and develop a Hyper-Acute Stroke Unit (HASU) at Morriston Hospital for the wider regional area including West Wales. Preparing for a HASU, the Health Board developing a new model for rehabilitation and supporting people after a Stroke.

The Health Board's Stroke Whole System Plan is structured around five components. These components and the related improvements for 2020/21-2022/23 are outlined below.



'Jason's Story'

"I was missing my front teeth so when I was talking, I'd have a lisp and like, I used to be bullied at the same time.

"And like where I was getting bullied by like 13 or 14 year olds I was only like 6 or 7 and like, there would be like two or three of them. To stop them I used to bite them, and then after that it was smoking dope, injecting amphetamines and then taking mushrooms and then Valium and then heroin and at this time I was only about 13 init.

"Like I was the first person to actually have a needle exchange at the age of 13.

"So like when I had my 15th birthday, they actually held a warrant back cos it was on my birthday so they would have me on my 15th birthday, so I was the third youngest person to get sent to Swansea prison.

"Where I was taking all the drugs, I had ulcers on my legs appear. It's sore like. The more drugs I'd take, the bigger they were getting as well. As well I weren't looking after them. I started going along and helping Jan to help my legs init. She spent so much time bandaging my legs, you gotta respect that init because it's not an easy job as they'd be smelling.

"Unlike some homeless people, I am little a bit different. You can't put anything anywhere without it being found or pinched. So what I done, I put a tent in the fields, I dug a bit of a hole and put the tent in it. Put like a wall on it, a roof, camouflaged it.



"The housing people they come and see me and they housed me and my girlfriend. But my girlfriend was bad and like Jan had been telling her to go up the hospital for ages, but she's stubborn, she won't.

"But it got to a point where she realised herself she had to go. When we was there, when the doctor came back and he said unfortunately she's too far gone.

"I couldn't stay in the flat init so went back out in the streets, I'd rather stay out on the street rather than go back home. I started seeing Jan again, it started like healing, it healed.

"Then I went back to jail for 10 stupid days cos I got the days mixed up. I thought I supposed to been waiting in the house for the gas man but I was supposed to be down in court. But I had the gas man and the court days mixed up init, so he sentenced me for 10 days. And while I was in there, the ulcers were like minute, two little ulcers that's all I had, one on each leg.

"10 days I have been in HMP I had ulcers from my toes to my knees all the way around.

And if it weren't for Jan, flipping, I'd probably be dead."

*Jason has not been able to move closer to his family due to the complex housing issues that have arisen because of COVID, although he still hopes to eventually. His heroin dependency issues are now being managed with a once a month injection that has really helped with his compliance with treatment. Jason is doing well.

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New cancer clinic 'cuts waiting times by 92%'

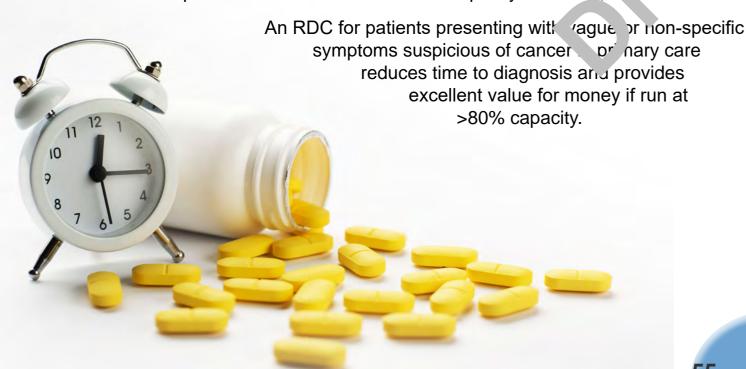
A pilot Rapid Diagnosis Centre (RDC) service at Neath Port Talbot Hospital has been found to reduce waiting times for some patients by up to 92% and is also cost effective.



Patients in Swansea and Neath Port Talbot presenting to GPs with vague but possibly cancerous symptoms can now be referred to the RDC where they have fast access to a range of specialist tests and senior clinicians.

Swansea University has reviewed the service between June 2017 and May 2018 when GPs referred 198 patients to the clinic, which runs twice a week. Patients were either diagnosed with cancer and then put on the correct cancer treatment pathway, given a diagnosis for a different condition, told no serious problem could be found or sent for further tests.

The evaluation report by Swansea University has now been published by the British Journal for General Practice. Its main results and conclusion says that The RDC reduces mean time to diagnosis from 84.2 days in usual care to 5.9 days if a diagnosis is made at clinic, or 40.8 days if further investigations are booked during 「」し、 RDC provision is the superior strategy (that is, less costly and more effective) ompared with standard clinical practice when run near or at full capacity. However, it is not



Treatment waits cut by new plastics unit

Patients with certain types of trauma injuries and skin cancers can now access faster treatment. Instead of waiting days or even weeks for minor surgery following their outpatient or referral appointment, some can now be treated on the same day.

It's thanks to the opening of a new Plastic Surgery Treatment Centre at the Welsh Centre for Burns and Plastic Surgery at Morriston Hospital, Swansea. It offers day case surgery for those patients who do not need a general anaesthetic. Instead of waiting for operating theatres to become available, the patients are seen in procedure rooms and allowed home a few hours later.



Twenty-three-year-old Joseph Attwood, pictured above with girlfriend India Morgan and staff, was the first patient to benefit. Having administered a local anaesthetic, surgeons artly removed the nail on his right ring finger in order to remove a deeply embedded splinter that had caused a serious infection and swelling. The treatment was carried out on the same day that Joseph, from Hay-on- Wye, had been seen at an outpatients' clinic following a referral by his GP.

The speedy service meant he did not have to repeat the 120-mile round trip from his home for treatment at a later date. "It would have been pretty bad if I'd had to wait another couple of days," said Joseph. "It was much less daunting than going into a theatre. The room itself was comfortable and all the equipment in there was great. "I think it will be great for people in the same situation as me because the longer you leave these things the worse it's going to be, the more painful it's going to get and probably, you'll need even more treatment."

Senior Matron for burns and plastic surgery, Clare Baker, said one of the two treatment rooms is currently up and running, seeing up to six patients on a daily basis Monday to Friday. As capacity is increased, additional patients will be seen and treated. This will also include a service by specialist GPs who are qualified to carry out plastic surgery procedures.

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.

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Innovative GP unit works with paramedics to relieve winter pressure on A&E

A unique GP service that helped relieve pressure on paramedics and Morriston Hospital's Emergency Department last winter. Working with the Welsh Ambulance Service, the Acute GP Unit (AGPU) at Singleton Hospital with a service already helping hundreds of people every month who don't have life-threatening illnesses but still need urgent, unplanned care.

As unscheduled care demand increased during the winter months, the unit was poised to direct more patients to the most appropriate places for help rather than the Emergency Department (ED). Usually when a 999 call comes in, the Welsh Ambulance Service Trust call handler determines its priority, and the call is responded to as quickly as possible. However, if there is a delay before an ambulance is available, GPs now review these patients directly, so they don't have to wait to be seen by a paramedic. The GP looks at the details of the case and gets in touch with the patient to work out what they need. Often this means they are given a quicker, more appropriate alternative to visiting the ED.

Dr Stephen Greenfield, who leads the AGPU service at Singleton, explained "We look at the detail of the calls and work out what the most appropriate method of helping is. We ring the patient and talk to them about what has happened, what their history is and discuss the best options available to them. "It might be that they then go to another hospital - rather than Morriston Hospital's ED - or that they still visit Morriston but are given taxi transport. We might get in touch with their GP surgery instead - it depends not the situation and what the patient is most comfortable with.



Dr Stephen Greenfield, clinical lead for the Acute GP Unit at Singleton Hospital

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A further option would be for them to be seen in the LGPU unit or admitted to Singleton Hospital."

The AGPU also works with paramed swill have attended calls, to advise them on the best court of cition for a patient. Dr Greenfield added: "When we cork with paramedics who have visited someone, 83 per cent of the patients the paramedics discuss with us don't end up in Morriston ED. Twenty-four per cent of these patients don't go to hospital at all."

To date the AGPU service has been well received by people in need of medical attention, and freed up numerous ambulances to attend more urgent calls.



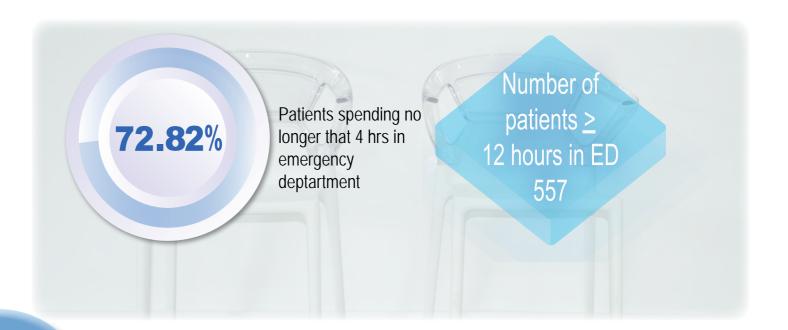
Jeff Morris, the Welsh Ambulance Service's Operations Manager in Swansea, Neath Port Talbot and Bridgend, said "Gone are the days when someone would call 999 and an ambulance is sent without delay and without any meaningful assessment of the problem. With demand on our services increasing year-on-year, we

have to think smarter about how we use our resources and more innovatively about how we get patients into the system in the right way.

"The Emergency Department isn't always the answer, which is why we're working with ar Health Board colleagues to divert people away from it if their illness or injury could be better dealt with elsewhere. The evidence shows that this initiative is nucking a real dent in the number of calls we're required to attend, freeing up our crews and vehicles to respond to other, more serious emergencies.

ambinance scheduled to attend was cancelled and another option provided in 71.4 per cent of cases. 32.7 per cent of these incidences resulted in the patient not having to visit a hospital at all. They were either referred to their own GP or discharged altogether.

The service currently runs at peak times, with one GP focused on reviewing the stack of calls waiting for a paramedic to attend. It will be expanding in coming weeks thanks to the implementation of new IT support systems.



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£12.7 million investment in radiotherapy services helps Swansea Bay in the fight against cancer

A multi-million pound investment in cancer services in Swansea means patients will be the first in Wales to benefit from the very latest radiotherapy technology.

More than £12 million is being spent over three years on new equipment for the South West Wales Cancer Centre in the city's Singleton Hospital.



Two linear accelerators and a CT scanner have already been replaced at a cost of £9.8 million. A third replacement accelerator is due to be installed next year, costing a further £3.9 million. The funding is provided by the Welsh Government and Swansea Bay University Health Board.

One of the new pieces of kit is a £4.4 million linear accelerator, or Linac, which uses beams of radiation to destroy cancer cells.



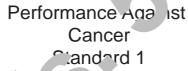
Director of Medical Physics and Clinical Engineering, Andy Irwin said "Our older linear accelerators are coming to the end of their lifespan. The technology markers of so quickly that ideally they need replacing every 10 years. We have priven 3 coiling from well outside the Swanse say area for treatment here, so our qui, ne. 'sees a lot of use."

The new radiotherapy equipment also features surface-guided radiotherapy, the first of its kind to be used in Wales. The technology uses 3D cameras to create a visual map of the patient's skin. It then monitors the exact position of the patient before and during treatment, comparing this data to the ideal position agreed in the bespoke treatment plan drawn up by oncologists.

This limits damage to healthy tissue by stopping the linear accelerator if the patient moves as little as a fraction of a millimetre. Head of Radiotherapy Physics Dr Ryan Lewis said "We're dealing with tiny margins here, this isn't something we can afford to get wrong. Having this technology available gives us huge advantages we just didn't have before."

Dr Lewis explained "It not only means a better clinical outcome for people following a cancer diagnosis, but they'll also be able to live the rest of their life without a radiotherapy tattoo as a reminder of their illness." It is hoped that by 2021 the department will have expanded to host five treatment machines. Mr Irwin added "The technology is constantly changing and evolving. This investment is helping to ensure we're giving our patients the best care, as safely and as quickly as possible."





Sandard Expectation: At le st 98% of Non Urgent Succeeding Succeeding Succeeding Succeeding State (State State Sta referrals commence treatment within 31 days of their treatment plan being agreed following diagnosis



Performance Against Cancer Standard 2

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



Performance Against Single Cancer Pathway (SCP)

SCP Expectation: From the very first point where cancer might be suspected, receive cancer diagnostic tests and where necessary start their treatment within 62 days.

Detailed below are a few of the latest Cancer Service improvements for 2019-2020:

- Redesign of Radiology Workforce to support national cancer optimal pathways
- Establishment of phone consultation sessions with GPs and Radiologists. Same day / next day rapid access scans for those discussed
- Implementation of Magseed marker procedure for Breast Cancer patients
- Implementation of whole slide pathology digital imaging
- Capacity & Demand work within Chemotherapy Day Unit resulting in maximum utilisation of chair capacity
- Additional gynaecology clinics introduced for PMB patients to reduce pathway
- Establishment of Plastic Surgery Treatment Centre improving waiting times for skin cancer patients
- A new nurse led telephone triage service established for patients requiring colonoscopy
- Extensive refurbishment of oncology ward
- Implementation of RAMAN test for suspected bowel cancer patients.

60

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Eye Care

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



Over two thirds of patients seen within the LVSW 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 pressu. 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 improve needed. Despite these pressures we have achieved the following outcome

- 1407 waiting over 8 weeks for all reportable diagnostics
- 51 Patients waiting over 14 weeks for reportable therapies



% of patients waiting less than 26 weeks for treatment (As at March 2020)

2.055

6,509

Number of patients waiting more than 26 weeks for a new outpatient appointment weeks for treatment (As at March 2020)

Number of patients waiting more than 36 (As at March 2020)

Transcatheter Aortic Valve Implantation (TAVI)

In last year's Annual Quality Statement, the Health Board outlined 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. We asked an independent professional body, the Royal College of Physicians, to carry out a review of 32 patient cases between 2015 and 2018.

The Royal College provided recommendations, the majority of which are now completed. Following these recommendations, we have:

- Appointed a dedicated TAVI coordinator to oversee the service.
- We have invested more than £1million in additional capacity to speed up access for patie: s does do suitable for TAVI, increased the availability of the catheter laboratory Jest ons for TAVI patients, which has allowed us to treat more patients.
- Additional nurses have been brought in to support extra TAVI clinics, telephone contact with patients and offer both triage and post procedure support.

We ave also worked closely with our commissioners and agreed a forward programme ast 100 TAVI procedures annually, which is expected to meet future forecast demand and reduce the risk of long waiting lists building again.

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 have already signed up to the service with more expected as the pandemic hits it's peak.

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Individual Care

Learning disability training to be mandatory following Health Board's work with campaigners

Learning disability awareness training for health and care staff is to become mandatory across Wales, following the work of Swansea Bay University Health Board with local campaigners.

The family of Paul Ridd - who died in Morriston Hospital after receiving very poor care - has worked with the health board to develop staff training and improve care for other patients with learning disabilities since 2009.



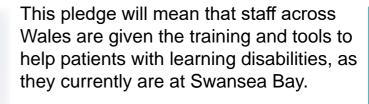
Morriston Hospital ward sister Melanie Davies has been key to the development of this training. She has worked tirelessly with Mr Ridd's brother Jonathan and sister Jayne Nicholls to improve other health workers' understanding and skills

to help people with learning disabilities. Since 2010 Melanie has advised colleagues, developed information packs, delivered training and developed a network of champions. Much of this work has been done in her own time.

Now, learning disability awareness training will be included in all Health Boards' mandatory equality and diversity training.

Speaking in the Senedd, Julie Morgan AM revealed that work is under way to develop a three-tier framework to embed this training within NHS Wales. Under this programme all staff will get basic training, with more specific training for those that have more intensive contact with people with learning disabilities.

Melanie said "This is a massive step forward traditionally, learning disability awareness hasn't been part of general nurse training. So one of the aims of our work with the Paul Ridd Foundation has been to take what we've learned across the country.



They will know where to go for support and be empowered to make reasonable adjustments to ensure patients with learning disabilities get the best possible care."



Gareth Howells, Director of Nursing and Patient Experience, said "The Paul Ridd Foundation has done some wonderful work, and we have already seen the benefits of working closely with it to improve learning disabilities awareness and training in Swansea Bay.

We are very pleased that it is now going to be taken across Wales and look forward to continuing to improve the care we provide to people with a learning disability at Swansea Bay University Health Board."

Farmer who lost hand in accident donates to ward

A farmer who lost his hand in a work accident has returned to the hospital ward which cared for him to present a donation of more than £4,500.

Aneurin Jones was back behind the tractor wheel just a few months after he was seriously hurt when his hand was caught in machinery.

He has nothing but praise for staff at Morriston's Pembroke Ward who looked after him during the weeks immediately following the accident.

Aneurin, his wife, Heulwen, and their baby daughter Angharad, have returned to the ward, accompanied by a group of well-wishers who helped raise £4,650 for its endowment fund.



The family live in Pumsaint, near Llandeilo, where they farm and run an agricultural contractors business. In May 2016, Aneurin was working on another farm in the area when his left hand got caught in the

spinning blades of a forage harvester – a piece of machinery that turns forage plants into silage. He was rushed to Carmarthen's Glangwili Hospital but the damage was so severe he was immediately transferred to Morriston.

"The care I had was fantastic. The doctor who was on call came in straight away to see what the damage was," Aneurin recalled. "I had lost my hand and it was in a bit of a mess. The first two operations were just to get it clean ready to close up and make sure there was no infection. The third operation was to put it in a groin flap, and I had that for six weeks."

Because of the heavy-duty nature of his work, Aneurin, who had a further operation before Christmas, is not suitable for a prosthetic hand. Instead, he is being fitted for a protective cast at Morriston's Artificial Limb and Appliance Centre (ALAC).

While on his latest visit to ALAC, he and Heulwen, along with little Angharac who has just turned one, stopped off at Pembroke Ward. With them were represe, alives of Llannon Young Farmers Club, which has raised £4,000. Further contains ave come from Dyffryn Cothi Young Farmers Club (£250), Llansawel Rugby 'ub (140) and family and friends (£260).

Aneurin said "I was on the ward for two weeks and the care they gave me was fantastic. All the staff were always very positive. I was in intensive care for the first night and one of the nurses was with me the whole time. We're just so thankful for this department. Nothing was too much trouble for them, they got straight on with helping you and it was just unbelievable.

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."

Dad walks daughter down the aisle despite brain tumour



Catherine and Peter (supported by Macmillan's Anthony Jones) arrive for the wedding ceremony. Credit: Martin Ellard

Proud dad Peter Jam is was not going to let a brain tumour stop him walking his daughter down the Lisle on her wedding day. The council officer from Swansea was a patient in the city's Singleton Hospital after suffering a seizure that paralysed his right side jus 100 ays before the ceremony but with the support of his family and a specialist by spital team, he got to enjoy the big day – and was back on the ward the 100 ay morning.

The 59-year-old from Sketty was diagnosed with a brain tumour on 1st August 2019.

His wife, retired nurse Sue James, said "It all happened very quickly, we came back from holiday in July and he had been fine but within three days Peter couldn't drive the car. He had lost spatial awareness – only three days earlier he had driven back from Bristol Airport. He had his first scan on August 1st and was diagnosed with the tumour. It wasn't operable because there's more than one area. He has had chemo but that hasn't worked so it will be the radiotherapy route now."

Following his diagnosis, Peter was referred to the Macmillan therapy team, made up of physiotherapists and occupational therapists specialising in cancer rehabilitation at Singleton Hospital. STeam member Anthony Jones, a Macmillan specialist occupational therapist, recommended hydrotherapy but also suggested Peter set a personal goal. Peter and Sue have two children; son Sam and his older sister Catherine, who was marrying husband-to-be Tom Townsend on December 6th. Catherine said "Being a close family, Dad's diagnosis hit us all incredibly hard. My wedding was something he was really excited about and proud of. He wanted more than anything to walk me down the aisle, and Anthony worked fantastically to make sure this was possible.

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."

Then, just 10 days before the wedding, Peter suffered a bleed in one of the tumours and the added pressure caused a seizure. This resulted in him losing the use of his right arm and leg. After tests and assessments, he was admitted to Ward 20 at Singleton. Catherine recalled "We had no idea how we were going to pull through this. Dad was totally devastated and it was heart-breaking to see him so upset and hurting. That was when Anthony, along with Macmillan specialist physiotherapist Sophie Kirby, rose to the challenge.

They walked Peter up and down the corridor every day, sometimes twice a day, and visited the wedding venue, Oldwalls in Gower, beforehand to see what other support they could provide. "It didn't stop there," said Catherine. "On the day they brought Dad to the house, and helped to shave and dress him. Most importantly they supported him on our journey down the aisle – something we didn't think would be possible just a few days before. With their amazing help and the positivity and care provided by the team on the ward, Dad could not only be there on the day but be the supportive and loving influence he has been for me all my life."

Peter, a Swansea Council trading standards officer, was able to enjoy the entire wedding day and stayed overnight before returning to Ward 20 the following morning. He came out of hospital shortly before Christmas and is now waiting to start the next stage of his treatment.

Sue said: "Catherine was the first of our children to be married. She's our only daughter so it was very, ry important to Peter that he was able to walk her down the aisle. If it wasn't for Anthony and Sophie we would never have got him there. They were amazing."



Anthony Jones and Sophie Kirby made sure Peter was ready for the big occasion. Photo Credit: Martin Ellard

Anthony said he had recommended hydroth rapy to help Peter work towards his goal. "It was clear it was decry important to him. He became emotional whenever the space about it. When he was admitted to Ward 20, Sophie and I were able to visit him twice a day. We got him moving and tried a replicate an aisle there as best as we could.

"We really wanted it to happen, and watching him walk down the aisle for real was overwhelming. It was a career highlight for me and Sophie. It doesn't get any more rewarding than that."

Catherine said the Macmillan team did much more than their jobs – they gave her and her family some of the best memories of their lives.

You said

Breast Cancer

"More organisation of patient notes."

We did

Worked with medical records department to improve the process and system and the Service greatly improved.

Yo' sair'

/\ 'ard / ~_a

"Patient lonely and no family to visit. Mood low as a consequence.."

We did

Arranged for volunteers to spend time with patient.

You said We Did

Phlebotomy Service

As a result of the F&F waiting time feedback the Phlebotomy team revised working arrangements, held customer care training sessions, and appointed a very proactive team leader. Within a short period of time the team noticed a dramatic reduction in complaints.

Our Staff & Resources

Swansea Bay nurses honoured in RCN Wales Nurse of the Year awards

Eight Swansea Bay nurses have been recognised for their outstanding work in a national awards ceremony.

Jean Saunders triumphed in the 2019 RCN Wales Nurse of the Year Awards, winning both the Community Nursing Award and Nurse of the Year.

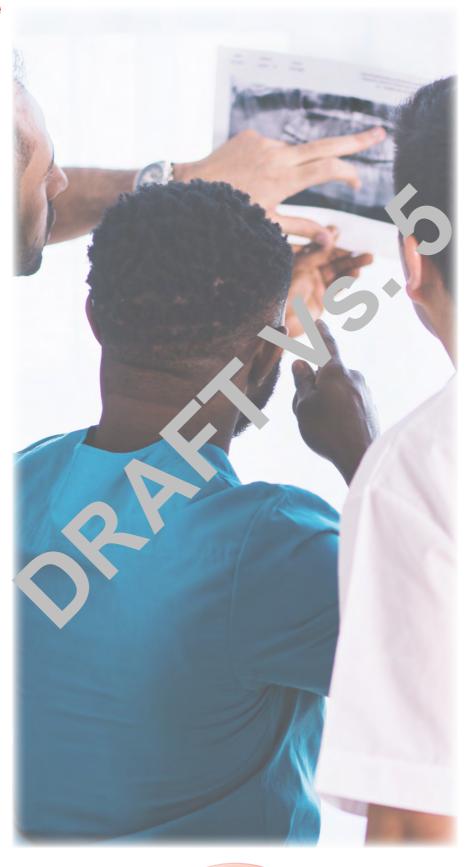
Mitchell Richards claimed the Nursing Student prize and Lynne Hall won the Registered Nurse (Adult) award.

Five other nurses were named runner-up in their categories. They are Lesley Jenkins (who was nominated for the Chief Nursing Officer for Wales award), Sharron Price (Innovation in Nursing award), Catherine Thomas (Registered Nurse (Adult) award), Nicola Derrick and Edward Stark (both Nurse Education award nominees).



Nurse of the Year Jean Saunders, asylum seeker lead nurse and health access team coordinator, was awarded for her work helping asylum seekers access healthcare.

Leading a team of five, Jean has been helping adult and child asylum seekers get the support and treatment they need in Swansea Bay for 15 years. She has continually fought for equality in their care, and contributed to research to improve services for asylum seekers.



Jean Saunders (centre, with her awards) at the 2019 RCN Nurse of the Year Awards.

Jean said: "I'm completely ovehelmed but this is not just about me. I'm the voice, the advocate for a brilliant team



which is working so hard to help asylum seekers in Swansea Bay. We are very proud of what we do. It's a very rewarding job and I feel privileged to be part of such a unique service."

"This is not normal health visiting or community nursing. It's a very varied role and whatever the problem someone has - whether it's health-related or not - we do our very best to help our clients as a team."

An asylum seeker who Jean has worked with told the RCN "I ran away to find freedom, to a country I did not know and a system I did not understand. "You need someone like Jean to guide and help you. Wales is my home now. Thank you."

Lynne Hall, a ward manager at Neath Port Talbot Hospital's Afan Nedd unit, picked up the Registered Nurse (Adult) Award in recognition of her role developing a nurse-led blood transfusion service, which is unique in Wales. The service means patients no longer have to travel long distances for blood transfusions which, according to the RCN, has "transformed the lives of patients".

Mitchell Richards, a staff nurse at Hafod y Wennol, won the Nursing Student award for his work as a champion for people with learning disabilities.

Since he started as a nursing student in 2016, Mitchell has worked with the Paul Ridd Foundation and organised numerous fundraising events across Wales. He has also developed e-materials to promote greater understanding of individuals with learning disabilities.

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

Mitchell said: "I was thrilled to even be nominated. I've only been in my post since September 30th, so this is a brilliant start to my career. It's also great to raise awareness of the Paul Ridd Foundation and the work they do to make sure that patients with learning disabilities get the best possible care."



Mitchell (centre left) with his brother Nathan (centre right) at the awards evening.

"My older brother, Nathan, has Down Syndrome, so that's something I'm hugely passionate about.

"I'd like to thank my nominator Catherine Williams, programme director at Swansea University, and Professor Jayne Cutter head of nursing at Swansea University."

Gareth Howells, Director of Nursing and Patient Experience, said: "I am exceptionally proud and our successes epitomise the skill, commitment and dedication of our nurses, midwives and health visitors to provide the best care possible."

Psychiatric service receives prestigious accreditation

A specialist team based at Morriston Hospital has become the only one in Wales of be accredited by the Royal College of Psychiatrists. The Department of Lipson Psychiatry helps patients with a wide range of mental health issues, including dementia. It works with people who have been referred from the Emperical Department or a ward at Morriston, Singleton, Neath Port Talbot as Gorsainon hospitals.

Since the department expanded in 2016, the multidisciplinary team has been working to achieve the college's Centre for Quality Improvement accreditation.

To do this, it has had to demonstrate consistently high standards and make several changes to improve the quality of service offered. Staff levels have been increased and the scope of the department's services has been widened. It is now open for longer too, with staff working from 7am to 10pm, seven days a week, to help those referred with mental health care needs.

But achieving the valuable accreditation would not have been possible without the support of staff in other departments.

Devlyn Evans, clinical nurse specialist, said "It's not just our team who have contributed to this accreditation. Staff across the Health Board have been incredibly helpful. One criteria we had to meet involved us having a private room in the Emergency Department for psychiatric assessment. Space is very limited at Morriston A&E but they created a specific room for mental health assessments. Now we can speak to patients away from other people, respecting their privacy and dignity. We've had very positive acceptance of our work elsewhere across the Health Board too. They value our input and we value them being so accommodating of us."

Clare Pressdee, Liaison Psychiatry Manager, said: "The whole team is so proud to achieve this accreditation. Vere a new service when we let to s goal and it's required a lot of work to meet certain criteria from day one."

The a hier ment means that staff are a part of an accreditation network. This will see them visiting other liaison services in the UK and bringing the best new ideas for mental health care back to Swansea Bay.



left to right: Sherri Harris, in reach advisor; Sarah Sims, mental health liaison nurse; Stuart Davies, occupational therapy technical instructor; Dr Natalie Hess, consultant psychiatrist; Devlyn Evans, clinical nurse specialist; Dr Mini Manoj, consultant psychiatrist and Clare Pressdee, liaison psychiatry manager.



Global award for premature baby care

Main picture caption: Service Group Manager Children's Services Sam Williams, centre, with the UNICEF award. She is pictured outside the Maternity and Child Health Block at Singleton Hospital, Swansea, with Singleton Hospital Service Director Jan Worthing,

A hospital unit for premature babies needing the highest level of care has become the first in Wales to win global recognition after almost doubling breastfeeding rates.

Seventy six per cent of babies discharged from Singleton Hospital's neonatal intensive care unit (NICU) are now receiving breast milk thanks to the support of staff.

The rate was just 40% four years ago. It has led to the unit becoming the only level three NICU in Wales to gain full Baby Friendly accreditation from UNICEF (United Nations Children's Fund) and the World Health Organization.

The initiative recognises best practice in promoting breastfeeding based on evidence that it saves babies' lives, improves health for both baby and mother and ultimately reduces healthcare costs.

Consultant Neonatologist Geraint Morris said their achievement was all the more impressive given that breastfeeding rates in the community are among the lowest in the UK.

Official figures show that between October and December 2018 just 33% of mothers in the former ABMU Health Board area covering Swansea, Neath Port Talbot and Bridgend were exclusively breastfeeding at 10 days after birth. This is the third lowest rate out of the seven Welsh health boards and below the Welsh average of 34.5%. Wales as a whole lags behind England and Scotland when it comes to breastfeeding.

Dr Morris said: "To achieve our change of culture is impressive based on that alone. "One of the dads referred to his wife's breast milk as magic medicine."

Blaze-hit ward staff get special honour

Brave hospital staff whose actions ensured the safety of patients during a devastating fire have received a surprise award. It was announced during the Swansea Bay University Health Board Chairman's VIP Awards which prompted a standing ovalure from the audience.

The staff from ward 12 at Swansea's Singleton Hospital were told by Chancian Professor Andrew Davies their "calm, composed and effective training from the marshall Pat Howells (now known as Fireman Pat) saved patients to might professious injury."



Ward 12 accepting their award at the Staff Swansea Bay University Health Board Chairman's VIP Awards June 2019

The awards, voted for by staff and the public, celebrate some of the most inspiring work being undertaken by staff who have gone above and beyond.

The announcement of the special award was greeted with cheers and a spontaneous standing ovation by colleagues from across the Health Board.

Excellent Staff Experience

We know that great staff experience results in great patient experience and that every role counts. What people do and how they do it matters. We want the very best people to work for us so we can provide the very best care for our patients and communities. We want our staff to feel proud about the care we provide and feel connected to the Health Board ar the teams they work within.

In 2017, we launched our first Staff Experience Plan "In Our Shoes: Creating Great Staff Experience at ABMUHB" and this continues to be an organisational priority. This strategy has since evolved into the #ShapingSBUHB movement, which was created by an experience evolved into the #ShapingSBUHB movement, which was created by an experience evolved into the #ShapingSBUHB movement, which was created by an experience evolved into the #ShapingSBUHB movement, which was created by an experience evolved into the #ShapingSBUHB movement, which was created by an experience evolved into the #ShapingSBUHB movement, which was created by an experience evolved into the #ShapingSBUHB movement, which was created by an experience evolved into the #ShapingSBUHB movement, which was created by an experience evolved into the #ShapingSBUHB movement, which was created by an experience evolved into the #ShapingSBUHB movement, which was created by an experience evolved into the #ShapingSBUHB movement, which was created by an experience evolved into the #ShapingSBUHB movement, which was created by an experience evolved into the #ShapingSBUHB movement, which was created by an experience evolved into the #ShapingSBUHB movement, which was created by an experience evolved into the #ShapingSBUHB movement, which was created by an experience evolved into the #ShapingSBUHB movement, which was created by an experience evolved into the #ShapingSBUHB movement, which was created by an experience evolved into the #ShapingSBUHB movement, which was created by an experience evolved into the #ShapingSBUHB movement, which was created by an experience evolved into the #ShapingSBUHB movement, which was created by an experience evolved into the #ShapingSBUHB movement, which was created by an experience evolved into the #ShapingSBUHB movement, which was created by an experience evolved into the #ShapingSBUHB movement, which was created by an experience evolved into the #ShapingSBUHB movement, which was created by an experience evolved evolved into the #ShapingS

- 1. Great Leaders, Great Managers,
- 2. Healthy Workplaces and Wellbeing
- 3. Innovation, Learning & Development, which were the 3 main areas for improvement from the Staff Survey.

Our Values and the #LivingOurValues Campaign

Our Values & Behaviours are key to how we operate and interact with each other and patients on a day to day basis. By living our values we ensure we are being the best that we can be and are delivering the best possible care and experience for our patients, families and service users. Launched in 2014, our Health Board values of; Caring for Each Other, Working Together and Always Improving, were developed in partnership with over 6,000 patients, staff and carers and are still as pivotal to service delivery today, as the day they were launched.

The #LivingOurValues campaign was launched in July 2019. The campaign is inclusive and encourages participation from every corner of the organisation from Ward to Board, including our committee structures, unit leadership teams and trade union partnership groups. The campaign is also integral to our internal development programmes, from induction through to our leadership programmes.

74

#LOV Actually was launched on 1st December 2019 as this year's festive countdown. The countdown aimed to shine a spotlight on a team or individual's #LivingOurValues pledge each day in December, using the well-known festive film 'Love Actually' as the theme to maximise impact and was championed by the Executive Team.

Listening and Supporting Staff to Raise Concerns

Our aim in Swansea Bay Health Board is to create a culture of openness, honesty and respect which goes hand in hand with our Values. In listening and engaging with our people in respect of our Raising Concerns processes, there have been clear messages around the importance of confidentiality and the need for an independent service model.

In responding to this feedback and as part of our commitment to support Healthy Workplaces & Wellbeing, a number of actions have taken place to accompany and complement our #LivingOurValues Campaign. These include the commissioning of ACAS to run workshops for managers, HR and Trade Unions in addressing inappropriate behaviours at work, including bullying and the introduction of the Guardians Service Ltd in May 2019 as a 1 year pilot.

The Guardian Service provides independent, confidential and non-judgmental support to staff raising concerns and focuses on working with both individuals and the organisation to reach a resolution. This can be in relation to any worry or risk in the workplace, including patient safety. Available to all employees, the service complime. Is all other support services available to staff such as Trade Unions, HR, Chaplainey and Wellbeing Services. It operates 24/7 365 days a year and we are the first Health 30. In Wales to trial the service model. To date there have been, 91 contacts (May 20. In March 2020), 42 of those have been closed/resolved 127 awareness is said as have been delivered by the Guardians across the Health Board including presentations to departments, wellbeing champions and weekend awareness stand and monthly monitoring meetings are continue with the Director of W&OD along with 3-weekly monitoring meetings with Interim Chair of the Health Board as non-executive sponsor.

Valuing & Appreciating Our Staff

Our Long Service Recognition and Patient Choice Awards continued in 2019/20. However, this year, the qualifying criteria for Long Service Recognition was reviewed and amended to cumulative years NHS Service, rather than continuous, in order to make it more inclusive. In addition to recognising 25+ years NHS service, a special recognition was introduced for those reaching 40+ years NHS service. Celebrations were held on 1st October 2019 and 5th November and 175 qualifying staff attended to received recognition.

Our Patient Choice Awards continue to provide patients, carers, relatives and visitors, the opportunity to have their say and nominate a member of staff, who they feel have made a real difference, and gone above and beyond their duty. 194 staff members, teams and wards were recognised this year over 5 events across main hospital sites, Developing Leadership Capacity and Capability with 1 event for Primary & Community Services delivered in conjunction with Social Services.

Leadership Development Programmes

Our suite of leadership development programmes continues to expand. Following implementation of the highly successful and award-nominated 'Footprints' programme for the middle-management level, we have developed further programmes for those in more senior lead riship positions and also aspiring managers or team leaders namely 'Bridges' and 'Footprints' To date, over 1300 managers across the health board have attended one of these programmes.

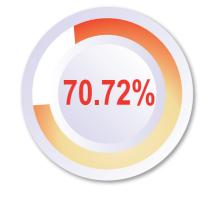
Clinical Ladership has also been a focus this year with the launch of our Consultant De eld For Programme. This is now entering its 3rd cohort with 37 consultants enroling adate.

June 2019 saw the launch of our new Managers Pathway. This 2 year programme provides a framework for all new managers to ensure that they can develop the skills and knowledge they need to successfully carry out their new role.

Staff Sickness, Mandatory Training compliance and Personal Appraisal and Development Review (PADR) figures for 2019 - 2020



Percentage of sickness absence rate of staff (Rolling total)



PADR
% staff who have a
current PADR review
recorded



Percentage
compliance for all
completed Level 1
competencies within
the Core Skills and
Training Framework b
organisation

76

Looking Forward 2020 - 2021

COVID 19 Timeline to date

February - March 2020

28/02/2020

10/03/2020

11/03/2020

23/03/2020



Initial Outbreak in Wales



Total COVID
Cases in Wales



World Health Organisation
Declared Pandemic

Lockdown came

Swansea Bay gets ready for COVID-19

A huge amount of work has taken place to help the Health Board face the unprecedented challenges posed by the Coronavirus pandemic.

There have been sweeping changes across hospitals, while staff have taken on extra duties, additional training and even different roles to ensure the best possible patient care is provided.

Everyone from Health Board executives and senior managers, frontline staff and support teams, in hospitals, in the community and elsewhere, are involved in this never-before-se a effort.

Swansea Bay's Chief Executive Tracy Myhill said "So much has changed over recent weeks. The scale and pace of the range of actions is difficult to appreciate. It's remarkable whole we have got to in such a short time and I appreciate the ongoing work to enable us to be as prepared as we can be for what's coming. What I have sed across the Health Board in recent weeks had been very humbling.

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."



Quality Priorities 2020 - 2021

Targeted Areas for **Improvement**

Essential Services COVID 19 **Pandemic**

















- Infection Control
- Cancer
- Unscheduled Care
- Falls
- Pressure Ulcers
- Suicide Prevention
- Never Events
- Referral to **Treatment (RTT)**



- **Quality Impact Assessments (QIA)**
- Virtual Clinics
- Track & Trace
- Antibody Testing
- COVID Dashboard
- Research
- Emergency Plan
- Field Hospitals



- Developing Ne
- Cc من duc \g with
- We king in Pr (nership
- PREMS & PROMS
- Workforce



- Cancer
- **Unscheduled Care**
- Falls
- **Pressure Ulcers**
- **Suicide Prevention**
- **Never Events**
- Referral to Treatment (RTT)



79

oking Forward • Looking Forward Looking Forward • Looking Forward

Essential Services COVID 19 Pandemic



- Quality Impact
 Assessments (QIA)
- Virtual Clinics
- Track & Trace
- Antibody Testing
- COVID Dashboard
- Research
- Emergency Plan
- Field Hospitals









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.



Swansea Bay University Health Board



A Healthier Wales



Apprenticeship Academy



Arch



Arts in Health



Clinical Service Plan (2019-2024)



Cancer Delivery Plan for Wales 2016-20. 9



Child and Adolescent Mental Health Services



COVID-19



Cwm Taf Morgannwg University Health Board



Dementia Friendly



Estuary Group Practice



Eye Health Examination Wales



Family First



Flying Start



Formed Films



Friends and Family



Health Inspectorate Wales



Health and Care Standards Wales



Health and Care Standards Indicators

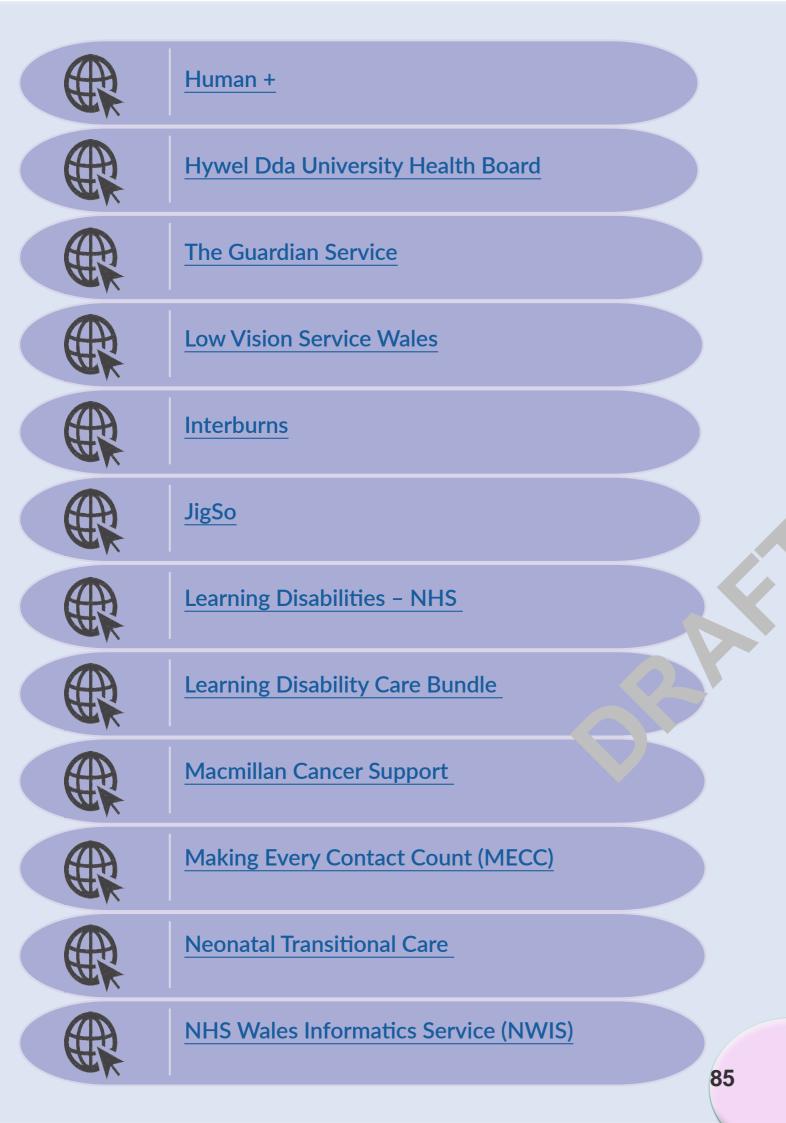


Healthy Eating Wales Strategy



Help Me Quit

84







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 ves 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.

88

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.

Care Pathway - care pathway The sequence of health and social care services a patient in the UK receives after entering the system during a particular episode of care.

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.

Co-production - involving people who use services this means being consulted, included and working together from the start to the end of any project that affects them

COPD - Chronic obstructive pulmonary disease (COPD) is the name for a group of lung conditions that cause breathing difficulties. It includes: emphysema – damage to the air sacs in the lungs; chronic bronchitis – long-term inflammation of the airways; COPD is a common condition that mainly affects middle-aged or older adults who smoke.

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, copecially with the practical application of a scientific understanding of nutrition.

Dietitian - a degree-qualified health professional who helps to promote nutrition well-. ing. treat disease and prevent nutrition- related problems, provides practical, safe advice, bas on corrent 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.

Medicines management - ensuring medicines are used correctly and safely.

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

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 - case 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 Proported Experience Measure (PREMs) - ways in which the Health Board collects information about the first sexperience of our services. We do this through such things as surveys, the Friends and Fam. Testand talking to patients.

nopausal 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 a wareness, 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 sac A common cause of skin infections including abscesses, respiratory infections such as sinusitis, and poisoning.

Stroke - a disruption in the blood supply to the brain. Most strokes are caused by blockas blood clots) disrupting the brain's blood supply.

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

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 histo-ry 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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